A A Toorabally

The Limes Care Home

Inspection report

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Date of inspection visit:
20 July 2016

Date of publication:
19 September 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 20 July 2016.

The Limes Care Home provides accommodation to older people. It is registered for a maximum of 40 people. There were 21 people receiving care and support at the home at the time of our visit.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and the home offered a safe environment for people to live. People were supported by staff who understood how to protect and keep people safe. Appropriate processes were in place to support staff to report allegations of abuse if required. Risk assessments were in place to identify and reduce the risk to people's safety. Sufficient numbers of staff were in place to keep people safe and the provider followed safe recruitment processes. Medicines were stored and handled safely.

People were supported by staff who had completed an induction and relevant training to help them carry out their role. Staff were knowledgeable about the people they cared for and how to best meet their needs.

People's rights were protected under the Mental Capacity Act 2005. People were supported to have sufficient to eat and drink, but did not always have a good experience at lunch time. People received effective care relevant to their needs. They had access to relevant health care professionals to maintain their health and wellbeing.

People were cared for by kind and compassionate staff. Staff interacted with people in a caring and friendly manner. People were able to contribute to their care and support. People's privacy and dignity was protected. Arrangements were in place to share information to support people with independent advocates if and when required.

Care plans were personalised to meet people's relevant needs and what was important to them, but contained limited information. The staff did not always encouraged people to participate in activities that were available in the home. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were complimentary about the management team. The registered manager actively sought people's views and acted on them. There were systems in place to monitor and improve the quality of the service provided. The service was led by a registered manager who had a clear understanding of their role and how to improve the lives of people at the service.

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 felt safe and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Medicines were safely managed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by staff who were knowledgeable and skilled to carry out their roles and responsibilities. Training and development was reviewed and updated appropriately.

People's rights were protected under the Mental Capacity Act 2005.

People were encouraged to be independent and to make their own choices. People were supported to have sufficient to eat and drink, but some people did not always receive the choices they wanted or have a good experience at meal times.

People were supported to maintain their health and had access to healthcare services when required.

Is the service caring?

Good

The service was caring.

People were supported to express their views and be actively involved with decisions about their care and support.

People were treated with respect, compassion and in a dignified way by the staff who cared for them. People's privacy was respected.

There was a positive atmosphere throughout the home.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff responded to people's changing needs in a positive way.

People were not always encouraged to take part in the community and participate in activities.

People were involved with the planning of their care to ensure they received support relevant to their needs.

The complaints procedure was available and the provider responded to concerns when necessary.

Is the service well-led?

Good

The service was well-led.

There was a visible management presence and people spoke highly of the registered manager. Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

People, their relatives and staff were encouraged to be involved in the development of the service. They had opportunities to voice their views and concerns.

The service worked well with other health care professionals and outside organisations.

The Limes Care Home

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 20 July 2016 and was unannounced.

The inspection team consisted of one inspector 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, 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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service to gain their views

During our visit we spoke with 11 people who used the service, five relatives, four care staff, one cook and the registered manager.
We looked at the care plans for four people, the staff training and induction records for three staff, two people's medicine records and the quality assurance audits that the registered manager completed.

Good

Is the service safe?

Our findings

People using the service were protected from abuse and harm because the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People told us that they felt very safe. One person said, "I had falls before I came here which has left me feeling nervous, but the staff reassure me and I feel much better about moving around than I did." Another person told us if they dropped anything on the floor staff responded straight away and removed the item, so the person and others did not fall over it. One relative said, "We came to look round and were very impressed by what we saw. Our relation wasn't safe at home any more. They had started to be very confused. It's a real relief to see them here and be confident that they are safe."

Staff told us that they had completed training on moving and handling and safeguarding people. They said that the registered manager was very keen that people were supported safely. We found staff had completed safeguarding training and were knowledgeable about how to keep people safe. Staff described different types of abuse and knew who to report concerns to, both internally and externally. One staff member described the process of reporting concerns. We found that Information on safeguarding was displayed in the home. This provided guidance to people and their relatives about what they could do if they had concerns about their safety. The registered manager told us about the process they used and systems in place for reporting concerns of a safeguarding nature. This process was put in place to make sure people were kept safe. This included how to contact the local authority and the Care Quality Commission. The registered manager told us they had received no concerns or made any safeguarding referrals in the last 12 months. Information we held on our systems for the service confirmed this.

