Leicestershire County Care Limited

The Limes

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 2 October 2014 and was unannounced.

The Limes is a residential care home which specialises in caring for adults with dementia, learning disabilities, mental health conditions, physical disabilities and sensory impairments. The service is registered to accommodate up to 40 people. Thirty nine people used the service at the time of our inspection.

A registered manager was 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 and associated Regulations about how the service is run.

People who used the service told us they felt safe. People were protected from harm and abuse because the provider had safeguarding procedures that staff understood and used. Staff knew how to identify and

Summary of findings

report any concerns they had about people's safety. People's plans of care contained risk assessments of activities associated with people's care which reduced the risk of them experiencing harm.

Enough suitably trained staff were on duty to meet the needs of people using the service. The provider had robust recruitment procedures that ensured as far as possible that only people suited to work at the service were employed.

People were supported to receive their medications at the right time. The service had safe arrangements for the management of medicines.

People were cared for and supported by staff who had received relevant training that enabled them to understand and meet their needs. Staff understood how the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) applied to people who used the service. MCA and DoLS set out the requirements for ensuring that decisions are made in people's best interests when they are unable to do this for themselves.

People were supported to have sufficient to eat and drink throughout the day and people's dietary needs were met and their food preferences respected. People were supported to maintain their health. The service had arranged for regular visits by a doctor, district nurses and other health professionals to attend to people's health needs.

Staff treated people with dignity and respect. Staff had developed caring relationships with the people they supported. The service involved people and their relatives in decisions about their care and support. People had access to independent advocacy services if they needed them.

People's plans of care contained information about their individual needs. Staff referred to plans of care and provided care in line with those plans. People were encouraged to share their experience of the service with staff and knew how to raise any concerns. People's views had been acted upon.

The registered manager had a clear vision about what they wanted the service to achieve. That vision was understood and supported by staff. People using the service, their relatives and staff were involved in developing the service.

The registered manager understood their responsibilities and demonstrated a commitment to continually improve the service The registered manager was supported by senior managers. There was an effective procedure of analysing and monitoring the quality of the service.

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 who used the service were protected from harm. Enough suitably experienced staff were on duty to support people. People received their medicines at the right time.

Good

Is the service effective?
The service was effective.

People who used the service were cared for by staff who had the necessary skills and knowledge. People were supported to have sufficient to eat and drink and had a choice of meals. People were supported to maintain their health.

Good

Is the service caring?
The service was caring.

People who used the service, and their relatives, were treated with kindness and compassion. People had opportunities to express their views and they were listened to. Staff treated people with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People had care plans that were based on their individual needs. The service provided people with opportunities to express their views and had acted upon what people had said.

Good

Is the service well-led?
The service was well led.

People who used the service and staff were involved in developing the service. The service had a clear vision about what it wanted to achieve and staff understood and supported that. The registered manager was well known to and highly respected by people using the service and relatives. The service had effective procedures for monitoring and improving the quality of service.

Good

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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 October 2014 and was unannounced.

The inspection was carried out by three 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. We also reviewed information we had received from the provider since our previous inspection. This included information about accidents and incidents that had occurred at the service.

We spoke with eleven people who used the service, three relatives and seven staff, including the registered manager, a senior care worker, care workers and a cook. We also spoke with a doctor who was at the service on the day of our inspection. We observed how staff supported and interacted with people throughout our inspection visit. We looked at five people's care records, four staff recruitment files and records that showed us how the service was managed. We contacted a social worker, a dietician and the local authority who commissioned services to gather their views about The Limes.

Is the service safe?

Our findings

All of the people we spoke with told us or expressed that they felt safe at the home. People told us they felt safe when staff supported them. A person told us, "I'm really happy here. I feel quite safe and the staff are very kind." Other people said, "I'm well looked after and safe" and "Staff pop in and out throughout the day to check I'm okay."

People told us that they felt safe when staff used equipment to transfer them, for example when staff supported people to transfer from bed to chairs. A person told us, "I don't like that [the hoist] but I know it's safe for them [staff] and me." Care workers had received training to use equipment to move and transfer people safely. We saw that staff used the equipment safely and correctly. Lifting equipment was stored safely and looked clean and in good condition.

