

The Limes Residential Home

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Inspection report

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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 ●

Summary of findings

Overall summary

We inspected the service on 13 October 2016. The inspection was unannounced. The Limes Residential Home is situated in the city of Derby and offers accommodation for up to 34 people who require personal care. The provider specialises in caring for older people with physical impairments. On the day of our inspection 33 people were using the service and one person was in hospital.

The service had a registered manager in place at the time of our inspection. 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 who were able to, were supported to make decisions. However the registered manager and the registered provider did not always know what actions to take if people did not have the capacity to make decisions in line with the principles of the Mental Capacity Act.

People were protected by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People maintained their nutrition and staff were monitoring and responding to people's health conditions.

People were supported by staff that had the knowledge and skills to provide safe and appropriate care and support.

People lived in a home where staff listened to them. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to enjoy a social life.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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.

Risks related to people's care had been fully assessed to keep them safe. People were kept safe from the risk of abuse because the provider had systems in place to recognise and respond to allegations or incidents. People received their medicines as prescribed and medicines were managed safely. There were enough staff to provide care and support to people when they needed it.

Good 

Is the service effective?

The service was not consistently effective.

Some decisions made on behalf of people were not carried out in line with principles of the Mental Capacity Act 2005. Other people made decisions in relation to their care and support. Overall, people were supported by staff who received appropriate training. People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Requires Improvement 

Is the service caring?

The service was caring.

People lived in a home where staff listened to them and cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. Staff respected people's rights to privacy and treated them with dignity.

Good 

Is the service responsive?

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to follow their interests. People were supported to raise issues and staff knew what to do if issues arose.

Good 

Is the service well-led?

The service was well led.

Audits were undertaken to assess and monitor the quality and safety of the service and action was taken when shortfalls were identified. The registered manager notified us of events and incidents they are legally required to. People and visitors felt comfortable and able to approach the registered manager. Staff felt supported by the management of the service.

Good 

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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.

We inspected the service on 13 October 2016. The inspection was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the service and commissioners who fund the care for some people who use the service.

During the visit we spoke with four people who used the service and three visiting relatives to understand their views of the service.

We also spoke with four members of staff, the registered manager and the registered provider. We looked at the care records of four people who lived at home, medicines records, staff training records, as well as a range of records relating to the running of the service. These included audits carried out by the registered manager and registered provider.

Is the service safe?

Our findings

People were protected from abuse. People we spoke with told us they felt safe. One person said, "I feel safe and there is a lot of staff to care for me." A relative we spoke with also felt their relation was safe in the service.

People were supported by staff that recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse (safeguarding). Staff had a good knowledge of how to safeguard people who may be at risk of harm and knew to escalate concerns to the registered manager or to external organisations such as the local authority or the police. One member of staff told us, "I would tell the registered manager and she would take action but if they didn't, I would report it to the local authority." The registered manager was aware of their responsibility to notify us and the local authority safeguarding team of any suspected abuse.

Prior to staff working at the home, the registered manager had taken steps to protect people from staff who may not be fit and safe to support them. The registered manager carried out checks to determine if staff were of good character by requesting references from previous employers and requested police checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. Staff we spoke with told us that they were unable to start work until their police check had come back.

Risks to people's health and well-being were assessed and staff had access to information about how to manage the risks. Risk assessments which covered a variety of areas such as falls, mobility and personal hygiene were in place to support people. For example, we looked at a care plan of a person who had diabetes. The risk assessment identified if the person's diabetes was not managed appropriately it could impact on the person's health and well-being. It provided staff with guidance on how to support the person to manage their diabetes and what action staff should take if the person's health deteriorated.

People lived in a safe, well maintained environment and were protected from the risk of fire. This was because the registered manager undertook regular fire safety checks, and other health and safety checks such as legionella checks. Legionella is known to cause respiratory diseases such as pneumonia. Staff had received health and safety training and knew how to respond if there was a fire in the service. Staff told us this training had been, "Very good" and they were able to explain to fire evacuation procedure to us and felt confident to assist people to move to safety.