Individual risks were identified and managed; a system was in place to manage accidents and incidents to ensure they mitigated any risk to people. One relative said, "When my relative was admitted here, the manager did a full risk assessment to make sure that they were safe and could be looked after properly. She is really on the ball." The registered manager told us they checked the environment every day. There were no obvious trip hazards around the home. They also told us care plans were reviewed and checked to ensure individual risks were managed. Where it was identified the person was at risk of falls there were fall charts put in place. Accident or incidents were analysed on a regular basis. This was to monitor any trends or themes that may occur so they could be address promptly and we found appropriate action had been taken when required. For example when necessary the service would contact the falls team or other professionals.

Risks to people's health and welfare were being assessed and action was being taken to minimise any risks identified. However, we found one person who was living with diabetes had no risk assessment to ensure staff could manage the risk of the person's wellbeing. If the person had low or high blood sugars there was no guidance for staff on how they should manage this. We spoke with the registered manager and they addressed this issue immediately. In the care files we looked at we saw other risk assessments had been completed for pressure ulcers, falls and bedrails. These meant risks were identified and actions were put into place to reduce the risks to people. We found care plans and risk assessments were reviewed regularly.

People had their own personal evacuation plans (PEEP) to ensure they were fully supported in an emergency. There was a copy of evacuation plans in reception. This meant staff had easy access to information should an emergency arise, such as an outbreak of fire, and could ensure people were evacuated safely. We found the premises were well maintained and the member of staff responsible for the maintenance of the home undertook and recorded weekly and monthly checks. These included checks such as, water temperatures, call bell systems and fire tests to make sure people were safe. There was a maintenance book where staff reported any issues. All equipment was regularly serviced by outside professionals to ensure they were fit for purpose. This meant issues that had been reported were fixed in a timely manner.

Overall we saw sufficient staff on duty on the day of our visit. Staffing levels depended on the number of people living in the home. Staff we spoke with all said they could manage the level of people in the home at the time of our visit. Although sometimes the number of people increase due to respite and they felt the staff levels at these times were on the short side. One staff member said they could do with another member of staff over the lunch time period. We spoke with the registered manager who told us they would complete some observations over the lunch time period. The registered manager also told us they were actively recruiting as they had also identified the need for more staff. They were awaiting references and relevant security checks.

We observed staff providing one to one care for people and taking time to discuss their care needs with them. We observed mostly positive interactions between the staff and people who used the service. Staff supported people in a way that showed they were committed to keeping people safe. The registered manager told us the staff team worked well together and that they had been at the service long term. This meant staff was familiar with the people who used the service and knew how to care for them and keep them safe.

Systems were in place to ensure there was enough qualified, skilled and experienced staff to meet people's needs safely. Staff confirmed they had been through a robust recruitment process. Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work to make sure they were safe.

People were happy with how they received their medicines. One person said, "The staff bring me my tablets every day." People's medicines were stored and handled safely and people received them in a safe way. We saw when people were offered their medicine staff stayed with them until they had taken their medicines. People told us and records we looked at showed, that people had been asked how they would like their medicines to be administered.

Staff confirmed and records we looked at showed they had received up to date medicine training. There was a named person responsible for completing audits of medicines administered records (MAR) and ordering and disposing of any medicines. Medicines were administered during lunch and this was undertaken in a safe manner. We saw one person spit her tablets on to their plate. The staff member saw what the person had done and retrieved the tablets together with some of the mashed up food on a dessert spoon. The staff member then watched the person until they had taken a drink to make sure the tablet had been taken. We checked the person's file and saw there was a plan in place for the person to take their medicine covertly if required.

We saw the MAR sheets were completed for all medicines as and when required. MAR sheets were used to confirm each person received the correct medicines at the correct time and as written on the prescription.

Each MAR was identified with a picture of the person. This was to help ensure they received the medicine that was relevant to them and as prescribed by their GP. It was identified and recorded when a certain medicine was stopped or discontinued.

Requires Improvement

Is the service effective?

Our findings

People received effective care, which reflected their needs, from staff that were knowledgeable and skilled to carry out their roles and responsibilities. People gave positive feedback about their care and support. One person said, "They [staff] are all marvellous. Nothing is too much trouble for them [staff]. We get everything we want." Staff made sure the needs of people were met. One staff member described how people's needs were assessed to ensure their needs and preferences were met. Another staff member told us they encouraged people to be independent and make personal choices, for example where they wanted to sit in the home, what they wanted to wear or if a person prefers a shower; all this information is in their care plan.

