# Lime Lodge Care Ltd

# The Limes

## Inspection report

6 Lime Tree Avenue
Aspley
Nottingham
NG8 6AB
Tel: 01158758349
Website: N/A

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## Ratings

| Overall rating for this service | Good |
|---|---|
| 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? | Good |

## Overall summary

We carried out an unannounced inspection of the service on 21 July 2015. The Limes is registered to accommodate up to six people and specialises in providing care and support for people who live with a learning disability. At the time of the inspection there were four people using the service.

On the day of our inspection there was a registered manager in place. 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 risk to people's safety was reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. People were given the freedom to

# Summary of findings

take risks and their implications were explained to them. Where appropriate people's relatives and other healthcare professionals were involved in discussions about the care and support provided.

Accidents and incidents were investigated and used to reduce the risk to people's safety. However, the registered manager did not always review whether recommendations they had made following an accident or incident had been carried out. Regular assessments of the environment people lived in and the equipment used to support them was carried out and people had personal emergency evacuation plans (PEEPs) in place.

People were supported by an appropriate number of staff. Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role. People were supported by staff who understood the risks associated with medicines. People's medicines were stored, handled and administered safely.

People were supported by staff who completed an induction prior to commencing their role and had the skills needed to support them effectively. Regular reviews of the quality of staff members' work were conducted and staff felt supported in carrying out their role effectively.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager was aware of the principles of DoLS however they had not made the appropriate applications to the authorising body for all people that required them.

The appropriate legal requirements had not always been followed when decisions were made for people who did not have the capacity to give their consent.

People were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. However on occasions staff did use language or actions that could restrict people's independence. Staff responded quickly to people who had become distressed.

People were provided with the information they needed that enabled them to contribute to decisions about their support. People were provided with information about how they could access independent advocates to support them with decisions about their care. Staff understood how to maintain people's dignity. People's friends and relatives were able to visit whenever they wanted to.

People were involved with planning the support they wanted to receive from staff and people's wishes were continually reviewed to ensure they met their current needs. People's support plan records were written in a person centred way and staff knew people's like and dislikes and what interested them. People were encouraged to do the things that were important to them and they were supported to take part in activities individually and collectively with the people they lived with.

People were provided with the information they needed if they wished to make a complaint.

The registered manager led the service well, understood their responsibilities and was liked and respected by people, staff and relatives. Staff understood was expected of them and how they could contribute to ensuring people received safe and effective care that met their individual needs. People were encouraged to provide feedback and this information was used to improve the service. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided, although the registered manager did not always record when they had reviewed whether the recommendations they had made had been effective.

# Summary of findings

## 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 was safe.

People were supported by staff who attended safeguarding adults training and knew the procedure for reporting concerns.

People were given the freedom to take risks and their implications were explained to them. Accidents and incidents were investigated and used to reduce the risk to people's safety.

People were supported by an appropriate number of staff to keep them safe.

People's medicines were stored, handled and administered safely.

**Good**

**Is the service effective?**
The service was not consistently effective.

Applications to the authorising body for deprivation of liberty safeguards had not been made for all people that required them. The legal process for making decisions for people who could not give their consent had not always been followed.

Staff had received the training they needed to do their job effectively.

People were supported to follow a healthy and balanced diet.

People's day to day health needs were met by the staff and external professionals and referrals to relevant health services were made where needed.

**Requires improvement**

**Is the service caring?**
The service was caring.

Staff supported people in a kind and caring way.

Staff understood people's needs and listened to and acted upon their views. However on occasions staff used language or actions that could restrict people's independence.

People were provided with the information they needed that enabled them to contribute to decisions about their support.

People's dignity was maintained by the staff and friends and relatives were able to visit whenever they wanted to.

**Good**

**Is the service responsive?**
The service was responsive.

People were involved with planning the support they wanted to receive from staff and their needs were regularly reviewed.

**Good**

# Summary of findings

People's support plan records were written in a person centred way and staff knew people's like and dislikes and what interested them.

