

Noble Care Limited

# 21 Lime Street - Learning Disability and Autism

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 15 January 2019 and was unannounced. We previously inspected 21 Lime Street - Learning Disability and Autism ('21 Lime Street') in May 2016, at which time the service was rated outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

21 Lime Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

21 Lime Street accommodates a maximum of eight people with a range of mental health needs. The service is split across two floors. Nursing care is not provided. There were eight people using the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC 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. The registered manager was also responsible for the management of the provider's other small service nearby and was supported by a deputy manager.

People who used the service gave extremely positive feedback about how staff were patient and respectful with them. External professionals provided positive feedback and relatives gave exceptional praise to staff.

All staff interacted inclusively and engagingly with people. The culture of the service was completely focused on people's individualities and their contribution. The service worked flexibly and innovatively to ensure people who used the service felt at home and as in control as they wanted to be of how the home was run. This was consistent across all levels of staffing and had a demonstrably positive impact on people's wellbeing and quality of life.

Activities provision remained exceptional, with people encouraged to pursue individual interests or partake in the many and varied group activities. The registered manager continued to use their love of music and multimedia projects to engage people in hobbies and projects they found fulfilling.

Links with the local community had strengthened and again had an extremely positive impact on people's ability to make new connections and contributions, and to reduce the risk of social isolation.

The registered manager, their deputy, the operations manager and all staff interacted extremely well with people who used the service and staff. The culture remained extremely open, inclusive and the atmosphere

was welcoming. This had been sustained over a number of years and ensured people were fully a part of the home they live in, and the community they were a part of.

People felt safe and were supported by knowledgeable staff who knew how to minimise the risks they faced. Risk assessments were in place and were specific to people's individual needs and circumstances.

The care service was managed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Medicines management and administration practices were safe, with staff trained appropriately and their competence assessed. Staff demonstrated a good knowledge of people's medicinal needs and liaised well with external professionals.

Staffing levels were appropriate to the needs of people who used the service and rotas were planned in advance. Agency staff were not used.

All staff understood their safeguarding responsibilities and were committed to making sure people were safely cared for.

Training, induction and support were effective. Training ensured staff had the core skills required. Staff told us they were well supported.

People had a choice of meal options and had been encouraged to try healthy alternatives such as salad. External advice had been sought to better support people's nutritional requirements.

People were supported to have maximum choice and control of their lives in the least restrictive way possible. Staff had received training in the Mental Capacity Act (2005) and consent was evident in care planning and through day to day interactions.

Care plans were detailed and ensured staff and anyone visiting the service would have a clear picture of people's current needs. Care plans were regularly reviewed.

There had been no complaints but people who used the service were clear they knew how to complain and to whom, if they needed.

Audits of core processes were in place and the registered manager demonstrated a sound awareness of areas of recent good practice. They were aware of their responsibilities with regard to making appropriate notifications to CQC.

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Outstanding ☆

The service has improved to outstanding.

People were included in all aspects of planning the service and their care.

Feedback regarding the compassionate and patient attitude of staff was exceptional.

People's individualities were respected and celebrated.

### Is the service responsive?

Outstanding ☆

The service remains outstanding.

### Is the service well-led?

Outstanding ☆

The service remains outstanding.

# 21 Lime Street - Learning Disability and Autism

## **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.

We visited the service on 15 January 2019 and the inspection was unannounced. We do this to ensure the provider and staff do not know we are coming. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

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.

During the inspection we spent time speaking with four people who used the service. We observed interactions between staff and people who used the service throughout the inspection. We spoke with five members of staff: the registered manager, the senior carer on duty, another carer, the deputy manager and the operations manager. We looked at three people's care records, risk assessments, medicines records, staff training and recruitment documentation, quality assurance systems, meeting minutes and maintenance records. Following the inspection we contacted three relatives and one health and social care professional.

# Is the service safe?

## Our findings

People consistently told us they felt safe and well cared for. People's comments included, "There are no problems here, the staff look after me well," and, "I always make sure we're locked up safe and secure." People played a part in feeling secure in an environment they knew to be safe and homely. One person took responsibility for ensuring bins were placed out at the right time, and doors were locked on a night. They took pride in this and understood the importance of their role in ensuring others were safe.