Staff told us they received an induction, supervision and appraisals of their performance. However one staff member told us they had not received regular supervision or appraisals. We spoke with the registered manager and they told us although the supervision was late they had a plan in place to address this. We saw a copy of the plan. One staff member described their induction and told us they had been shadowing another member of staff for two weeks and was in the process of completing relevant training. Another member of staff told us they had an opportunity to complete a social care qualification. Records and staff files we viewed confirmed supervision and appraisals were in progress.

The registered manager told us and records we saw confirmed staff training was up to date. There were systems in place to ensure staff were supported and able to share good working practices and ensure they provided effective care.

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 people 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS applications were made where appropriate.

The requirements of the MCA were adhered to. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment and best interests documentation had been completed. People were supported by staff who had good knowledge and understanding of the MCA. The registered manager was confident that staff had a good understanding of their level of duties under MCA. The registered manager had made applications for DoLS where appropriate to ensure that people were not deprived of their liberty unlawfully. People who sometimes communicated through their behaviour were supported by staff who recognised what may trigger the behaviour and responded positively to the person's needs. We found staff we spoke with recorded observations in people's care plans and applied the knowledge when supporting people.

People told us that they enjoyed the food. We were told that there was a choice of hot meals and alternative

options at lunchtime and at teatime. A tea trolley was brought round during the day and people were also offered cold drinks frequently throughout the day.

Some people did not have a good experience at lunch time. People were seated for lunch at 12 noon with meals being served by 12.15pm. The dining room carpet was stained with some spilled food in evidence and tables were very bare, laid with only place mats and cutlery. There were no condiments or napkins on the tables. One person asked for a cup of tea, which was not offered. A member of staff asked the person, "Would you like some more juice." They ignored the request for a cup of tea. One person had finished their meal and was very vocal about wanting to go to bed. We were told this was their normal pattern to have a lie down after lunch. A member of staff said, "You'll have to wait a bit." This was not appropriate response and did not respect that person's choice. We observed one person with a meal placed in front of them at 12.15 and the food remained untouched until 12.45. The person was asleep at the table. At 12.45 a staff member came and removed the untouched meal and offered the person sandwiches instead. These were brought and the person just pulled off half a sandwich and ate it and then went to sleep again. Staff told us that this person never ate a cooked dinner at lunchtime. Another person was offered gateau for dessert and they asked if they could have rice pudding. They were told, "We only have rice pudding on Fridays." This meant people were not always getting the choices they wanted.

The registered manager told us people's needs were assessed and those that required support and assistance with eating had priority at lunch time. If concerns were identified with peoples food or fluid intake they had food and fluid charts. This meant the person's needs may not have been assessed appropriately. We discussed our concerns with the registered manager. They told us they would reassess the person and make appropriate changes to the nutrition care plan.

The cook told us choices were available for meals and the menu was balanced and varied. They told us they used home cooked fresh produce, which we saw in the food store. The cook told us they offered people a choice each day of what they wanted for lunch. They also told us they had plans in place to use picture menus for people living with dementia or people who require a visual aid to support them make their choice. However, we found this was not always the case, as some people did not receive their choice of pudding.

We found people were supported to maintain a balanced diet. People were weighed monthly and any loss of weight identified was reported to the relevant healthcare professional. Staff monitored food and fluid charts and reported to the cook if people were not eating well. All people had a nutritional care plan that identified their dietary needs.

People told us they were supported to maintain their health and wellbeing and this was supported by having access to healthcare services. This included a GP, dentist and chiropodist. One person said, "When I'm poorly, they bring the doctor and they let my family know as well. It's never a problem because the doctor will come to anybody who needs help." A relative told us, "My relative is having quite a lot of dental treatment at the moment and has to have a special mouthwash every day. I'm quite confident that staff are providing this support." Staff were knowledgeable about the people they cared for. Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required. We saw people had been referred to appropriate health care professionals. People's care records showed that their healthcare needs had been assessed and planned for. Daily charts were used to record needs, such as, repositioning to support people with their skin integrity and when care was provided.

