The Limes Care Home Limited

The Limes

Inspection report

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Henlow
Bedfordshire
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit took place on 5 January 2017. The visit was unannounced. When we carried out the last comprehensive inspection in May 2015 we found that the service was good in all areas.

The service provides accommodation and care for up to 28 people. At the time of our inspection there were 25 people living at the home.

The service had a registered manager. 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.

Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments connected to the running of the home, and these were reviewed regularly. Accidents and incidents were recorded, although the causes of these had not been analysed to allow the provider to identify preventative actions which could be taken to reduce the number of occurrences. Where people had been involved in incidents because of behaviour that could have a negative effect on others, the triggers for such behaviour had been identified and action taken to reduce the occurrence of such behaviour. People received their medicines as they had been prescribed and there were robust procedures in place for the safe management of medicines.

There were enough skilled and qualified staff to provide for people's needs. Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. Staff received training to ensure that they had the necessary skills to care for the people who lived at the home, and were supported by way of supervisions and appraisals.

People's needs had been assessed when they moved into the home and they, their relatives and other healthcare professionals had been involved in determining their care needs and the way in which their care was to be delivered. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People were happy and felt safe living at the home but said that they did not always have enough support with activities to keep themselves occupied during the day. They had a choice of food and drink with snacks and fruit available throughout the day.

Staff were caring and friendly. They knew the people they cared for well. They protected people's dignity, treated them with respect and encouraged them to maintain their independence. Staff understood the need for confidentiality.

Information was available to people about how they could make a complaint. Information was also

available in formats that people understood about the services provided at the home. People were assisted to access healthcare services to maintain their health and well-being. Staff worked with healthcare professionals and people's relatives to ensure that the care provided to people best met their needs.

Staff were encouraged to attend meetings with the registered manager at which they could discuss aspects of the service and care delivery. People were asked for feedback about the service to enable improvements to be made. There was an effective quality assurance system in place with the registered manager and the deputy manager being officers of the provider organisation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines were administered safely and as prescribed. Arrangements for the ordering, storage and disposal of medicines were robust.

Staff were aware of the safeguarding process and how to make appropriate referrals to the local authority.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled and qualified staff to provide for people's needs.

Is the service effective?

Good

The service was effective.

People had a good choice of nutritious food and drink.

Staff were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Is the service caring?

Good

The service was caring.

Staff were kind and caring.

Staff promoted people's dignity and treated them with respect.

Staff encouraged people to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not supported to follow their interests and hobbies. There were not enough activities during the day to keep people occupied.

People had care plans in place to meet their individual needs and were involved in the regular review of these.

There was an effective complaints system in place.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who was knowledgeable, approachable and supportive of staff.

The provider organisation was directly involved in the running of the home as both the registered manager and deputy manager were officers of the provider company.

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.

An inspection visit took place on 5 January 2017 and was unannounced. The visit was carried out by 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.

Before the inspection we reviewed the information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with nine people and two relatives of people who lived at the home, three care workers, a housekeeper, the deputy manager and the registered manager. We reviewed the care records and risk assessments for four people who lived at the home. We looked at four staff recruitment files and reviewed training and supervision records for all the staff. We also reviewed information on the complaints system and how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service. One person said, "I definitely feel safe here, yes." Another person told us, "I feel safe. I do feel well cared for. The girls are very good to me."

Staff understood how to report concerns to safeguard people from any potential risk of harm. One member of staff said, "I've reported things to the manager in the past and they've been quick to respond. But I know I can also talk to the council safeguarding team or the CQC if I need to."

There were personalised risk assessments for each person who lived at the home. Each assessment identified the people at risk, the steps in place to minimise the risk and the action staff should take should an incident occur. Examples of risk assessments carried out included the risks associated with the use of bedrails, smoking in the house, of developing pressure ulcers and the risk of malnutrition. Where people had behaviour that could have a negative impact on others we saw that risk assessments included information on possible triggers for the behaviour, actions staff should take to de-escalate situations, such as distracting the person with an activity. One care plan noted that such behaviour could be triggered when staff provided personal care to the individual. We noted that staff followed the management plans in place when one person became agitated at lunchtime and the situation was quickly calmed.