The registered manager ensured staff were appropriately trained in areas relating to people's safety, for instance fire safety, moving and handling and safeguarding. People who used the service also had the option to take part in aspects of training, with three people completing the safeguarding training on an annual basis. They told us they enjoyed this and that it helped them feel safer.

People had taken part in the production of safety videos, on safeguarding, health and safety, fire and infection control. People confirmed they were regularly involved in fire drills. Utilities and equipment were regularly serviced. The premises were in need of some ongoing repair and tidying. The provider shared their maintenance and refurbishment plan, which demonstrated that the area most in need of refurbishment (the upstairs bathroom) was planned as a priority, with quotes obtained and architectural advice in place.

Accidents and incidents were documented and analysed for patterns by the registered manager, to establish if practices could be improved or lessons learned. We reviewed these incidents/accidents and found them to be limited and minor in nature. Historically, the registered manager and their operations manager had worked proactively when incidents indicated there may be a pattern that could be more effectively managed.

Some medicines were stored in a locked cupboard in the registered managers office, whilst current medicines were kept in locked cabinets in people's rooms. We observed no excess of stock and no errors in the medicines administration records (MARs) we looked at. Regular stock checks, audits, reviews of need, and assessment of staff competence meant people received medicines safely. Staff had identified a potential risk with the new method of medicines being provided by the pharmacy and this was under review at the time of inspection. Where topical medicines (creams) were administered this was well documented. Medicines that were prescribed to be taken 'when required' were clearly supported by detailed protocols, minimising the risk of over-medication.

There were sufficient staff to meet people's needs. Rotas demonstrated that staffing was planned in advance and that the service did not rely on agency staff. Staff were proud of this, stating, "We cover for each other because it's important the guys have a continuity of support."

Pre-employment checks remained in place for new members of staff and all staff demonstrated an awareness of their safeguarding responsibilities. Risk assessments were in place, regularly reviewed and specific to the needs of each person. They struck a balance between keeping people safe and encouraging them to build independence.

## Is the service effective?

### Our findings

Staff we spoke with demonstrated a strong understanding of people's healthcare needs. People benefitted from the training staff had undertaken or through input from external healthcare professionals. People who used the service consistently expressed how impressed they were with how hard staff worked and how good they were at their jobs. One person said, "That one, they're up and down the stairs, always helping us." Another smiled and gave a clear thumbs-up gesture.

The registered manager and operations manager had access to an online training matrix and ensured each staff member's training was up to date. Initial mandatory training followed the Care Certificate as a framework and additional training, specific to people's needs, was arranged as necessary. For instance, staff had received Management of Actual and Potential Aggression (MAPA) and challenging behaviour training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Hospital passports, health action plans, and evidence of people being supported to annual health checks, were all in place. The service had recently successfully introduced hospital bags, meaning if anyone needed to go to hospital, they would have everything they needed to make the stay more comfortable. Mental health relapse plans, with details on positive indicators of people's wellbeing, as well as signs that someone may be feeling anxious, were well embedded in practice. Staff confirmed they were well supported via training, supervisions and appraisals, all of which were well planned. One external professional told us, "The staff are very experienced and used to inter-agency working."

The Mental Capacity Act (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. 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). We saw people's capacity and liberty was respected in line with the principles of the MCA (which were displayed on a wall). Where DoLS applications had been made, the local authority had yet to approve or assess the application. The registered manager planned to follow this up after the inspection. Staff ensured people had the ability to consent to day to day choices such as where they would like to go and what meals they would like. They did this through patient and person-centred communications with people. People's consent was well documented in their care files.

The premises were appropriate for the needs of people. The kitchen had recently been refurbished. Where people's mobility needs may change over time this was understood and acted upon proactively by the registered manager. They were receptive to feedback about ensuring such considerations were in line with national best practice guidance.

People had a choice of meals and were supported to choose healthier options. The registered manager had sought guidance from the British Dietetic Association regarding the types of meals and foodstuffs that had

the best chance of supporting people's individual needs.



## Is the service caring?

### Our findings

We were welcomed on the morning of the inspection by people who used the service, who took pride in showing us their home. People's opinions of the home and the staff at all levels were outstanding. They told us, "This is my home, it's a lovely place," "I love it here, amazing," and, "We are friends here and we look out for each other." One person's relative told us, "The set up is absolutely fantastic – a 'home from home' doesn't do it justice. [Person] has always been with us at Christmas but this year they enjoyed Lime Street so much they wanted to stay there instead. I can't recommend it highly enough."