A person, with the help of a relative, told us that enough staff were on duty. They told us, "Enough staff are on duty. It's better than it's ever been." People who used the service and relatives told us that enough staff were on duty. Staffing levels were based on people's dependency levels which were regularly reviewed. When we looked at rotas and training records we found that each shift was covered by staff with an appropriate mix of experience, knowledge and qualifications. That meant that staff rotas had been managed in such a way that people were safe and had their needs met.

The provider had policies and procedures for protecting people from harm and abuse. Staff we spoke with were familiar with those policies and procedures. They had received training about safeguarding people who used the service. They knew how to recognise and respond to signs of abuse and how to report concerns.

People's care plans included assessments of risks associated with their care routines and how people were supported. For example, people had risk assessments of their mobility, risk of falls and how they were supported with transfers. Staff understood those risks. We saw that people moved around the home safely either independently of with the support of staff. Staff used the provider's procedures for reporting of accidents and injuries and their reports had been investigated by the registered manager or a senior care worker. Where necessary, actions had been taken to reduce the risk of similar accidents happening again. There was an appropriate balance between protecting and freedom.

We saw that staff were available at the times that people needed them. Staff were attentive to people's needs. We saw that they had the time to help make people comfortable by helping people with their posture. Staff took time to have conversations with people. Enough staff were on duty to ensure that communal areas and people's bedrooms were checked at regular intervals to see if people were comfortable or in need of help or assistance. A person told us, "They [staff] pop in at least once an hour. If I need them quickly then I call them using this [call bell]. Four staff we spoke to told us they felt enough staff were on duty. This showed that the provider had made sure that enough staff were on duty to keep people safe and meet their needs.

The provider had effective recruitment procedures that ensured as far as possible that only people who were suited to work at the service were employed. Procedures included checks of people's identity, employment history, work experience and qualifications. Pre- employment checks included references from previous employers, and a Disclosure and Barring Service (DBS) check. A DBS check is a process of gathering information about an applicant's possible criminal activity and helps determine their suitability to work with people who used the service.

People said they received their medicine on time. People knew what their medicines were for and when it should be taken. A person told us, "I usually get my medicine on time. I know that they [staff] know what it's for." Only senior care workers who had been trained and judged competent to administer medications were given this responsibility. This meant people who used the service could be confident that they were given their medications safely by staff that were competent to do so. In addition to prescribed medications people had other medications, known as PRNs, when they needed them, for example when they had headaches or felt pain. Trained staff supported people to take PRN medicines when they needed. A person told us, "[a senior care worker] will ask me if my hand hurts and if it does then I'll ask for one paracetamol."

The provider had procedures for the safe management of medicines. Medicines were stored securely in a room that was accessed only by the registered manager and senior

Is the service safe?

care workers. Medicines with special storage requirements were stored at recommended temperatures so that they were safe to use. Some people required medications of a category known as controlled drugs. Those drugs were securely stored and were accounted for in a controlled drugs book.

The registered manager had introduced new arrangements that ensured people had their medicines when they were outside the home, for example when they visited family or went on outings. This meant that people received their medications at the right time whether they were at the home or away.

Good

Is the service effective?

Our findings

People spoke in complimentary terms about the service. Comments from people included, "I'm very happy here, I'm really well looked after" and "They [staff] are like family, they understand what I need." Visitors told us they felt their relatives were well cared for. A relative said, "I know [person using service] is cared for." Another relative told us, "Everybody makes a fuss of [person using service]. I'm content knowing [person] is well cared for."

Training records we looked at showed that people were supported by staff who had relevant and appropriate training. Staff had received training that enabled them to understand the individual needs of people they supported. Staff we spoke with were able to tell us about people's likes, dislikes, care routines, dietary needs, medication and sleeping patterns. That showed that staff understood the needs of people they supported.