There were general risk assessments completed which identified any risks to the environment. Regular maintenance checks were being carried out including portable appliance testing (PAT), gas safety checks and fire equipment checks. Equipment, including mobile hoists and the stair lift, was serviced regularly. There was a robust contingency plan in place which detailed the steps the service would follow in case of an emergency.

People thought that the service would benefit from having more staff. One person told us, "They seem to be only adequately staffed. At weekends they do seem to be a little bit short staffed. During the week now I can get to the toilet when I want to go, not like when I was at home when I had carers I had to wait for them to come in. The same is true here at weekends." Another person said, "The staff are very tired. They do need a few more. They work very long shifts and at the end of a shift they can be very tired. Some of the residents here have very complex needs and they are very time consuming. With very limited staff this is hard for them."

However, the staff we spoke with felt there were enough staff available to meet people's needs safely. One member of staff said, "I think there are enough staff, we can usually respond to people quite quickly I find." Another member of staff said, "There's enough staff here, both in the day and the night. We can always call for help if we need it."

We reviewed the service rotas for the two weeks prior to our inspection and the planned rota for the following week. Five care staff were allocated to work on shift in addition to three domestic staff, the registered manager and the deputy manager. There were three care staff deployed to work the night shifts, although the manager explained that this was sometimes reduced to two staff if the occupancy was lower.

The registered manager told us that four of the senior staff rotated 'on-call' responsibilities as part of an informal arrangement in case of any emergencies or staff shortages.

The deputy manager also worked as the Director for a care agency which provided care staff to homes in the local area. The registered manager explained that staff employed by this agency would complete their training and induction within the service to provide them with the experience and knowledge to understand their roles and responsibilities. If there were shortages in regular staff levels, then a staff member from this agency was used to cover these. This meant that the agency staff used by the service were known to people and understood the working culture and practices within the home.

The service followed their recruitment policy to determine whether staff employed had the necessary skills and experience for their role. We looked at the staff files for four members of staff and found that each had verified employment references sought from previous employers. Each member of staff was asked to complete a health questionnaire and had completed a DBS (Disclosure and Barring Service) check. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We saw that accidents and incidents were recorded, although we noted that these had been recorded in two accident books. The senior care worker told us that one of the books had been temporarily mislaid and the second one was started in October 2016. The original accident book had subsequently been found. There was no formal analysis of the cause of accidents. This was discussed with the registered manager who agreed that this would be of benefit and would be introduced without delay.

Medicines were managed safely. Staff who had received training in the safe administration of medicines were asked to observe experienced members of staff for several weeks, and had their knowledge and competencies tested. This meant that only experienced members of the staff team were administering people's medicines. We observed the medicines round at lunchtime and noted that the correct hygiene procedures were being followed, and that staff were aware of the needs of each person. We looked through MAR (medicines administration record) charts for eight people and found that these were completed correctly with no unexplained gaps. Medicines were stored safely in lockable trollies which were attached to the wall when not in use. The service kept stock records and audits of all medicines including controlled drugs. There was a robust process being followed to return excess medicines to the pharmacy as required, the staff were able to describe the steps they would take if a medicines error was made.

Staff had received training in infection control and the home appeared to be clean. However, on the day of the inspection the staff at the home were removing the festive decorations and there was some debris from these that had not been cleaned and we noted some cobwebs on the harder to reach areas of walls. We also noted that contaminated laundry had been stored in the ground floor bathroom before being taken to the laundry for washing.

Good

Is the service effective?

Our findings

People and the relatives we spoke with thought that the staff were well trained. One person told us, "They are wonderful; they know how to make it easier for me to get to dressed when I am struggling. I can't fault them at all."