The registered manager and staff celebrated the fact the house was part of the community and was far removed from some of the types of institutionalised settings people who lived there may have previously experienced. People had been encouraged over a number of years to be as involved as they wanted to be in the running of the home. This was evident in the minutes of residents' meetings, and in the array of photographs around the home. These demonstrated regular and varied decision-making by people, and a celebration of this independent approach to life.

Inclusion and independence were central to the success of the service, and to the wellbeing and quality of life of people who lived there. Examples included the involvement of people in a range of safety and training videos. This meant people had taken an interest in areas of the home that, whilst relevant, they may not otherwise have had an interest, for instance infection control. The videos were fun but instructive and people had evidently enjoyed being a part of them. The enjoyment of the outtakes proved to be the most popular part of the watching of the videos and again demonstrated the warmth shared between the group. People continued to be involved in the recruitment of new staff, and were central to the content of the regular newsletter.

The registered manager arranged regular meetings which combined staff meetings and residents' meetings. They did not distinguish between the two groups and both staff and people who used the service relished being part of the wider group. Each meeting closed with the service's motto, 'Together we are one', which people had agreed as their motto and were keen to share. Minutes of these meetings demonstrated that people had been consulted regarding, for example, the recent refurbishment of the kitchen, and had been asked to lead on explaining important principles to a new member of staff, such as the duty of candour. The duty of candour is a legal duty to be open and honest with people and their relatives when something has gone wrong. That people who used the service knew about this duty on providers and how it impacted on them and their rights, was typical of the inclusive and forward-thinking nature of the service.

People's existing relationships were supported and enabled through staff who liaised well with relatives and encouraged people to become more independent. We saw examples of people becoming more able to stay in touch with their relatives. One person had recently attended a family wedding. Again, this was celebrated in the house, with evidence positive effects on the person's self-esteem.

The registered manager and staff had ensured the culture remained an open one and the atmosphere warm and welcoming. The operations manager visited during our inspection. They demonstrated a strong

knowledge of people's needs and backgrounds, and engaged with people comfortably. Staff at all levels were personable and relaxed with people and consistently treated them as peers. One relative we spoke with said, "The top guy is really involved, too. They always come to the gatherings and celebrations. They know about everyone and they take an interest. People who run these places are not always that way."

The culture was committed towards celebrating the individualities, strengths and personalities of the people who lived there, and this was exemplified by care staff and managerial staff alike.

People said of one member of staff, "Heart of gold," and, when asked about others, said, "They are all nice. They'd do anything for you. The manager is alright too!"

Staff communicated extremely well with people. Some people who used the service were particularly anxious about particular topics. Staff either sensitively moved them away from these topics when they occurred or enabled people to have a meaningful discussion about what was troubling them. Where people had particular communication needs, for instance needing to be spoken to very slowly and have their understanding checked, or using non-verbal gestures, staff were aware of this and put it into practice.

We observed people interacting in an open and trusting manner with all staff during the inspection and it was evident mutually caring relationships had been formed. Staff knew the importance of maintaining a continuity of care for people, particularly where they may be anxious regarding changes, and this had an impact on people's wellbeing and confidence. The majority of staff had been at the service for a number of years and agency staff were not used. One staff member told us, "No, we make sure someone is available – a new person turning up unannounced isn't going to be good for people."

People were involved in the planning and review of their care. One person invited us to review their care plan as they wanted us to see the things they had achieved. This demonstrated the wider culture of providing care that was geared towards each person's holistic wellbeing and personality, rather than being task-driven. People's rooms were well kept and individually decorated, with people encouraged to keep memorabilia important to them and to feel at home and to take responsibility for their own things.

We found the strong work that was already in place regarding people's independence, involvement and personal fulfilment, had been improved upon since our last inspection.

## Is the service responsive?

### Our findings

The service continued to provide outstanding levels of responsive care to meet people's changing needs, whether physical, mental, emotional or recreational. Staff demonstrated a strong understanding of what to look out for in terms of people's changing needs. Where people had mental health needs that were known to fluctuate, care plans described what indicators staff should be mindful of. The registered manager had introduced a specific mental health relapse tool to ensure this information was accessible and up to date. Working with other agencies and healthcare professionals remained strong, for instance multi-disciplinary team meetings, and ensured people had access the right range of support.