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint.

**Is the service well-led?**

Good

The service was well-led.

The registered manager, understood their responsibilities and was liked and respected by people and staff

Staff understood their roles and how they could contribute to providing people with safe and effective care.

People were encouraged to provide feedback and this information was used to improve the service.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

# The Limes

**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 21 July 2015 and was unannounced.

The inspection was conducted by two inspectors.

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. In addition to this to help us plan our inspection we reviewed information received from external stakeholders. We also contacted Commissioners (who fund the care for some people) of the service and other health care professionals and asked them for their views.

During the inspection we spoke with two people who used the service, two members of the support staff, a health care professional and the registered manager. We also carried out observations of staff interacting with the people they supported.

We looked at parts or all of the care records for all four of the people who used the service at the time of the inspection, as well as a range of other records relating to the running of the service such as quality audits and policies and procedures.

Good

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe. One person said, "I feel really safe, The staff look after me fine here." Another person gave us a 'thumbs up' when we asked them if they felt safe at the home. The staff we spoke with all told us they thought people were safe living at the home.

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. The staff also knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. One member of staff said, "I'd report any types of abuse. I would definitely deal with it quickly." A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe.

The registered manager told us they provided people with information in a service user guide about how they could report concerns if they believed their or other's safety was at risk. They also told us they planned to produce a notice board within the home to display this information for people to make it more easily accessible.

People who used the service and, where appropriate, their relatives and external healthcare professionals were involved in discussions about the risks the person who used the service might wish to take. In one person's care plan we saw discussions had been held with a person about smoking cigarettes and the risks to their health. A risk assessment had been put in place to manage this and the registered manager had provided a smoking shelter in the garden to ensure people and staff were protected from the cigarette smoke.

Assessments of the risks to people's safety were conducted and they were reviewed regularly to ensure they met each person's current level of need. Assessments were in place for risks such as, people's ability to independently mobilise and people's ability to understand how to keep themselves safe when out in the community. There were also assessments in place for managing people's diabetes and guidance was provided for staff to reduce the risk of people having a hypo or hyperglycaemic seizure. These seizures can occur when a person's blood sugar levels are too high or too low.

A health care professional spoken with during the inspection told us they thought the staff were able to identify the risks to people's safety and they took the appropriate action to reduce the risk.

Each person's care records contained a care plan and assessment for people's ability to carry out tasks safely and independently of staff. A person who used the service said, "I can do what I want, when I want to."

We looked at records which contained the documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the registered manager and they made recommendations to staff to reduce the risk to people's safety. However the records showed that the registered manager did not always carry out a review to ensure that their recommendations had been effective in reducing the risk to people's safety. They told us they would ensure this was now carried out each time an incident occurred.

The risk to people's safety had been reduced because regular assessments of the environment they lived in and the equipment used to support them were carried out. There was a personal emergency evacuation plan (PEEP) in place that enabled staff to ensure in an emergency they were able to evacuate people in a safe and timely manner. The registered manager told us they were currently reviewing these to ensure the information recorded reflected each person's current level of need.

People were supported by an appropriate number of staff to meet their needs and to keep them safe. One person who used the service said, "There's always someone here if I need them." Another person nodded and smiled when we asked them if there were enough staff to support them. The registered manager told us they carried out regular assessments of people's needs and ensured there were enough staff available to keep them safe. They told us if people wanted to go out or to do a certain activity that required more staff then they would always ensure there were sufficient staff available for them.

We asked the staff whether they thought there were enough staff to ensure people were supported safely. One

Good

# Is the service safe?

member of staff said, “We have plenty of staff, there are always enough to support people.” Another staff member said, “There are enough staff. At night, if needed, we can call the manager or staff from another of our services and they will come to help.”

The risk of people receiving support from staff who were unsuitable for their role was reduced because the manager had ensured that appropriate checks on staff member’s suitability for the role had been carried out. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the manager in making safer recruitment decisions.