New members of staff completed an induction into the service when they first joined. One member of staff said, "Before I started working on the floor I had a three month induction and I shadowed experienced staff. They take into account your experience and then decide if you need further training. They were really supportive throughout." Induction included an opportunity to work alongside experienced members of staff, observe practice and read through relevant records.

Staff told us they were supported to complete regular training and were pleased with the quality of the training on offer. One member of staff said, "There's a mix of online courses and then we attend some practical sessions. I've done all my mandatory training a few times now. The good thing here is that we can ask for more training and they'll find it for us." Another member of staff confirmed, "The training is good. I'm going on pressure care training soon so I can understand a bit more about pressure ulcers."

Some of the training was delivered by the deputy manager who had completed 'train the trainer' courses and had an up to date certificate. We looked at four staff files and the training matrix and found that all staff had completed training that the provider considered essential. This included safeguarding, health and safety and manual handling. Staff were also provided with the opportunity to complete training in areas which were more specific to the needs of people using the service. This included dementia, pressure care and challenging behaviour. We noted that the service regularly tested the knowledge of staff to determine whether the training had been effective in enhancing their overall understanding of each subject.

Staff had also been supported to complete Qualifications and Credit Framework (QCF) qualifications up to Level 3, and some senior staff had been supported to complete their Level 5 Diploma in Leadership and Management. Providing a wide variety of training empowered the staff to deliver effective to people by helping them to better understand their needs. One member of staff described how they had applied their training in practice. They said, "I really wanted to understand what it felt like for people living with dementia, and through the training and the support of the managers I understand now that it's important to get into their world and not try to bring them into ours."

The staff we spoke with told us they received regular supervision and appraisal of their performance. One member of staff said, "We have on-going supervision, we have the formal supervisions where we can sit down and talk about how things are going, and then we have observed supervisions. For newer staff we'll usually have a few more supervisions until they are comfortable and happy." Another member of staff confirmed, "I've had supervisions every three months or so." We looked at the files for four members of staff and saw that each of them had received a recent supervision and an annual appraisal of their performance.

People told us that staff always asked for permission before care was provided. One person told us, "Oh yes

they always ask if they can…." Another person said, "They make suggestions more than ask as such but you can refuse." The staff we spoke with understood the need for consent and the ways in which people provided consent for them to deliver care. One member of staff said, "I'll always ask people if they're okay with what we're doing and if they say no then I'll respect that and record it."

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. 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).

Staff had completed training in MCA but we found that some areas of their knowledge and understanding needed to be developed further. While staff understood the basic principles behind the Act, there was limited understanding of how capacity was assessed. However, care records showed that capacity assessments were completed by the registered manager and where applicable requests were made in accordance with the DoLS procedures. One care record showed that a DoLS authorisation had been granted in June 2016 for the complete and effective control of care and movement of the person on a continuous basis. The authorisation had been given after consultation with the GP, the local authority, the person's family and the support staff. A documented decision stated that it was in the person's best interest to remain living at The Limes.

We observed people eating at lunchtime and saw that they had a choice of balanced, nutritious and wholesome food which took into account their individual preferences and dietary needs. People were shown the meals available to them before they were asked to choose which they wanted. One person told us, "We all get the same food sometimes, the choice is very close like a chilli or a spicy curry, or another day fish fingers or fish and chips, not really a choice. But we can have a jacket, scrambled egg, or beans on toast if we don't like the main selection." We noted that one person had a vegetarian diet and was enjoying a vegetable-based meal as they had requested. During lunch one person accidentally dropped their pudding and was immediately provided with a replacement.