Staff we spoke with told us they had regular supervision meetings with a senior care worker and appraisals with the registered manager. Their training needs and wishes were discussed at these times. One told us they were being supported to take a higher level qualification in adult social care. Another told us that they had expressed interest in learning more about people's behaviour that challenged others. Training had been arranged for them which they had found "really useful." Another member of staff described training they had received as "inspiring." This showed that staff were supported through effective training and supervision.

Staff were knowledgeable about how to care for people who were living with dementia. They described activities that were provided for people with dementia. For example, activities relating to people's memory of important events in their lives, music and sensory and tactile objects had been provided. That showed that staff supported people with dementia in line with research and guidance about the condition.

People told us that staff always asked for their consent before they provided care. A person told us, "They [staff] know that I will tell them when I'm ready to get up when good and ready." We saw that staff sought people's consent before they provided care and support.

Staff we spoke with understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who lack capacity to make decisions for themselves and who may become deprived of their liberty through the use of authorised restraint, restriction of movement and control. DoLS were in force for some people at the home. People subject to DoLS were supported to understand why restrictions were in place. A specialist support worker who visited a person who was under DoLS told us they pleased about how staff supported the person in line with the DoLS authorisation. All this showed that staff understood how DoLS worked in practice.

People told us they enjoyed the food and mealtimes at the home. Comments included, "I look forward to the meals, nearly as good as what I would make." A person described the meal they had at lunchtime as a "fabulous meal." A relative told us, "There is always a choice of food. The cook tries lots of different things." Another relative told us, "The food is excellent." Menus from which people chose their meals were compatible with people's preferences and dietary needs. Staff knew which people had diabetes, food allergies and what foods people had to avoid food because of medications they took. This meant that people were provided with food that met their nutritional needs.

People's nutritional needs had been assessed and monitored by staff. People were weighed every month and if they had lost or gained weight whilst not trying to do so their food and fluid intake was monitored. Some people had been referred to specialist dieticians to help them either gain or lose weight

We observed a lunchtime meal in the dining room. Some people had adapted cutlery and crockery to aid their independence whilst eating. Staff supported people who required help with their meal. People were not rushed to eat their meals. This contributed to the mealtime experience being a pleasant one for people. Staff also supported some people to have their meals in the privacy of their room or in a lounge rather than the dining room.

People were able to have snacks throughout the day if they wished. We saw that various cakes, bread and tins of soup were available. People who were able to could make their own snacks or drinks in a café and kitchenette that was available for people's use. We saw people using that facility. This meant that people had access to food and drinks when they wanted.

Good

Is the service effective?

People who used the service were supported to maintain their health and access healthcare services. A person who used the service told us, "[A] nurse comes in to check my legs." Another person told us, "I've had the optician check my eyes and will ask to see the doctor if I'm not feeling too well." People told us that they were able to see a doctor at the home every Thursday or when they were called in case of an emergency. Community nurses and other health professionals visited the home to attend to people's health needs. Staff supported people to attend appointments with their dentists and opticians. A doctor who was at the service at the time of our inspection told us, "The care is fantastic. I'm very impressed with the quality of care."

Good

Is the service caring?

Our findings

People who used the service and relatives we spoke with told us that staff treated them with kindness and compassion. Several people described staff as "very caring". Comments from people included, "I'm treated like the lady of the manor", "The staff are very kind" and "The manager is very good; she comes to see me every day which is nice." A relative told us, "The staff are caring. I'd say if they weren't."

Staff and people who used the service communicated in a friendly way with each other. Staff knew the names of all the people who used the service; and people knew the names of staff. A person who used the service told us they had friendly nicknames for staff. Staff were knowledgeable about people and that promoted meaningful and stimulating conversation with people. This had allowed staff to develop meaningful and caring relationships with people they supported.

Staff displayed effective communication skills when they supported people. We observed staff interacting effectively with people. For example, staff positioned themselves at people's eye level to speak with them rather than stand over people. Staff checked people's understanding and explained things again or in different ways, for example using pictures to aid understanding.

