Midland Heart Limited

Lime Gardens

Inspection report

Lime Gardens
Benjamin Drive
Halesowen
West Midlands
B63 2DQ

Tel: 01384414070
Website: www.midlandheart.org.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 15 and 16 September 2016 and was announced. We gave the service 48 hours' notice of the inspection because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. This was the first inspection of this service since it registered with us on 20 March 2015.

Lime Gardens is registered to provide personal care services to older adults in their own homes as part of an extra care scheme. On the day of the inspection 35 people were receiving support. There was a registered manager in post who was on leave. There was a temporary manager covering the management of the service. 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 they were being supported safely. Care staff knew what the different forms of abuse were and how to ensure people's safety. People received their medicines as it was prescribed. There was not always sufficient and consistent numbers of care staff to support people how they wanted.

Plans were in place to ensure that care staff would be supported by way of supervisions and being able to attend regular staff meetings. The provider had the necessary systems in place to ensure the Mental Capacity Act (2005) was being adhered to. The support people received was only given by way of their consent and their human rights were protected.

While people told us that care staff were kind and caring, they did not always feel they were supported how they wanted to be. People's support needs were assessed and then in consultation with them a support plan was put in place to identify how support should be delivered. Reviews did take place but they were not consistent to ensure where people's support needs had changed these could be noted and actioned appropriately. People's privacy and independence was respected but their dignity was not always respected.

People knew who to complain to and were able to raise any concerns they had by way of the complaints process. Complaints that had been received had been responded to in a timely manner.

While the registered manager and provider had previously carried out checks and audits to ensure the quality of the service people received, they were not always effective and had failed to identify at an early stage issues that had later been identified. The provider used questionnaires and regular resident meetings to gather people's views on the support they received and the information was analysed and actions taken where concerns were identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe but we found that there were not always sufficient and consistent numbers of permanent care staff to support people as and when they wanted.

Where people required support with their medicines we found that this was given as prescribed.

The provider had a recruitment process in place to ensure only appropriately checked care staff were recruited to support people.

Is the service effective?

Requires Improvement

The service was not always effective.

Care staff were not able to receive regular and consistent support.

People's consent was sought and the provider ensured they adhered to the requirements of the Mental Capacity Act 2005.

People were supported to access health care where needed.

Is the service caring?

Requires Improvement

The service was not always caring.

People's privacy and independence was being respected. However people were not always able to make decisions as to the gender of the care staff member supporting them and as a result their dignity was compromised.

Care staff were kind and friendly.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed and with the person's involvement

a support plan was put in place to identify how their support needs would be met. However their choices and wishes were not consistently explored through the initial assessment process.

The provider had an effective complaints process in place and people knew who to raise complaints with.

Is the service well-led?

Requires Improvement

The service was not always well led.

People told us the service was not well led because there were too many agency staff.

People were able to share their views on the service provided by completing quality assurance questionnaires.

The checks and audits previously carried out by the registered manager and provider were not effective in ensuring the service quality.

Lime Gardens

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.

Our inspection took place on 15 and 16 September 2016 and was announced. We gave the service 48 hours' notice of the inspection because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We sent out 26 questionnaires to people and five were returned, 26 to relatives and none were retuned, 24 to care staff and six were returned. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We visited the provider's main office location. We spoke with four people who used the service, six relatives and three members of the care staff. We were also able to speak with the temporary manager who was covering for the registered manager who was on leave and the area manager was also present. We reviewed four care records for people that used the service, reviewed the records for three members of the care staff and records related to the management and quality of the service.

Requires Improvement

Is the service safe?

Our findings

A person we spoke with said, "There can't be enough permanent staff because they use so much agency staff". People and care staff told us, through our pre inspection questionnaires that there were too many agency staff being used. A relative said, "There is not enough permanent staff". A member of the care staff said, "There is not enough permanent care staff and too much agency staff is being used".