People were supported by staff who understood the risks associated with medicines. A person who used the service said, “I get my medicines when I need them.” Staff had received the appropriate training to administer medicines safely and their competency in doing so was regularly assessed. We looked at the medicine administration records (MAR) for all four people who used the service at the time of the inspection. These are used to record when a person has taken or refused their medicines. All of the records had been completed correctly.

Medicines were stored and handled safely. We observed staff administer medicines safely and in line with people’s wishes or needs as recorded within their care plan. Regular checks of the temperature of the room and fridge the medicines were stored in were carried out, ensuring the effectiveness of these medicines was not reduced.

Requires improvement

# Is the service effective?

## Our findings

We checked to see, where appropriate, an assessment of people's capacity to make and understand decisions relating to their care had been undertaken, as required by the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received.

We saw some examples of the appropriate MCA documentation being used to determine people's ability to make decisions. However, we found some examples in people's care plans where it had been identified by the registered manager that they did not have the ability to make and understand decisions relating to their care but there was no MCA documentation in place to show the proper processes had been followed. Examples of these decisions included people's ability to manage their own medicines, finances and diet. This meant that the appropriate legal process may not have always been followed when decisions were made for people.

The registered manager could explain the processes they would follow if they needed to apply for authorisation for Deprivation of Liberty Safeguards (DoLS) to be implemented to protect the people within the service. DoLS aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. Records showed that applications to the authorising body had not been made for all people that required them, which could mean these people's liberty was being unlawfully restricted. The registered manager told us they would submit the relevant applications immediately.

Records showed that all staff had received MCA and DoLS training. The staff we spoke with could explain how they used the MCA in their role but were unable to do so for DoLS.

These examples were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had received the appropriate training for their role. A person who used the service said, "The staff seem to know what they are doing." A healthcare professional told us they thought the staff understood people's needs well.

Staff received an induction prior to commencing their role and the staff we spoke with told us they felt the induction equipped them with the skills needed to carry out their role effectively. One member of staff said, "On my induction it gave me many skills, like knowing how to communicate with people [living with a learning disability]." Training records showed staff had received training in key areas that enabled them to carry out their role. Training had been completed for moving and handling, managing behaviours that challenge and safeguarding adults. The staff we spoke with told us they felt well trained and supported by the registered manager. One member of staff said, "I feel supported. All of the management, including the team leaders have been there to help me. I really enjoy my job."

Staff were offered the opportunity to complete external qualifications such as diplomas in adult social care. This ensured people were supported by staff whose training needs and professional development were continually reviewed and updated, enabling them to meet people's needs in an effective way.

People were supported by staff who received regular assessments of the quality of their work to ensure that the support they provided for people was consistent and effective. Records showed that theses assessments were carried out approximately every two months.

We were told by a member of staff that people were supported to choose the food and drink they liked via a system called, 'Shop, cook and eat.' This encouraged people to become more independent by buying the food they liked and then helping to cook it for themselves and others. We observed people sit and eat their meal with the staff and it looked like an enjoyable social occasion. When a staff member asked a person did they enjoy their lunch the person replied that they did.

People told us they liked the food and drink at the home. One person said, "The food is great." We observed people being offered a choice of food and drink throughout the day. We observed a person ask a member of staff what the options were for dinner. The staff member gave them the choices. This information was only available in the staff office and not in the kitchen or other area of the home for people to be able to see what was available to them. The registered manager told us they would ensure that menus were available for people in the communal areas to give people the relevant information.

Requires improvement

# Is the service effective?

The kitchen was stocked with a variety of healthy foods and snacks which were stored in a safe way. Records showed staff had completed food safety training which enabled them to prepare food safely.

People's nutritional needs were assessed and people were supported and encouraged to make healthy food and drink choices. Care plan records showed the types of food and drink and the amount they consumed were recorded. This enabled staff to monitor people's food and drink intake and to enable them to support people if they were gaining or losing weight or making poor dietary choices. However, we did find some gaps on these forms which meant staff may not always have an accurate and up to date record of people's food and drink consumption.