People were supported to maintain their health and well-being. One person told us, "The GP is marvellous here. If you were at home you would not get the service you get here. You only have to say you need to see the doctor and they get him for you and he is here within 24 hours. He sits there on the end of my bed and he doesn't look at his watch once. He is very good and patient. Recently we have had a list come around asking us if we would like to see a dentist or an optician. We have the chiropodist every eight weeks and the hairdresser comes weekly." Care records also showed that people were supported by a range of healthcare professionals, such as district nurses, speech and language therapists and physiotherapists.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person told us, "They are so kind to me. When I have one of my bouts of pain I can shout at them but they are always kind, gentle and patient with me." Another person said, "The girls are very good and kind." A relative told us, "The home is absolutely perfect for [relative]. They've really settled [them] down and now we've got real peace of mind. They made a big difference to [relative]. Their complexion is better, their weight is better and they just generally seem happier here now." Positive comments made in recent surveys included, "Your staff are very caring and well mannered. They are fabulous."

Staff told us that they felt the service delivered a high standard of care to people. One member of staff said, "What I love about this home is that it isn't clinical. It's all about trying to create a home from home and respect their freedoms and routines. I think the atmosphere and the ambiance is wonderful." Another member of staff said, "I think it's excellent here. We really do promote people's choices and well-being and it's a lovely place to work."

People were involved in how care their care was delivered. One person told us, "You can please yourself. No-one will mind if you don't want to get up or if you want a lie in." Another person said, "They ask me what I want, this or that." They told us that staff knew and understood them. One person said, "They even know what we like to drink!"

Staff treated people with dignity and respect. One person told us, "They instil in you –it's fine we are all the same. I am a strong, private person and I have found it difficult for them to help me have a bath, they are very anxious to keep me covered as much as possible." Another person said, ""Oh they are marvellous with that, they use a towel as they wash me to cover me up, the door is closed and so are the curtains. [I have] no worries at all." A relative told us, "My [relative] seems to be very happy. {Their] hair is done every week. [Their] nails are done and their toe nails. [They] look clean and tidy and are always well-dressed."

People told us that they were encouraged to maintain their independence. One person said, "I get myself washed and dressed but they will help me if I ask them to." Another person told us, "I look after myself really. The housekeepers are good. They will do things for you." A third person told us, "I put clean sheets on my bed myself. I look after myself but they do my washing for me." Another person commented, "I like to look after myself while I still can."

People told us that their relatives could visit them whenever they wanted to. One relative said, "We can come any time we like. If we are taking [relative] out we tell them because of the food." One person told us, "Oh the staff are really chatty to my [relative] when [they] come. [They] go and talk to them all before [they] come in to me. They are really good to [them] as well as me."

We saw that there was information available to people and their relatives on areas such as safeguarding and complaints on noticeboards around the house.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us that they were involved in an assessment of their needs when they moved into the home. One person told us, "I think that they carried out an assessment when I first arrived. They asked me loads of questions." A relative said, "When [person] first came to the home they sat me down and asked all kinds of questions about [them] - what they liked and what I could tell them to help them to understand [them] better." Care records showed that the registered manager had carried out the initial assessment of people's needs and care plans had been developed from this assessment. There were care plans for long term needs and for shorter term needs such as wound care following a surgical intervention.

The care records included information about people's lives and families. This enabled staff to talk with them about things that were of interest to them. The care plans followed a common format which identified the problem or need, highlighted the recovery or goal and the desired outcome of the plan. The plans included details of the actions or interventions that were to be taken and by whom. They also included information to show the agreements and actions agreed with the individual. We saw that care plans covered all areas of people's lives, including physical and mental health, personal care, continence and nutrition. The care records we looked at showed evidence that they had been updated as people's needs had changed. One record we looked at had been updated following a person's admission to hospital after they had suffered a seizure In the records we looked at the individual or their legally authorised relative had signed the care plan to say that they had been involved in the review. However, the people we spoke with could not remember having been involved in the review of their care plans.