Staff showed kindness towards people and that they knew how people wanted to be cared for and supported. We saw several instances of this. For example, when a person asked for a cardigan because they were cold a care worker brought them a cardigan they knew the person liked. Another person who had chosen not to shave in the morning told a care worker after lunch that they would like a shave. The care worker supported them to do this in the privacy of their room. Staff showed kindness and concern to people who showed signs of anxiety. Staff supported people in a way that helped people maintain confidence and self-esteem. One way they did that was to ensure that people were dressed in clothes that were clean and smart which added to their sense of comfort. This showed that staff treated people as individuals and helped people to feel that they mattered.

People were involved in the assessments of their needs and in discussions about how they wanted their needs to be met. Every person who used the service had a `key worker' who was the care worker who supported them most often and had a comprehensive knowledge of the person's care plan. We spoke with a key worker who demonstrated an in-depth knowledge of a care plan we had looked at. Key workers held regular discussions with people about their care and support needs. The registered manager had also involved people by having regular conversations about their care and support with them. A doctor who was at the home at the time of our inspection told us, "Staff continually interact with people which I find really positive."

People had access to information about independent advocacy services. Information was included in people's care plans and on notice boards throughout the home.

Staff respected and promoted people's privacy and dignity. We saw that staff knocked before entering rooms and that people were asked if they wanted help before help was given. When staff used hoists to transfer people they ensured that people's clothing was not disturbed and that people's modesty was protected. People were able to spend time in their rooms if they preferred that to spending time in communal areas. A person who used the service told us, "I prefer my own company, not a socialite." Staff respected that person's wishes but had ensured they had things to occupy themselves with.

Relatives of people who use the service were able to visit the home without undue restrictions. We saw several relatives visit the home on the day of our inspection.

Is the service responsive?

Our findings

People using the service and relatives told us that they were able to contribute to discussions about their care and support. People told us they had been involved in the assessments of their needs and the development of their care plan. People were able to contribute to the planning of their care at regular reviews of their care plans. Those reviews were carried out by key workers who were staff who had detailed knowledge of people's needs.

People were able to discuss more general aspects of their care at 'residents' meetings which were also attended by relatives. Most relatives we spoke with told us they had not attended these meetings because they visited their family member daily and were confident they could speak with the registered manager if they had any concerns or wanted to make a suggestion. A relative told us, "If I saw anything wrong I'd tell them quick."

People's plans of care showed that people who used the service and their relatives had been involved in the assessments of their needs and discussions about how they wanted to be cared for. Care plans included people's personal histories, preferences, interests and hobbies. This meant that plans of care were based on individual's needs and preferences.

A person we spoke with told us, "I'm able to join in with activities. I'm not bored." Another person spoke highly of staff who arranged activities. They told us, "[name of staff] is excellent."

Many activities reflected people's interests and hobbies. We saw people knitting and a person told us they enjoyed gardening in the home's garden. A person helped with minor maintenance tasks and told us that they enjoyed doing this because it reminded them of a past employment they had. People read newspapers and magazines of their choice. Other people enjoyed being read to. Staff spent time with individual people talking about their lives and interests, often using old photographs and memorabilia which meant the conversations were meaningful. Other activities involved groups of people which gave people an opportunity to socialise within the home. We saw people playing cards and other games.

Staff respected people's preferences about how they spent their time. Staff knew when people wanted to get up in the mornings and go to bed at night. A person told us, "They [staff] know that I will tell them when I'm ready to get up when good and ready." Staff knew which areas of the home people preferred to spend most of their time. The home had a variety of lounges on both floors which offered a different environment to suit people's preferences. We saw staff support people to different rooms and taking people to what they called "my chair" or "my lounge".

People with sensory impairments were provided with comforting activities. For example, dolls, materials of different textures, music and audio therapy. Those activities showed that the provider had taken note of research and guidance about activities with sensory impairments.

People were supported to practice their religious faith. Staff had arranged for representatives of local faith organisations to visit the home and for people to attend religious services. People were supported to feel part of the local community. The service had links with a local school, a choir and local charity organisations that sent representatives to the home to assist with activities. People were supported to go out into the local community and places that were of interest to them, for example garden centres.