Good

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff and with each other. People told us that the staff were kind and considerate. One person said, "They are all marvellous. Nothing is too much trouble for them. We get everything we want." One relative said,"This place is amazing. It's a complete open door. I've come in every day except one, so if there was anything wrong I would know straight away. The staff are kind to me too. I've been told that I can come in whenever I want and at any time that I want." Another relative described a recent family wedding, they told us, "They [staff] were brilliant." They went on to say, "The staff got my relative ready for the wedding and arranged for the hairdresser to come in on a different day to do their hair. A staff member attended the wedding with my relation and looked after them all day, so they had a lovely day."

We observed staff engaged with people and were involved in general conversations. There was a light atmosphere and light hearted comments which were received very positively by people using the service. We identified some positive person centred care. However a group of four people made derogatory comments towards one person and staff did not intervene. We spoke with the registered manager who told us they would address this immediately with staff.

People were supported to express their views and be actively involved with decisions about their care and support. People told us that they are able to make their own decisions. Comments included, "I get up when I want and I go to bed when I want. Everything I do is up to me." If a person chose to have a shower instead of a bath they could.

Care records contained information that the person or their relatives had been involved in the development of their care plans. Where able the person had signed to say they had been involved with the decision of their care.

The staff we spoke with showed a good awareness of people's needs, routines and preferences. One staff member told us how staff provided care that was personalised to people's individual needs and preference. Another staff member said they always encouraged people to be independent and do things for themselves. A third member of staff picked up on a person's anxiety and mood; they engaged with the person and distracted them.

Information was displayed on the notice board in the home about how people could access an advocacy service. Advocacy services use trained professionals to support, enable and empower people to express their views. The registered manager told us they had used advocacy services in the past and if the need arose they would direct people to the relevant service suitable for their needs.

People told us they could receive visitors at any time and that they all received visitors. Relatives told us the home was welcoming and that there were no restrictions when they could visit. One relative told us, "I come every day and always at different times depending on what else I'm doing. I've been told that it doesn't matter when I want to come. I could come at midnight if I wanted."

People told us how staff respected their privacy and dignity and gave examples such as staff knocking on their doors before entering. The registered manager told us when people required care from staff and outside professionals they were asked if they wanted to return to the privacy of their own room. Staff told us they were all dignity champions. We observed staff treated most people with dignity and respect. Staff used the person's preferred name and were sensitive and discreet when providing any type of assistance. We found the service did not utilise the space in the communal lounges to the best they could. Chairs were situated around the outside of the room. This made it difficult for people to interact with each other. We spoke with the registered manager and she said she would address this issue and experiment by rearranging the chairs to different positions. This was to help avoid people being isolated.

The importance of confidentiality was understood and respected by staff and confidential information was stored safely.

Requires Improvement

Is the service responsive?

Our findings

People did not always receive personalised care that was responsive to their needs. People who were able contributed to their care plan and assessment of needs. People told us that staff supported them with their routines, preferences and what was important to them. We observed staff responding to most people when they required assistance or support. Plans of care described how staff should support people and ensured personalised care was provided. One person requested to go back to their room after lunch, but a staff member insisted that they had to wait until everyone had finished their meal. This meant the person was not responded to appropriately or the person's wishes were not respected. We spoke with the registered manager and they told us they would investigate this issue as no one should be waiting for assistance.

Staff told us that they had the required information they needed to support people and that care plans and other documentation was easy to follow and use. People had a range of care plans for their care and support needs these included personal hygiene, eating and drinking, mobility, and pressure sore prevention. Care plans were reviewed regularly and updated in line with people's changing needs.

We found people's care records provided staff with information about their diverse needs including life history, preferences, routines and religious and spiritual needs. What was important to people was recorded and staff showed a good understanding of this information. However, we found some of the information to be limited to one word or one line. For example, one person's file it was recorded they like to read, but there was no information of what sort of books they liked to read. We saw on another person's file what was important for them. It was recorded 'grandchildren', but no other information to support why or areas they may like to discuss. This meant staff would have difficulty relating or responding to the person's needs.

People had pre-assessments completed by the registered manager before they moved to the service. This was important to ensure the service could meet people's individual needs. Care plans were then developed to advise staff what people's needs were, and what was required of them to provide a responsive service. One staff member told us that it was important for people to make their own choices and day to day decisions. People who wanted to share a bedroom were accommodated. This meant people's preferences were taken into consideration.

People who required support with equipment, such as, a pressure cushion, sensory matt or bed rail were assessed and appropriate equipment was put in place.