People received the care and support they needed in a timely way. One person we spoke with told us, "There's always plenty of staff around if I need anything." A relative we spoke with also felt there were enough staff working in the home to give their relation the care and support they needed. On the day of our inspection visit we saw a number of staff available to meet the requests and needs of people.

The registered manager told us that they did not use a formal staffing level tool in order to identify how many staff were needed to support the people who lived at the home. However, many of the people had

lived at the home for a number of years and the registered manager told us that they knew their needs well. If people became unwell and required additional support from staff, the registered manager would provide additional staff to ensure people are kept safe.

People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to. One person said, "I get my medicine on time." Another person told us, "Staff never miss my medicine. I always get it." The relative we spoke with told us they were happy with the way staff managed their relation's medicines.

We found the medicines systems were organised and people received their medicines when they should. Staff followed safe protocols, for example completing stock checks of medicines to ensure they had been given when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

Medicines were stored safely and in line with legal requirements.

Is the service effective?

Our findings

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

The registered manager did not fully understand their responsibilities under the Mental Capacity Act and how to support people with decision making.

Assessments of people's capacity to make specific decisions had been carried out when people's ability to make their own decisions was in doubt. However, these assessments did not always make it clear how the provider had concluded the person did not have capacity to make a decision. For example, three people had been determined as not having capacity to consent to having their photograph and weight taken. Assessments did not adequately demonstrate how the provider had concluded that people lacked capacity to give their consent. Instead the provider had asked relatives to give consent on the person's behalf. However, two of the relatives did not have the legal authority to make those decisions. Relatives can only give consent if a person lacks capacity to make their own decisions if they have the Power of Attorney to make decisions about a person's welfare. This meant that the provider had not followed the principles of the MCA. We discussed this with the registered manager, who told us they would revisit people's capacity assessments to ensure they were accurate and that the principles of the MCA were followed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection visit we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. However the registered manager told us that no one had a DoLS in place.

One person had bed rails in place to prevent them from getting out of bed. This might have deprived the person of their liberty to move around the home when they wanted to. We checked the person's care records which documented that they lacked capacity to consent to the bed rails. The provider had not submitted a DoLS application for authorisation; therefore this person might have had their freedom restricted without the legal authorisation to do so. The registered manager told us they would submit an application immediately.

People who were able to, were supported to make decisions on a day to day basis. We saw people decided how and where they spent their time and made decisions about their care and support. One person told us, "I can choose what I want to do, when I want. I can go to bed at any time, all I need to do is ask and they [the staff] will assist me to bed and that's where I will stay until I decide I want to get up again in the morning."

People were supported by staff who were trained to support them safely. The relative we spoke with told us they felt the staff knew what they were doing. They told us staff were very interactive and, "Effective in communicating any changes about my relations health." We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately.

Staff told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. Records showed that staff had received training in various aspects of care delivery such as safe food handling, and moving and handling people safely. On the day of our visit we saw that some staff members were undertaking refresher training in moving and handling people. This enabled staff to keep their skills up to date and provide effective support to people living at the home.

Staff were given an induction when they first started working in the home to ensure they had the skills and knowledge to support people effectively. The registered manager told us that new staff were completing the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Staff we spoke with were knowledgeable about the systems and processes in the home and about aspects of safe care delivery.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance and we saw records which confirmed this.

People were supported to eat and drink enough to meet their needs. We spoke with people about their meals and they told us they had enough to eat. We saw people received food when they wanted to eat. One person told us, "I only need to ask the staff and they will get me what I want."

People's nutritional needs were assessed regularly and information in care plans detailed these needs. For example, staff had noted one person's weight had changed and the risks that impact this might have on the person's health. They had updated the person's care plan to include healthier eating.

People were supported with their day to day healthcare. We saw people were supported to attend regular appointments to get their health checked. One person told us, "Staff support me to attend any appointments I have." A relative also commented that their relation, "Always goes to any appointments."

Staff sought advice from external professionals when people's health and support needs changed. For example staff had involved the Speech and Language Team (SALT) for one person who had difficulty swallowing food and drink. Staff told us if people became unwell unexpectedly, they were able to call a number of health professionals such as a GP or District Nurse for advice. This enabled staff to make sure that people had access to the right healthcare service at the right time.