The registered manager continued to use their own passions for music and multimedia projects to ensure people were enabled to play a central part in the running of the service and to engage in their local community and beyond. Some people who used the service went to the local shops each day and had become well known and respected members of the community, with particularly strong bonds built with local neighbours. The service had worked extremely hard to negate the risk of social isolation and ensure people had strong peer groups. One person told us, "We're always doing new things, we never stop!"

The range of activities in place was excellent and tailored to each person's individual needs and preferences. Group activities included a walking group, cinema club and camera club, the photos from which were displayed throughout the house. These groups led to further opportunities for people to try new experiences. The registered manager had recently set up the 'Noisy Group' as a result of people being interested in music - this was a regular coming together of people in the house to play music together. These gatherings were well attended with people playing guitar and other instruments. Videos of the group demonstrated they were clearly enjoyed.

The registered manager had filmed a range of videos on important safety information, such as fire safety and infection control. Within that context however they had ensured people got to have fun with the filming and acting process, and played a full role in the work. People consistently told us how much they enjoyed these projects and looked forward to further projects in future. Innovative and creative practices continued. For instance, the registered manager recently enabled people to sign up to a NASA scheme whereby their names were etched onto microchips that accompanied the exploratory mission to Mars. People were evidently excited by this.

People were encouraged to make independent decisions and enabled to try new things rather than have barriers placed in their way. Risks were appropriately assessed, always with the full involvement of people and from a perspective of not restricting anyone's freedom to try new things. People had clear goals in place and, when they achieved them, this was celebrated.

Person-centred planning was in place and easy to follow. In addition to this the registered manager's next project was to update people's files with a one-page document celebrating the person now. This was with a view to any new staff member getting a 'snapshot' of the person, rather than just their medical background and care needs. The provider had acted in line with the Accessible Information Standard. The Accessible

Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider used easy read documents, noticeboards, newsletters and videos to share pertinent information, including information regarding how people could make a complaint if they needed to.

## Is the service well-led?

### Our findings

The service continued to be led exceptionally well by a registered manager who was passionate about people who used the service having a high quality of life and independence. They maintained oversight of this service and the provider's nearby small residential service. They had a deputy manager at Lime Street but spent the majority of the week here and the service had strong managerial oversight.

The culture was inclusive on a day to day and strategic basis and celebratory in terms of people's potential, aspirations and achievements. This was embedded in the way staff interacted with people but also more formally, through annual awards for people given their achievements. One person told us about their recent award with pride. People were at the centre of the running of the service in meaningful ways, such as being equal participants at house/staff meetings, taking responsibility for aspects of the safety of the service, making training videos and hosting coffee mornings for members of the local community. People took a lead role in helping with the inspection to ensure it was collaborative and fully involved them.

There was a continued sense of pride from people who used the service about the home they were integral to the success of. The motto of the service was 'Together we are one;' this was reiterated at the end of house meetings and evident in our observations. The registered manager and staff had enabled this to be the case, with clear oversight and responsibilities in place regarding all aspects of management of the service.

Feedback regarding how the service was run remained exceptional. One relative told us, "They are fantastic at what they do. It's like nowhere else I know." One person who used the service said, "They are all our friends," and one external social care professional told us, "They are proactive in what they do and people really have a voice." One staff member told us, "[Registered manager] is the reason I have stayed in the role – that and the people, who are amazing. [Registered manager] is always full of new ideas and involves everyone."

Alongside the open and inclusive culture was a thorough approach to staff and managerial accountability, with regular reports completed by the registered manager and sent to their operations manager. All aspects of management were well planned and audited. Plans were in place to ensure the service was sustainable, such as ensuring other staff had the opportunity to shadow the registered manager's role and responsibilities.

The operations manager demonstrated a strong understanding of each person's needs and a rapport with them. The registered manager was extremely positive about the support they received to maintain the service's focus on people's individualities. The ethos of the service was demonstrated by staff and management at all levels. One relative told us of the provider, "They always come to the gatherings and take a real interest - it's not always like that in care." There were clear plans in place to ensure the culture would be sustainable longer-term, through management shadowing and the planning of future roles.

The registered manager was aware of a range of examples of national best practice and incorporated understanding of these into care planning. Where we shared information about new initiatives they were

responsive to this and keen to know more. The registered manager had regard to their statutory obligations in terms of notifying the Commission of relevant events and had done this when required.