We identified that some people's care plans associated with their healthcare needs, such as diabetes, catheter care or Percutaneous endoscopic gastrostomy (PEG) feeding tubes, which were used when people cannot maintain adequate nutrition orally. When we asked staff about how they supported people to manage these needs they told us they read the care plan. One care plan identified that a decision was made by a multidisciplinary team in a person's best interest not to have a piece of equipment in place. We saw the reason and rational for this decision had been recorded.

People commented and felt there was not enough going on in the home in regards to activities. One person

said, "There is nothing going on. We just sit here after breakfast until lunch time then sit again until bedtime." We asked people if they were able to make suggestions about activities they may like. One person told us, "They liked dancing, but nothing like that happened." Another person told us that they were bored. A third person said, "I just sit here. It's boring. A lot of people fall asleep in the afternoon, every day is just the same." People lacked conversation with each other due to the layout of the room.

Staff described different activities that people liked, such as, people liked knitting and gardening. One person liked to sing. Other members of staff told us people played bingo and some people had their nails painted.

We found limited activities were taking place during our visit. People were not stimulated or encouraged to participate in meaningful activities. There was no planned activity during our inspection, but staff tried to get people to participate in a ball game. We saw most people were sleeping and not very active. We spoke with the registered manager. They told us the activities person had recently been promoted and they were actively recruiting for the post. Staff were able to provide small amounts of activities, but this was clearly not sufficient and the registered manager was looking at ways to improve in this area. The registered manager said they were in the process of contacting the dementia outreach team and had arranged a discussion with the provider, but nothing had been decided on how they would move forward.

We saw discussions had taken place in resident and relative meetings that people liked playing bingo and having pamper days. It was also recorded that people were looking forward to the better weather, so they could go outside. On the day of our visit it was a hot sunny day. We observed one person outside. The person was able to move freely in and around the home. We found the garden area had not been fully developed for everyone to sit outside. There was one or two benches for people to sit on, but all other chairs were stacked away and dirty. The chairs were not suitable or fit for the purpose of sitting on and there were no tables. The registered manager said there were plans to improve this area and discussions were planned to take place with the provider, but there was nothing in place at the time of our visit. This meant people were limited to carry out person centred activities within the service.

The provider had a complaints procedure and this information was visible in communal areas. People said that they were unaware of this information and could not recall if this information was in the service user guide that people had copies of. The registered manager told us the service guide was being updated. One person said, "I would tell my family. They see to that kind of thing."

Staff we spoke with described the process they should follow if a person raised a concern or complaint. All staff including the registered manager told us the service had not received any complaints. We looked at the Complaints log and found no Complaints had been recorded. Our records showed CQC had not received any concerns or complaint about the service provided within the last 12 months.

Good

Is the service well-led?

Our findings

People and their families had the opportunity to be involved with the service. The registered manager told us they had arranged meetings with relatives, but these were not well attended. A relative said, "The registered manager is the heart of this place [the service]. I see her walking around the home and she is very approachable. I would not hesitate to go to her about anything."

Systems were in place for people and their families to feedback their experiences of the care they received and make comments. We saw management had sent out questionnaires and positive comments were received.

Staff told us they felt supported in their role, they felt listened to and valued. One staff member said, "They felt supported and the registered manager was open and approachable." We asked staff if they had concerns about another staff member's care practice and what procedure they would follow. One staff member told us they would be surprised if that happened in this home. They said, "We work as a team and we all know each other really well, but if I did have a concern or complaint I would not hesitate in reporting to the manager."

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy.

The provider had systems in place to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager. The registered manager told us they completed a number of audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety, laundry, kitchen and domestic areas. This told us the service was monitored regularly and that they had a plan and time scale in place they had to adhere to, to ensure they were monitoring the service they provided was effective and efficient.

Staff had handover meetings before each shift started. We observed staff undertaking one meeting during our visit. The senior care staff offered detail updates to all staff on the next shift. Each staff member had a note book to update care needs throughout the day.

People's individual accidents and incidents were monitored and appropriate action had been taken to reduce further risks from reoccurring. Monthly meetings were arranged with key staff to discuss what falls people had experienced during the month. The purpose of these meetings were to consider themes, patterns and if any lessons could be learnt to reduce further risks. The manager also completed regular unannounced day and night spot checks, to ensure people received safe and effective care and treatment at all times.

The service worked well with other health care professionals and outside organisations to make sure they followed good practice. We noted the service followed their legal obligation to make relevant notification to

CQC and other external organisations.