People's day to day health needs were met by the staff and external professionals and where needed, referrals to relevant health services were made. Records showed that people were involved with reviewing their health and the consequences of choices they made about their health were explained to them. We saw the provider had used innovative methods to explain to people what they could expect when visiting external health or social care appointments. For example in each person's care records we saw pictures were used to explain what may happen when they approached the reception desk, the people they may encounter and the kind of questions they may be asked. This was in place to reassure people when attending appointments that may be unfamiliar to them.

An external healthcare professional told us that when the staff identified a concern with a person's health care needs they made the necessary referrals in a timely manner.

Good

# Is the service caring?

## Our findings

People told us the staff supported them in a caring and friendly way. One person said, "They [staff] do care about me, I know they do."

We observed staff interacting with people and it was clear people were supported by staff who understood their likes and dislikes. We observed staff talk to people about the things that interested them and they had a genuine interest in what they had to say.

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. We asked a person whether they liked the staff who supported them and they nodded and smiled.

People's care records showed that people's religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. For example the care records for one person stated they may wish to attend to church and they wanted staff to support them with this. The registered manager told us they would ensure people were supported to follow their religious or cultural beliefs.

There were processes in place that ensured people were provided with information about their care which enabled people to contribute to the decisions made. In each person's care records we saw a 'What's working for me?' document where people were able to discuss their care and support with staff and were able to make suggestions on how things could be improved for them. A person who used the service told us they felt able and comfortable to discuss their care and support needs with staff.

Information was available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. However the information for people was not easily accessible. The manager told us they would review how they displayed information for people within the home to ensure people had all of the information they needed.

People were supported to make independent choices. However we did on occasions observe a member of staff use language and actions that could have a negative impact on people's independence. For example we observed a person get out of their chair and go to leave the room and the member of staff stopped them from doing so and directed them back to their chair. They did not ask the person where they going or whether they needed support. However, we also saw the same member of staff interact with people in a positive way, encouraging people to make their own choices in a number of areas such as choosing what activities they would like to take part in or what ice cream they would like. We raised this with the registered manager and they assured us that the member of staff and people got on very well with each other but they would ensure that all staff were reminded of the need to encourage people to be as independent as they wanted to be and not to restrict their independence.

People told us staff respected their privacy and our observations supported this. A person told us, "I have a great bedroom; it was the best move I ever made coming here. I can be alone in my room if I want to be." When people wished to be alone staff respected their wishes.

People were treated with dignity and respect. We observed staff members discuss an issue about a person's personal care and they lowered their voice to protect their dignity. We also saw a staff member respond quickly to a person who had spilt a drink down the front of their jumper. They discreetly supported them in going back to their bedroom and helped them to change. People's care records contained guidance for staff on how to maintain people's dignity when providing personal care support for them.

People were provided with a 'Citizen's charter'. It gave people information about their rights and what level of support they should expect from the staff. It also contained information about how they could report any concerns if they felt their rights were not being respected. People's relatives and friends were able to visit them without any unnecessary restriction.

Good

# Is the service responsive?

## Our findings

People were involved with decisions about the planning of their care and were able to contribute to the decisions made. The records we looked at reflected this, showing people, and where appropriate their relatives, had been consulted.

People's support plans were written in a person centred way that focused on how they wanted their care and support to be provided. Information which showed their likes and dislikes and personal preferences had been considered when support was planned for them. We saw a person had expressed their wish to do more for themselves when they were in the community. Their care records showed that staff had been given guidance on how to support the person with making their own appointments and also to choose and buy their own things when they went shopping.

People were supported by staff who understood their personal histories and preferences and used that information when supporting them. Staff could explain in detail the things that were important to the people they supported. We observed staff talking with people and discussing the things that were important to them and people responded positively to them.

