

Respond 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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced inspection took place over two days on 12 and 13 October 2016. At the time of our inspection the service supported one person with the regulated activity of personal care.

There was a registered manager in post 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's capacity to consent to their care and support was not always assessed. People supported by the service were not able to consent to many aspects of their care. However, written capacity assessments were not in place. Staff did demonstrate that they understood the principles of the Mental Capacity Act 2005 and gained people's consent when supporting them.

Recruitment procedures protected people from receiving unsafe care from support staff that were unsuitable to work at the service.

People were not able to communicate with us to tell us if they felt safe, however relatives confirmed that they felt that their family member was supported in a safe way.

People were protected from harm arising from poor practice or abuse as there were clear safeguarding procedures in place for care staff to follow if they were concerned about people's safety. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

There were systems in place to manage medicines safely. Staff were trained in the safe administration of medicines and people had specific care plans relating to the provision of their medicines.

People received care from staff that were kind and friendly. People had meaningful interactions with staff and enjoyed being with staff. Staff had an in depth knowledge of people's communication needs and behaviours, which enabled them to respond to people appropriately. People received care at their own pace and were treated with dignity and respect.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. Care plans were written in a person centred approach and detailed how people wished to be supported and where possible people were involved in making decisions about their care.

People were supported to participate in a range of activities and staff knew people well and understood the types of activities they enjoyed.

People received care from staff who had the appropriate skills and knowledge to meet their needs. All staff had undergone the provider's induction and mandatory training before working with people.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The provider and registered manager were visible and accessible to people, their relatives and staff and people had confidence in the way the service was run.

## 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.

Staffing levels ensured that people's care and support needs were safely met and safe recruitment practices were in place.

People appeared comfortable and relaxed with staff. Staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Systems were not implemented to ensure that people's capacity to consent to their care and support was formally considered. Staff demonstrated their understanding of the principles of the Mental Capacity Act, 2005 (MCA).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

### Is the service caring?

Good ●

The service was caring.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to

communicate these.

People were supported to be involved in decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

### Is the service responsive?

Good ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

Relatives of people using the service knew how to raise a concern or make a complaint and a system for managing complaints was in place.

### Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post and they were active and visible in the service. They provided staff with regular support and guidance. They monitored the quality and culture of the service and responded to any concerns or areas for improvement.

The quality and safety of the service was effectively monitored and actions were completed in a timely manner.

Relatives of people using the service and staff were confident in the management of the service.

# The Limes

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 October 2016. The inspection was announced and was undertaken by one inspector. The provider was given 48 hours' notice because the location provides care for people in their own homes; we needed to be sure that someone would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection people were not able to communicate with us about their experiences of support from the service, but we were able to speak to a relative. We also spoke with the provider, registered manager and another member of the management team as well as five support workers.

We looked at care records relating to one person. We looked at the quality monitoring arrangements for the service, four records in relation to staff recruitment, as well as records related to staff training, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People were supported by a staff team who were committed to ensuring people were cared for safely. One person's relative told us that they were happy with the care provided by staff and were confident that their relative was safe. We observed that people in the home were comfortable with the staff supporting them.

Staff were knowledgeable about safeguarding and had a clear understanding of the signs of harm they would look for. Safeguarding policies and procedures were in place and information regarding local safeguarding procedures was accessible to staff. Staff were aware of these procedures and had received training in safeguarding, this was also regularly discussed in team meetings. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described to us how they would report concerns if they suspected or witnessed abuse. One member of staff said "I've never seen anything that concerned me, but if I did I would report it to the management and if they didn't deal with it I would report to CQC or social services safeguarding team". The provider had responded promptly and appropriately to any allegations of abuse.

Recruitment systems ensured that people were protected from the risks associated with the recruitment of new staff. Recruitment files contained evidence that criminal record checks were carried out and satisfactory employment references were obtained before staff were allowed to work with people.

There were systems in place to ensure that people received their prescribed medicines safely. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration. Medicines administration records (MAR) were clear, and detailed individual medicines care plans were in place for people.

People had an allocated team of staff in order to provide them with effective continuation of care and there were enough staff to keep people safe and enable them to take part in activities. Staff allocation was directed by the needs of the people using the service, for example staffing numbers were increased when certain activities were planned, such as people going out for lunch. There was an on call system in place to deal with any unplanned staff absences and managers were on hand to cover shifts if no other cover was available.

Staff demonstrated an understanding of risk assessment and the need to adapt the level of support they provided depending on the person's support needs and circumstances. For example staff described the specific risks that they needed to be aware of with regards to people's behaviour and the way in which they adapted their support to mitigate any risks. People had individual risk assessments that were cross referenced to their care plans and their representative told us that the content of these had been shared with them. The care plans guided staff how to support people to take part in the activities they enjoyed in a safe way and covered all aspects of their lives; for example personal safety, behaviour and their environment. People had personal evacuation plans in place to inform staff how to support them safely in an emergency.