We found that there were a number of care staff vacancies which were being covered by the use of agency staff. As a result of the amount of agency staff being used, people told us they did not always get consistent or regular support. A person said, "Agency staff don't know what I want and do not always arrive on time". For example, people had to sometimes manage themselves as agency staff did not always attend planned calls or would not always know what was required. We discussed this with the temporary manager and the area manager. They acknowledged there were a number of vacant posts to be recruited to and as a result had to use agency staff. They were aware of the concerns and problems with the quality of agency staff. They had previously held a meeting with people who shared the concerns they had. They confirmed that they had already taken a number of steps to resolve the concerns identified. For example they had raised their expectations with the agency supplying the agency staff. They had also recently been given the approval by the provider to recruit more full time permanent care staff so this would increase the permanent care staff allocated to work at the scheme. They told us that once the posts were all recruited to they would have extra care staff and therefore would use less agency staff. This would mean the service people received would be more consistent and they would get regular care staff, who knew their needs.

People we spoke with told us they did feel safe. A person said, "I do feel safe". Relatives we spoke with confirmed that they felt people were safe. The people who completed our pre inspection questionnaires all told us they felt safe. Care staff we spoke with showed a good understanding of the different forms of abuse and what actions they would need to take if someone was at risk of harm. A member of the care staff said, "I have had training in safeguarding people and I would report any abuse to the manager". We found that the provider provided care staff with training in keeping people safe and where risks were identified to people's safety the appropriate actions were taken and safeguarding alerts were raised with the appropriate authorities.

We found that risk assessments were being used within the service to identify where there were risks in how people were supported and how these risks could be reduced. People we spoke with told us that care staff used equipment to support them with their mobility where they were at risk of falling. Care staff we spoke with told us they were able to access risk assessments as to how someone should be supported so the identified risk of falling could be reduced. Care staff also told us that most of the information they needed was on their job cards so they would know where people were at particular individual risk and how they were to be supported to reduce the risk. For example, if they needed two members of care staff or just the one. We found that risk assessments were carried out on the environment people lived in, the task the person was supported with, medicines and manual handling tasks.

We found that where accident and incidents took place risk assessments were carried out to ensure that

there were no further risks that needed to be identified to ensure people's safety. Care staff we spoke with explained the actions they would take when an accident or incident had taken place. This included the need to make a record in the accident book and what potentially may have caused it. A note was also put on the person's care record and lessons learned by way of the monitoring of trends.

The care staff we spoke with all told us that they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before they could work with people. These checks were carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm to people could be reduced. We found that the provider had a recruitment process in place to ensure that all new recruits had the appropriate skills, knowledge and experience to be appointed. We found that two references were being sought to check the character of potential care staff. Ensuring newly recruited care staff provided proof of their identification was part of the recruitment process before care staff were appointed into the job role to support people.

Where people were supported with their medicines they told us this was done how they wanted. A person said, "My medicines are given to me fine". A relative said, "Medicines are fine, when my mom goes out the staff always make sure she is given the tablets she will need while she is out". Care staff we spoke with told us they were not able to give people medicines until they had completed training. A care staff member said, "I have completed my medicines training and my competency is checked regularly". We found that medicine training was a requirement of the provider before care staff could support people with their medicines and that the competency of care staff to administer medicines was being checked by senior staff.

We found that when people were supported with their medicines that care staff were required to complete a Medicines Administration Record (MAR). Care staff we spoke with confirmed this and we saw that people's medicines were stored appropriately where they lived. Where people were prescribed medicines 'as and when required' that there was an appropriate guidance in place to support care staff to know when these medicines were to be given on a consistent basis where people may lack capacity.

Requires Improvement

Is the service effective?

Our findings

A person said, "The permanent staff know how to support me and definitely have the skills and knowledge". Another person said, "Staff do know what they are doing". A relative said, "Permanent staff do know what they are doing but agency staff do not".

Care staff we spoke with told us that they had easy access to the temporary manager for support when needed. Care staff who completed our pre inspection questionnaires told us that managers were consistently being taken away from the scheme to cover other staff shortfalls in other schemes. One member of the care staff said, "Team leaders are left to manage so supervisions do not happen regularly". We found that formal supervisions and care staff meetings had not been happening consistently for some time. However since the appointment of the temporary manager this was improving and care staff we spoke with confirmed this. We discussed our findings with the temporary manager who confirmed what we found and showed us an action plan they were now working to to ensure the support care staff received was improved and met with the provider's targets and expectations.

A care staff member said, "I am about to go on my induction which will involve the care certificate". We found that newly appointed care staff were required to go through an induction process which included the care certificate. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction.

