

Making Space The Limes 1

Inspection Report

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Summary of findings

Overall summary

The Limes 1 is a care home with nursing providing accommodation for up to 22 people. The service provides care and support to adults who have a learning disability, a mental health illness or physical disability. There is a registered manager at the service.

People told us that they felt safe living at The Limes and if they had any concerns about how they were treated they would discuss it with a staff member or the manager. The manager had taken reasonable steps to reduce the risk of abuse happening and had made staff aware of the policies and procedures they should follow if they suspected any abuse had taken place.

People confirmed that they had been involved in the assessment of their needs and in writing their care plans. People's preferences and needs were recorded in their care plans and staff were following the plans in practice. Staff knew people and what their likes and dislikes were. Risks to people were assessed and where possible reduced. There was a "handover" at the beginning of each shift so that staff were aware of any issues or changes that had taken place. If needed people were referred to other health care professionals for support.

People commented that they thought the staff were caring and supported them when needed. One person told us, "Staff get to know us and build a relationship". We observed staff working with people in a kind and caring manner. People told us that they could make decisions about what they wanted to do and that they attended, "Resident's meetings" to discuss any issues, concerns or ideas.

The home followed a robust recruitment procedure to ensure that the right people were employed. Staff received the training and support they needed so that they were aware of how they should meet people needs in an effective way.

We found that there were systems in place to ensure people received their medicines as prescribed.

Staff had a good working knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and this had been used to complete assessments and to make best interest decisions where appropriate for people living at The Limes.

The manager decided on the staffing levels according to people's needs and preferences. People told us that there was always a member of staff to support them when they needed it.

Staff and people living at The Limes confirmed that the manager was approachable and supportive. Staff were aware of their roles and responsibilities. There were management systems in place to audit the care being delivered and the environment so that any improvements could be made where necessary. Staff meetings had been held on a regular basis so that best practice, any issues and new guidance could be discussed. There was a culture of learning from mistakes, complaints, accidents and incidents and this information was shared with the staff team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service had the correct systems in place to manage risks, safeguarding matters, staff recruitment and medication. People's best interests were managed appropriately under the Mental Capacity Act (2005).

Are services effective?

The service was effective as people were involved in planning their day to day care and support and staff understood their needs. Staff received the training and support they required so that they had the knowledge and skills to meet people's needs.

Are services caring?

The staff were caring because they knew each person well and how they preferred to be cared for and supported. Staff had taken the time to support people to attend events that interested them such as golf or football matches.

Are services responsive to people's needs?

The staff were responsive to people's needs. People had personalised care plans in place that staff understood and followed. People had access to a wide range of activities and were part of the local community. People were also well supported to express their views.

Are services well-led?

The home was well led with systems to ensure that people are listened to and any areas for improvements were highlighted and the any necessary action taken. Staffing levels were flexible and based upon the needs of the people living in the home.

Summary of findings

What people who use the service and those that matter to them say

We talked with ten people who lived at The Limes 1 during our inspection.

When we asked people if they enjoyed living at the home one person told us they, "Loved it" and "Had a laugh".

Another person told us that they had lived in five different homes but that this was the first one they had been supported to go to church. They also said that they thought staff treated them with respect and if they were unhappy about anything they would talk to the manager. They also told us that they, "eat all the food here".

During the inspections we looked at people's care plans and noted that one stated that the person enjoyed golf and football. When we talked with the person they told us that they were, "Very happy", living at the home and that, "Staff are here if we need them". They also told us that they went to the golf driving range once a week and had recently been to see their favourite football team play football. We saw a thank you card that the person had sent the manager about the football match which stated, 'Your kindness has lifted me no end'. They also told us that they attended the 'Resident's meetings' and that they could say what they were thinking. They told us that, "Staff are more like friends," and that they have a good, "banter" with them.

One person told us that staff were, "friendly, we have a laugh," and they thought they were treated respectfully.

One person told us that they got to go out on trips and had recently been to Hunstanton which they had enjoyed. They also told us that they felt, "extremely safe here".

We talked with one person who told us that they would like to live on their own and told us that generally staff were there to deal with their needs, although they didn't need much help but that they observed that there were sometimes staff shortages. They explained how they were concerned by the noise and how irritating it could be from other people and that when their families or friends arrived they felt that the only place they could go for privacy was their room.