## Is the service effective?

### Our findings

The Mental Capacity Act (MCA) 2005 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.

We checked whether the service was working within the principles of the MCA. We found that people supported by the service were not able to consent to many aspects of their care, for example how they were supported to manage their behaviour and potential risks to their safety. However, written capacity assessments were not in place. Staff had received training in the MCA, they were able to demonstrate an understanding of the key principles of the act and described how these informed their practice. However, systems were not implemented to ensure that people's capacity to consent to their care and support was considered. This was discussed with the provider during the inspection and they have now implemented recorded mental capacity assessments and best interest decisions for people.

People's needs were met by staff who had the required knowledge and skills to support them appropriately. New staff received a comprehensive induction which included e learning, practical training and shadowing experienced members of the staff team. Staff did not work with people on their own until they had completed all of the provider's mandatory training and they felt confident to undertake the role. The induction included key topics on safeguarding, equality and diversity and challenging behaviour; as well as specific information about the person they would be working with. One member of staff said "The induction was good; I shadowed experienced staff and had time to read the care plans and learn about [Name]".

Staff received mandatory training such as first aid, fire training and health and safety. Additional training relevant to the needs of the people they were supporting was also provided; this included training in autism awareness and person centred interaction and objects of reference training, which was provided by the community team for people with a learning disability. One member of staff said "The autism training was really good. It helped me to understand [Name's] needs, particularly with non-verbal communication and the impact of the environment on [Name]." Training requirements were regularly discussed as part of supervision and one member of staff said "The training is a good opportunity to get everyone together as a team, it helps the team to be consistent"

People's needs were met by staff who were effectively supported and supervised. Staff were able to gain support and advice from the management team when necessary and regular supervision meetings were available to all staff as well as an annual appraisal. Supervision meetings were used to assess staff performance and identify on-going support and training needs. One member of staff said "Supervision is an opportunity to discuss what's going on individually and as a team, it's an open dialogue and good for communication". Another member of staff said "We also get supervision informally; we often discuss things with the manager".



People were supported to eat a varied, balanced diet that met their preferences and promoted healthy eating and we saw that food and drink was readily available to people. People's needs with regards to eating and drinking were regularly assessed and detailed plans of care were in place to advise staff how to support people and to mitigate identified risks. Staff followed the advice of health care professionals when supporting people with eating and drinking.

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. People had access to health care support when they needed it. We saw evidence of regular health checks taking place and people were supported to access a range of healthcare professionals such as the dentist, speech and language therapist and occupational therapist. One member of staff described how recent input from a physiotherapist had given staff the skills and knowledge to support a person more effectively with their posture. Feedback from healthcare professionals was very positive, for example one health professional commented "Staff are very clear on what they need to do, they seem very conscientious and keen to make sure things are as good as they can be".

## Is the service caring?

### Our findings

People were cared for by a team of staff who knew them well and who had an in-depth understanding of their care and support needs. Relationships between people and the staff team were warm and caring. People's relatives felt that staff supported their family members in a positive way, one relative said "[Name] is limited in the things that they want to do but the staff do the best they can to support them".

Staff were employed specifically to meet individual people's needs and worked on a one to one basis with them. We saw that staff were very caring and supportive and that staff were committed to looking after people in an individualised way. One member of staff said "It's all about minimising any anxieties and working to [Name's] routines". Staff understood the importance of sensory experiences for people; using lighting and different fragrances to help the person feel comfortable and calm. The service had also arranged for one person to have regular hand massages to lessen feelings of anxiety and was monitoring the impact that these were having on their general wellbeing.

Staff supported people in a positive; person centred way and involved them as much as possible in day to day choices and arrangements. Staff knew about people's life histories and the people and things that were important to them; they listened to and observed people to understand what they wanted. Staff had a good understanding of people's communication needs and understood the significance of different vocal sounds, and behaviours. One member of staff said "We can always tell if [Name] isn't very happy and try our best to find out what has caused this".

There was information in people's care plans about their preferences and choices regarding how they wanted to be supported by staff. This information had been developed over time as staff had observed and monitored people's responses to different situations and activities. The provider demonstrated an in depth knowledge of the importance of advocacy for people who required support with making choices and decision making. They were aware of how to access advocacy services on behalf of people and were actively pursuing this on behalf of one person.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Staff signed a confidentiality agreement when they began working for the provider to reinforce the importance of this and confidentiality was discussed in team meetings.

People's dignity and right to privacy was protected by staff. Staff were able to explain how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to these in a person centred way. One member of staff said "I make sure that any support with personal care happens in a private place, with the door shut". Another member of staff said "It's important to get a balance of private time and time to be with others, [Name] doesn't necessarily want to be with others all the time".