The service's approach to activities was one that ensured people were able to enjoy individual activities and group activities. People had a choice of whether to join in group activities and staff respected people's choices. The range of activities and the absence of restrictions on relative's visiting hours, protected people from social isolation.

People knew who to speak to if they were unhappy or had any concerns. Several people said that they knew the manager and found them to be approachable. People expressed that they had absolute confidence in being able to discuss concerns with the registered manager and staff. The service had procedures that supported people using the service and relatives to raise any concerns if they wanted to. The provider's complaints procedure was accessible to people. The registered manager told us that no complaints had been received since our last inspection. Each person who used the service had an allocated keyworker. A key worker was a care worker who knew a person well and who kept in contact with a person's relatives. Key workers encouraged people and their relatives to raise any concerns they had. For example, one person told a key worker that they felt intimidated by another person and arrangements were made for them to

Is the service responsive?

sit separately in communal areas. A person who used the service told us, “I know I could raise any concerns if I had any.” Their relative added, “If I saw anything that was wrong I’d tell them quickly. I know the manager and staff would listen.” Another relative told us, “The manager is very good. She keeps us well informed and involved.” This confirmed what the registered manager had told us about having regular dialogue with people who used the service and relatives.

Good

Is the service well-led?

Our findings

People who used the service and relatives were very complimentary about the way the service was led. A person who used the service told us, "The manager is very good; she comes to see me every day which is nice." A relative of another person told us, "The manager tries really hard to get everything right" and added, "[The service] is better than it's ever been." A doctor who was at the home during our inspection told us. "It's a good home; the quality of the care is fantastic."

People who used the service and their relatives had opportunities to be involved in developing the service. Those opportunities occurred through reviews of people's plans of care, residents meetings, and surveys. People's feedback had been acted upon. For example, more varied activities and food choices had been introduced.

Staff had also been involved in developing the service through regular staff meetings and one to one meetings with the registered manager. Four staff we spoke with said they enjoyed working at The Limes. One told us, "I wouldn't want to work anywhere else." Staff told us that they had made suggestions that had been adopted. For example, one staff member told us their suggestion that care wipes should be made available near the dining room so that people's hands and could be cleaned at meal times had been adopted.

Staff told us the registered manager was supportive. They felt the service was very supportive to the people living at The Limes and their families. Staff gave an example of how the family of a person receiving end-of-life care had been supported. We spoke with one of the family members who told us that staff had been wonderful to the whole family. Staff used that example to illustrate how they understood the vision of the service was which was to provide outstanding care to people using the service and their relatives. This showed that staff understood and promoted the vision and values of the service.

The registered manager made themselves available to people who used the service, relatives and staff. A person using the service told us, "The manager is very good; she comes to see me every day which is nice." People who used the service made comments such as, "Staff pop in and out throughout the day to check I'm ok"; "Everyone makes a fuss of [person using service]" and, "I can't praise the staff enough; they can do enough for me." This showed that the registered manager had supported staff to put the values of the service into practice.

Staff told us they knew how they could raise concerns about the service if they had any. They added that they were confident that if they raised concerns they would be taken seriously and acted upon.

The registered manager had a very good understanding of their responsibilities. They understood our registration requirements including the submission of information to us about incidents that had affected people who used the service, for example injuries, allegations of abuse and events that affected the running of the service.

The registered manager carried out monitoring of the quality of care and support provided to people who used the service. These included regular dialogue with people who used the service and their relatives, observations of care worker's practice and reviews of plans of care. The registered manager also reviewed and analysed information about falls and injuries people had experienced and, where necessary, had reviewed people's risk assessments. They had carried out audits of medicines management at the service. Audits of response times to call alarms had also been carried out. The monitoring carried out by the registered manager was effective. The registered managers' monitoring had been regularly verified by an area manager.

The registered manager told us they felt well supported by the provider and other registered managers who managed other services run by the provider. Meetings of registered managers took place regularly and provided registered managers to share details of good practice and improvements. We saw from records of staff meetings that the registered manager had provided feedback to staff about what was expected of the service.