The temporary manager told us that action had been taken to address the concerns raised about agency staff to ensure that all agency staff went through a more explicit induction process before they started supporting people. The aim of this process was to ensure they knew exactly what people's support needs were and how they were to be supported and the conduct expected of them. The temporary manager confirmed they would be monitoring how agency staff were performing to ensure the service had improved. A relative told us on an occasion that an agency member of staff asked her mom why she needed support and could she not manage on her own. The relative felt this happened because of a lack of permanent care staff who would have known why her mom needed support and the issue that agency staff had not been clear about what support people needed.

Care staff we spoke with told us they were able to receive training in a number of areas for example, manual handling, first aid, food hygiene and equality and diversity. We saw that care staff were also able to receive training to meet people's specific support needs. For example training in areas like epilepsy, diabetes and dementia awareness.

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.

A person said, "Staff always ask me before they support me". A relative said, "Staff do seek his [person receiving the service] consent before they [care staff] help him". Care staff we spoke with told us they had received training in MCA and the Deprivation of Liberty Safeguards (DoLS). We were able to confirm this. Care staff were able to explain that there was no one lacking capacity which the MCA and DoLS would cover.

A person said, "Staff will prepare my lunch for me". Another person said, "Staff do cook me a meal that I want". A relative said, "Staff do make her a sandwich at lunch time". Care staff we spoke with told us that where people needed support with meals they were able to cook a meal or prepare a sandwich. They told us that this would depend on what was in their support plan. Care staff also told us that where people were at risk of choking they would also get appropriate advice to support the person. A care staff member said, "Where people are at risk of choking we follow the advice from SALT. A SALT is a Speech and Language Therapist who provides support, care and advice where people have difficulties with communication, or with eating, drinking and swallowing. We found that where people were at risk of choking that the appropriate advice and process to follow was available to care staff.

A relative said, "Staff do contact her [person receiving service] GP if she needs one". Care staff we spoke with told us that where someone was not well they would get medical support. This may be a paramedic or just contacting a person's doctor. We found on people's care records that there were notes relating to where someone had a fall and medical support was needed. We also found that where people needed support to get to a health appointment that care staff would support them to get to the appointment.

Requires Improvement

Is the service caring?

Our findings

A person said, "My dignity and privacy is respected". People told us through our pre inspection questionnaires that care staff treated them with respect and dignity. A relative said, "They [care staff] do respect her [person receiving the service] privacy and dignity. But agency staff do not always do this". Care staff we spoke with were able to show an understanding of how people's dignity and privacy should be respected. A member of the care staff said, "I would always knock before entering anyone's flat and I would always ensure when I was providing personal care that people were covered over".

People told us that they were not always able to have a choice as to whether they had a male or female care staff member to assist them with personal care. People told us that when their regular care staff member was unavailable, they were regularly unable to get a female care staff member to assist with personal care if they wanted their call at the time they had requested in the support plan. People told us that they did not like male members of staff washing them and felt it was wrong. We found no written evidence to show that people were able to request the gender of the care staff member where they received personal care as part of the assessment process. During the inspection managers within the service spoke to people regarding the gender of care staff and the managers told us that people would receive the care staff member they required to assist with personal care based on the gender of the care staff member.

People we spoke with told us they were able to live their lives as independently as they could. A person said, "I do most things for myself, staff only do the things I cannot do". Another person said, "I can wash myself staff only do my back and I cook my own meals". A relative said, "Staff don't do much, sometimes they might help her [person receiving the service] down to the canteen for a meal and back to her flat". Care staff we spoke with confirmed that they would only do what people could not do for themselves. They told us that most people with encouragement could do a lot more than they first thought they could. We found that people's independence was respected and people were able to live independently.

A person said, "The staff are kind, caring and friendly". Another person said, "The staff are lovely". People told us, through our pre inspection questionnaires that care staff were 'Caring' and 'Kind'. All the relatives we spoke with confirmed this. One relative said, "The staff are caring and friendly, they are more like a family friend than a member of staff".

A person said, "I am listened to, staff do support me how I want". Another person said, "Staff do listen to me and I feel able to share my views". A relative said, "I have no complaints about the staff they do listen". Care staff we spoke with told us they would always check with people how they wanted to be supported and listened to what they were told. A care member of staff said, "It is their home". People were happy with the permanent care staff who they said did spend time to talk and befriend them when they had the time.