Is the service caring?

Our findings

People we spoke with told us they were happy living at the service. One person said, "I am very happy here and the staff are marvellous and treat me nice and kindly." A relative we spoke with was positive in their comments and said, "When I visited this home and chose it for my mum, I could see that people were happy and cared for. I can go as far as to say, people are loved."

We saw staff were kind and caring to people when they supported them. People looked relaxed and comfortable with staff. One person told us, "Staff are wonderful here and if I am having a bad day, they will come and sit with me and make me feel better." Staff told us they enjoyed working in the home and one member of staff said, "The people and the staff are fabulous, I'm glad I have got to know them." Observations and discussions with staff showed that staff knew people's needs and preferences. People's care plans had written information about people's preferences for how they wanted to be supported, along with their likes, dislikes and what was important to them.

We saw that people and their significant others had been supported to develop a plan for when they reached the end of their life. These were written in an easy read format which people could understand and we saw the plans took into account all aspects of the support people wished to have.

We spoke to the registered manager about the use of advocacy services for people. An advocate is a trained professional who supports, enables and empowers people to speak up. The manager told us no one in the home was using this service but information was available for them should this be required.

People were supported to be independent. Care plans detailed people's levels of independence and what they needed support with. For example; we saw staff provided verbal prompts to a person who needed them when moving around the home. Staff provided reassurance as the person was unsteady on their feet and required the use of a walking aid. A staff member told us, "It's important we keep [person's name] active and encourage them to do as much as they can for themselves."

People were encouraged and supported to develop and maintain relationships that were important to them. One person told us, "My family visits me a few times a week. They visit me when they want to and come and go as they please. A relative also told us, "I have even visited at night." This meant that there were no restrictions on visiting hours and friends and relatives were made to feel welcomed.

People were supported to have their privacy and were treated with dignity. One person we spoke with told us they felt staff were respectful. A visiting relative had said, "My relation is very well cared for and treated as an individual." We saw people treated as individuals and staff were respectful of people's preferred needs. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect. We saw staff knock on people's bedroom doors and asked if it was okay to enter before going in to people's bedrooms.

Staff told us they were given training in privacy and dignity values. The registered manager told us as part of

their role, she carried out observations of staff to ensure they were working to the values. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and they also told us people could express a preference as of a male or female care worker to support them with personal care and they would try to accommodate it.

Is the service responsive?

Our findings

People and their relatives were involved in the care planning process and made choices about their care and support. The registered manager told us people were invited to attend meetings to review their care and support. We saw where people were able; they had been involved in writing some aspects of their care plan and had signed these. A relative we spoke with told us, "Staff keep me well informed about any changes to my relations care and they do involve me in the care planning."

People were supported by staff that were given information about their support needs. People were assessed prior to admission to check that their needs could be met by staff and facilities at the home. Care plans were then written to give staff the information they needed to meet the needs of the individual. We saw that people's care plans contained information about people's physical and mental health needs and guided staff in how to support them.

The registered manager completed a full review of each person's care and support on a regular basis and care plans were adjusted to meet people's changing support needs. The reviews included all aspects of the person's care and support and what had happened in relation to the person's physical and mental health since the previous review.

People were supported to follow their interests and take part in social activities. One person told us about the activities they enjoyed and said that staff supported them with this. They told us they enjoyed, "Shopping, walks in the park and going to the coffee shop." We saw people were supported to go out. A relative told us, "My relation tells me she goes out quite a lot." Another person told us, "I enjoy walking around the grounds of the home; it's very quiet and relaxing."

People told us they got to make choices for example about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit. We saw one person who decided they wanted their lunch in the lounge instead of the dining room. Staff accommodated their choice and set a table for them in the lounge. We saw that people chose where and how they spent their time. We saw that one person enjoyed going to the pub often before they moved into the home. However due to their health and care needs, they were no longer able to go as often as they would like. We saw that in their care records, staff had identified their preference and the person was able to have an alcoholic drink when they chose to.