In each person's care records we saw the things that were important to them and the hobbies and interests they like to follow were recorded. A person who used the service said, "I love Nottingham Forest and like to go and watch them. The staff will come with me." People's care records contained pictures of the places they had been and the activities they had taken part in. We saw pictures of people enjoying their own personal hobbies as well group activities with all people who lived at the home. The registered manager told us they encouraged people to do things together to avoid people becoming isolated within the home. However they also said, "We don't push people to do things they don't want to do." Our observations throughout the service showed that the people interacted with each other well and had good positive relationships.

People were encouraged to contribute to the domestic activities around the home. People's care records included information about each person's ability to undertake these tasks and to improve their ability to perform everyday living skills. The level of staff support people needed to be able to undertake these roles was also recorded.

People's needs were regularly reviewed and assessed and the reviews focused on what was important to each person. Records showed external professionals and relatives were included in the reviews when appropriate. Where changes were required to people's care and support these were discussed with them before being implemented.

People were provided with the information they needed if they wished to make a complaint. The complaints procedure was recorded within each person's service user guide and also in the staff office. The registered manager told us they planned to make this more easily accessible for people by having it displayed in the communal areas of the home. One of the people we spoke with told us they felt comfortable if they needed to make a complaint or raise concern. They said, "I have no problems here at all, but if I did, I would speak to the staff about it." The registered manager had not received any formal written complaints however we saw the process they had in place to address these in a timely manner if one was received.

Good

# Is the service well-led?

## Our findings

People and staff were actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. The registered manager told us they had a variety of processes in place that enabled people and staff to give their views. Regular meetings were held with people and staff and then actions were put in place to address people's views.

The registered manager told us they had an 'open door' policy and welcomed people, staff and relatives to discuss any concerns they had directly with them. They said, "I like to address people's concerns directly before they become a more serious problem." People and staff all spoke positively about the registered manager. One person who used the service told us, "I like the manager." A member of staff said, "If I have a problem I can go to the manager. I know they would deal with it."

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place.

Staff understood the values, aims and ethos of the service and could explain how they incorporated these into their work when supporting people. Staff were handed a 'code of practice' booklet prior to commencing work. This explained to them what was expected of them and the standards to which they must adhere to ensure that people received a high quality service.

People were encouraged to access the local community and other local services such Age UK and a local charity group that supports people who are hard of hearing. The registered manager told us people were able to access further support at these services as well as meeting other people within the local community.

People and staff were supported by a registered manager who interacted with them in a positive and calm way. We observed the manager speak with people throughout the inspection and people responded positively to them. The registered manager understood their role and responsibilities. They had the processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

There were systems in place to ensure risks to the service, people and staff were identified in a timely manner and acted upon. The provider of the service carried out regular audits of the service and any actions identified were then provided to the registered manager to address them. The registered manager told us they regularly discussed risk and how staff could contribute to reducing risk during staff meetings. They also told us that staff were made accountable for their decisions. They said, "The staffing team talk about how the home can progress. If someone makes a mistake, we move forward together and support is put in place."

The risk of people experiencing harm was reduced because the manager had robust quality assurance processes in place. Records showed a number audits were conducted in areas such as staff competency in administering medicines and the safety of the environment people lived in. Where improvements were required recommendations were made by the registered manager and specific tasks were delegated to staff. Records showed that the registered manager did not always check to see whether their recommendations had been made implemented or whether they had been effective. They told us they did do this, but did not as of yet record that they had done so.

The registered manager told us they had identified the lack of mental capacity assessments present in people's care records but had not yet addressed this, but would do so immediately. They also told us this would form part of their future regular quality monitoring processes to ensure any gaps in these areas were identified and acted upon earlier.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA (RA) Regulations 2014 Need for consent<br><br>The registered manager did always act in accordance with the 2005 Act when decisions were made for service users over the age of 16 who were unable to give consent because they lack capacity to do so.<br><br>Regulation 11 (3) |