Requires Improvement

Is the service responsive?

Our findings

A person said, "An assessment of my needs was done which I was involved in and I have a copy of my support plan. I have also had a review recently". A relative said, "I was involved in the assessment process and reviews have taken place". Care staff we spoke with confirmed that they were able to access support plans where needed and that reviews did happen. We found that assessments and support plans were being used to identify people's support needs and show how people were supported. However the initial assessment process was not effective enough to ensure people's choices and wishes were sought out and identified. Care staff were not aware of how people wanted their care and support needs to be met in sufficient detail to ensure that people's preferences could be respected.

We saw that in some support plans there was information recorded about how people liked to spend their leisure time when they needed support from care staff. People were supported where appropriate to maintain relationships or involvement in activities that were important to them. We found that the provider ensured that equality and diversity training was made available to care staff. Care staff we spoke with confirmed this and were able to explain how they ensured when supporting people that this was done in a way that respected their diversity. For example, people's sexual orientation was part of the assessment process. We found that as part of the assessment process people's equality and diversity was an integral part of the information gathered so care staff would know how to support people appropriately recognising people's individuality.

We found that the provider had a complaints process which was identified in the service user guide. People we spoke with told us they had either not been given a copy or could not remember if they were given a copy of the complaints process. However, everyone we spoke with knew who to complain to and told us they had not made a complaint. Relatives we spoke with confirmed what people had told us. We found that there was a complaints folder in place to enable the provider to manage any complaints they had received and to be able to monitor for any trends. This was done by them ensuring complaints were responded to in a timely manner and all complaints had set timelines for resolution monitored by the provider's head office.

Requires Improvement

Is the service well-led?

Our findings

A person said, "The service is well led but agency staff lets it down". A relative said, "It is not a well led service due to the lack of consistent permanent staff and agency staff not having a rapport with people. The service was good at first. After about nine months the service started to get worse due to a lack of permanent staff". Care staff we spoke with told us that the service was not well led because there was too much agency staff and people were unable to get consistent care staff. We found that the temporary manager who had been in post three months had already identified the concerns we had. An action plan had already been implemented to address the identified concerns which they were working towards achieveing with support from the area manager.

We found that reviews were taking place but we found that they were not being done consistently. There had been long periods of time where people's support needs had not been reviewed to ensure where support needed to be changed that this could be done. We discussed this with the temporary manager who acknowledged that these were areas of concerns they had already identified. We saw that an action plan was put in place with targets that care staff had to work towards achieving.

People we spoke with knew who the registered manager was and were also aware that there was a temporary manager covering the service. We found that the environment within the service was friendly and relaxing. We saw that people and care staff were on a first name basis and they all interacted in a way that showed everyone got on well.

We found where accidents and incidents had taken place care staff were required to complete documentation that identified what the circumstances were. Care staff we spoke with were able to explain the process they followed when an incident or accident happened. We found that as part of monitoring any trends, the completed paperwork was forwarded to the provider's head office where further communication would take place with the manager where there were concerns.

The provider had a whistleblowing policy in place that care staff we spoke with were able to confirm that they were aware of and knew how to use it if they needed to. We saw that the policy supported the safeguarding of people and identified to care staff the actions they could take when necessary.

We found that an on call system was in place where care staff were able to seek support outside of the main office hours. This included bank holidays, weekend and during the night.

A person said, "I have had a questionnaire". Relatives we spoke with confirmed this. Care staff we spoke with told us they had not completed a questionnaire but confirmed they had at times supported people to complete questionnaires. We found that questionnaires were being used by the provider to help them identify areas in the service for improvement and they were sent to both people and staff. We saw that the information gathered was being analysed and that the temporary manager was able to identify how people were kept informed of the outcomes and planned actions to improve areas of concern. People were able to attend residents meetings or just pop into the managers office when required to raise any concerns.

We found that the concerns, that had previously not been identified or acted on by the provider or the registered manager, were now being addressed by the temporary manager as a result of meetings with people to give them the opportunity to raise their concerns. As a result of these meetings actions had been taken to address the concerns raised by people as detailed in the action plan we saw.

We found that the temporary manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.