We saw that activities and food menus were chosen by the people who used the service and records showed that people were encouraged to speak up if they wanted any changes to be made. A relative we spoke with told us they felt their relation was supported to make choices. We saw that people had bedrooms which were personalised to their tastes. One person told us, "I have made my bedroom a nice retreat. I have personal photos and trophies around." We saw in care records that information was recorded to ensure staff knew what choices people were able to make themselves and what they would need support with.

There was a dedicated member of staff in post who was responsible for organising activities for people who

lived at the home. We saw a variety of activities that people could participate in should they wish to such as bingo, arm chair exercises, puzzles and games. We also saw staff were able to spend time on a one-to-one basis with people. One person told us, "I enjoy jigsaws and if I get stuck, staff will help me with the pieces."

People knew what to do if they had any concerns about their care or life at the home. People and relatives told us they would speak to the registered manager if they had a problem or concern, and told us they felt they would be listened to. One person told us, "I've lived here for many years and never had to complain about anything. If I did, I know the registered manager would sort it."

The registered manager told us they had not received any complaints and so we were unable to assess how well complaints would be responded to. However staff were aware of how to respond to complaints and the registered manager had systems in place to deal with complaints if they arose. There was a complaints procedure in the service so people would know how to escalate their concerns if they needed to. The complaints policy also provided information to people on how to escalate their concerns to external organisations such as us and the local authority, if they remained dissatisfied with the response.

Is the service well-led?

Our findings

There was a registered manager in post and people knew who the registered manager was. We saw people responded positively to the registered manager when they were speaking with them. The registered manager was clear about their responsibilities and they had notified us of significant events in the home.

Whilst the registered manager and the registered provider had not fully complied with the principles of the Mental Capacity Act 2005, they had dealt with our concerns immediately after the inspection.

People told us they were happy living at the home and a relative we spoke with also commented positively on the service and said they felt their relation was happy there. One person told us, "The registered manager is really nice and makes me feel that there's nothing wrong with me." A relative said, "I am close to everyone here and I know the manager very well."

People who lived at the home and their relations were given the opportunity to have a say about the quality of the service. There were meetings held for people who lived at the home so the provider could capture their views and get their suggestions and choices. We saw the minutes of the last meetings and saw people had been given the opportunity to have their say and their views were acted on.

'Satisfaction Survey's' were sent to people who lived at the home and their relatives on an annual basis. The results of these were analysed and shared with people and an action plan was put into place for any areas which needed addressing. The last survey was completed in August 2016 and the registered manager was in the process of analysing these. For example, we saw one comment was made by person in relation to deep cleaning the chairs as they felt these were unclean. The registered manager told us, they were still working through the action and this would be done. We saw on the whole the feedback was positive and people who completed the surveys were happy with the service. One relative had written, "Happy nan, happy granddaughter."

The registered manager was responsible for the day to day running of the home and the registered provider oversaw the running of the home. The provider was a regular visitor to the home. People who lived at the home and staff told us the provider spent time talking with them and checking on how things were going to ensure people were happy with the service delivered.

The registered manager told us that if they needed anything for the home or any training for staff, this would be approved by the registered provider and that they felt well supported in their role by the staff and the provider.

People lived in an open and inclusive home. Staff we spoke with told us they felt the service was well run and said that the registered manager worked with staff as a team and were approachable. One member of staff told us, "[Registered manager] is lovely and supports me with anything I need." Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to. One member of staff gave us an example of where they had discussed changing the routine for providing tea and coffee to people

as some people would become agitated whilst waiting for staff to give them their drink. As result, people who were able to, could help themselves to drinks and the kitchen staff would also help with giving the drinks out. This meant that waiting times were reduced and people became less agitated. Staff were also given the opportunity to have a say about the service during regular staff meetings.

We observed staff working well as a team. They were efficient and communicated well with each other.

People could be confident that the quality of the service would be monitored. There were systems in place to monitor the quality and safety of the service. We saw that the registered manager audited accidents and incidents in the service to assess if any action was needed. There were also audits carried out on care records to ensure these were up to date. We saw the registered manager was also implementing audits in relation to medicines and staff recruitment files.

The registered manager also carried out audits in relation to the environment and the safety of the service. We saw these audits covered a wide range of areas of the service including first aid, maintenance, staff recruitment and emergency procedures.