## Is the service responsive?

### Our findings

The provider met and assessed people's needs before they received a personal care service. This enabled them to understand people's individual support needs and determine whether the service could meet these. Assessments and care plans were then devised to assist staff to provide care and support that would meet people's needs and expectations.

Care and support was planned and delivered in line with people's individual preferences, choices and needs. Detailed person centred care plans were up to date, reviewed as needed and contained information about people and their preferences. They covered areas such as communication, behaviours and likes and dislikes. People received care that corresponded to their care plans and staff were able to describe how they followed these in practice. For example one member of staff described in detail how one person was supported with eating and drinking, emphasising the importance of staff working in a consistent way. Where people were not able to be involved in planning their care, their representative had been consulted on their behalf. One person's relative told us that they were involved in writing the person's care plan and had been provided with an updated copy, which they were comfortable reflected the person's current needs. Relatives were contacted promptly if staff had concerns about the wellbeing of a person.

Staff described how important it was to observe people for any patterns in their behaviour that may be linked to their physical wellbeing, surroundings or activities that were taking place. They recorded and shared this information within the staff team; this enabled them to adapt their approach and the way they worked with people. Staff also described how it was important to have an in depth knowledge of people's routines as changes to this could confuse the people, causing anxiety and impacting on their behaviour. For example one person used different colour aprons for different activities, one member of staff said "It is very important to minimise [Name's] anxieties and work to their routines".

The assessment and care planning process considered people's hobbies and interests as well as their current support needs. Staff supported people to do the activities that they chose and were knowledgeable about people's preferences and choices. For people who were unable to verbally communicate their choices, the service used an activity planner to record levels of participation and enjoyment and inform the planning of future activities. One member of staff described how, through close observation of people's behaviour, they were able to understand when they were enjoying different activities; through this they had realised that one person liked to listen to certain types of music. Another member of staff described how they regularly supported a person to go swimming and out on their bicycle.

There was a complaints policy and procedure in place. People's relatives told us that they had no complaints, but they knew who to speak to if they were unhappy with any aspect of the service. One person's relative said "The staff all seem lovely, I've got no complaints". Staff were knowledgeable about how to respond to complaints and described how any complaints would be reported to senior staff.

## Is the service well-led?

### Our findings

People were not able to speak with us so we asked their relatives about their views and experience of the service. Relatives said that they were happy with how the service was managed and the service that their family member received.

The provider had a process in place to gather feedback from people and their relatives and formally met with them three times a year to gather their view of the service being provided. These meetings were recorded and we saw that people's relatives were happy with the service that their family member was receiving.

The provider and registered manager demonstrated an awareness of their responsibilities for the way in which the service was run on a day-to-day basis and for the quality of care provided for people using the service. Staff said that the registered manager and provider were fully aware of what was happening in the service and worked hard to achieve the best outcomes for people. One member of staff said "The management monitor what's happening and visit the house frequently".

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. One member of staff said "This is a supportive organisation to work for and it offers a really personal way of working with people; we go the extra mile". Staff were confident in the managerial oversight and leadership of the management team and found them to be approachable and friendly. They told us that they felt able to approach the registered manager and provider for support, advice and guidance about all aspects of their work. One member of staff said "Any concerns that we have are listened to, we are really well supported".

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people. Staff were aware of the whistleblowing policy and were able to explain the process that they would follow if they needed to raise concerns outside of the company. One member of staff said "I could use the whistleblowing procedure if something was not dealt with properly and I didn't feel able to speak to the manager; I could contact CQC".

Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. We saw staff meeting minutes that demonstrated a positive culture, with discussions about care plans, communication systems, clients and staff supervision. The provider did not have a formal process in place to gather staff opinions and feedback, however all staff spoken to said that they felt confident that the management team and provider would respond to any concerns or ideas for improvement that they may have. For example the provider had reduced the length of staff shifts in response to feedback from staff.

The provider and registered manager were actively involved in the service and routinely monitored the quality and safety of the service provided. As this was a small service they were able to address issues as

they arose and deal with them effectively. The provider and registered manager told us that they regularly carried out spot checks of the service being provided and checked people's care records and the arrangements in place for people's medicines. These checks were confirmed by the staff that we spoke to who stated that a member of the management team visited the service most days to provide support and carry out checks of key areas. At the time of the inspection the checks that were carried out were not recorded, however since the inspection the provider has implemented measures to formalise and record their checks on the quality of the service.

The provider had links with Brighton University and worked in partnership with them to support young people with learning disabilities to have a week long holiday on the coast. Staff working for the provider supervised students from the university and supported them to develop their knowledge and skills. The provider described how this opportunity "highlights for our staff their own skills, and helps them to understand why new staff to our organisation need support, advice and guidance". The provider also facilitated staff team building and experiential learning by supporting staff to attend a two week project in Gambia. The aim of the project was to teach staff the practical application of the values of respect, responsibility, inclusion, neutrality and equality whilst supporting children in their communities.