People did not think that there was enough to occupy them during the day. One person told us, "I see they have a bit of Bingo going on down there today but that is unusual really. It doesn't happen that much. More really does need to happen. I can go out and walk over to the allotments and to the fields but [other people] can't go out." Another person said, "I read. I watch the TV for the news. I write letters. They used to go out in the minibus but I don't think it works anymore so we don't go out now unless it's in a taxi up to the pub for a cup of coffee." We raised this with the deputy manager who confirmed that the minibus was awaiting repair. A third person commented, "Well there is nothing to do, I read my paper daily, watch my TV and stay in my room because there is nothing for us to do. In the summer I sit in the garden but not in the winter. We did have a firework party and we have had a musician come in the evening but the days go on and on with nothing to do." However, the staff we spoke with felt that people had enough activities and were kept stimulated and engaged throughout the day. One member of staff said, "People do have enough to do but we do need to respect their individual needs and conditions and recognise what's right for each person. We take them for outings to pubs and trips out to cafes sometimes and that's nice. Other times we have music in the home or bingo, but we can also spend time just talking with them." We observed staff engaging with people during the day. Some people were having one to one sessions with staff as they had their nails painted and later in the day staff were observed to be sitting with people in the lounge and talking with them.

People and relatives told us that they were aware of the complaints system. One person said that their relative had complained about their newspaper not arriving every day, "My [relative] exchanged emails with

the manager, and now it's all sorted out, I get my newspaper every day with my cup of tea and a piece of toast at 8.00am." A relative said, "I would complain to [manager] or whoever is here at the time. I had issues with the laundry and mentioned it to [manager] and they sorted it." We looked at the record of complaints and saw that one complaint received on 9 November 2016 had been investigated and a response sent to the complainant on 13 November 2016. The registered manager told us that they were still investigating a series of complaints by a relative that had been received in November 2016.

Good

Is the service well-led?

Our findings

Not all the people we spoke with were able to tell us who the registered manager of the home was. One person told us, "I don't know. Is it a man? I'm not sure really." When asked who the manager was, another person said, "I don't really know. No, I'm sorry." However, other people knew who the registered manager was and saw them regularly. One person told us, "Yes, she's always floating around here somewhere. I think she is helpful. Always when I have asked her she seems to have the time to get back to you." Another person said, "Yes I do. I see her quite often." A relative told us, "[manager] knows what she is on about. She is very good." People who knew the registered manager told us that they were approachable.

Staff told us that they felt listened to and valued by the registered manager. One member of staff said, "[Registered Manager] is an extremely good manager, very knowledgeable. I get full support here and they show a lot of trust and faith in their staff."

People, relatives and healthcare professionals were encouraged to be involved in the development of the service. Surveys had been sent out to people, their relatives and professionals involved with the service in July 2016. We saw that a report had been created to collate the results and identify any improvements that needed to be made. Letters were then sent out to each respondent to inform them of the action that was going to be taken as a result of their feedback. For example one person raised the issue that they had not always felt involved in the care planning process. The service had then spent time with the person going through their care plan and had written to apologise. The person had signed their care plan to indicate that they were happy with the content.

Staff told us they were able to contribute to the development of the service and had their views and opinions listened to by management. One member of staff said, "I can talk to the managers and share ideas, whenever I've made requests they are always acted on quickly." Another member of staff said, "We have team meetings every so often and that's a chance to talk about the residents, the home, any changes or updates and plan for the future."

Staff meetings were taking place every three months, and the items discussed included events, people using the service and other updates and news. We saw that the views expressed by staff in meetings were quickly acted upon. For example the staff had raised that they felt they needed more training in the understanding of challenging behaviour. This was subsequently provided as requested. Residents meetings were also held to discuss recent events, activities and to collect feedback from both people and their relatives.

Managers within the service carried out regular audits including infection control and health and safety audits. We saw that, where areas for improvement were identified, plans were in place to monitor the actions required to ensure the improvements were made.

The provider was actively involved in the management of the home. The registered manager was also the sole director of the provider organisation and the deputy manager was the company secretary.