We asked one person if they were happy living in the home and they told us, "Quite happy here" and that they were able to go about the home with, "Freedom to smoke" and that the staff were, "Friendly". They felt like they were part of, "One big happy family".

Another person told us that they had, "A bit of banter and a good laugh" and that they were went shopping with staff to buy, "Papers, fags and diet coke".

The Limes 1

Detailed findings

Background to this inspection

We visited the home on 24 April 2014. We spent time observing care and support in a lounge area and a dining room. We also looked at some records, which included the care records for three people and records relating to the management of the home.

The inspection team consisted of a lead inspector and an expert by experience of people living with dementia. An expert by experience has personal experience of using or caring for someone who uses this type of care service.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we reviewed information we held about the home. We examined notifications received by the Care Quality Commission and we contacted the commissioners of the service to obtain their views on the service and how it was currently being run.

On the day we visited we spoke with ten people living at The Limes, four staff and the registered manager.

Are services safe?

Our findings

People told us that they felt safe living at The Limes and if they had any concerns about how they were treated they would discuss it with a staff member or the manager.

The manager had taken reasonable steps to reduce the risk of abuse happening and had made staff aware of the policies and procedures they should follow if they suspected any abuse had taken place. Staff confirmed that they were aware of what they should do if they suspected anyone had been a victim of any abuse and who they should report any issues to. The manager told us that the safeguarding training was based on real scenarios that had occurred in the home so that the training was more realistic and meaningful for the staff. The records showed that all staff had attended safeguarding training or were booked to attend training. The safeguarding lead for Cambridgeshire and Peterborough NHS Foundation Trust confirmed that the manager had been making appropriate referrals to the safeguarding team where necessary and that when needed had asked for advice and guidance.

Staff dealt with incidents and accidents effectively. We saw that any incidents in the home had been recorded and checked by the manager who assessed if any investigation was required and who needed to be notified.

We looked at people's care records, which contained appropriate risk assessments. These had been reviewed regularly and covered a wide range of areas such as moving and handling, nutrition and issues relating to their mental health. We looked at the care records for one person who displayed behaviour which might challenge others. There were risk assessments in place, supported by plans which detailed what might trigger their behaviour, what behaviour the person may display and how staff should

respond to this. Risk assessments we looked at were detailed and gave staff clear direction as to what action to take to minimise risk. The assessments documented where alternative options had been considered and benefits and risks of actions balanced against each other. This meant that people could take informed risks.

Staff had a good working knowledge of the Mental Capacity Act 2005 and this had been used to complete capacity assessments and to make best interest decisions where appropriate for people living at The Limes. When decisions had to be made in people's best interests the relevant health care professionals had also been involved in the decision making process.

We found that medication arrangements were safe. Staff had been trained in the safe handling,

administration and disposal of medicines. We found medicines were being stored safely and records showed staff were administering medicines to people as prescribed by their doctor. We saw that the records were being checked regularly and that when there had been any errors this had been recorded and preventative measures taken to avoid it happening again. The manager was in the process of completing competency assessments for all staff involved in the administration of medication.

We looked at three staff files and saw the home operated a robust recruitment procedure. Files contained photographic identification, evidence of disclosure and barring service (DBS) checks, references including one from previous employers and application forms. We saw from the records that newly appointed staff received an induction when they commenced employment at The Limes. This included a period of shadowing more experienced staff, prior to working alone.

Are services effective?

(for example, treatment is effective)

Our findings

People received care and support in the way that they choose and were encouraged to be independent. Staff had received training in how to write effective care plans and how to ensure that people who used the service were involved in the process. We found that people had been involved in their needs assessments and care plans so that they were a true reflection of their needs and preferences. Staff we spoke with had a good understanding of people's likes and dislikes and how they would prefer to be supported. Needs assessments, care plans and risk assessments were all detailed to ensure that staff had the information they required to meet people's needs. For example, care plans included a section on, "what is important to me". This had been followed up in practice. For instance, one person who had stated that they enjoyed golf and football told us that they regularly went to the local golf club and that the staff had supported them to go and watch a football match. Another person told us that they had lived in five different homes but that this was the first one that supported them to go to church.

The manager told us that they didn't base people's care and support on people's diagnosis but on the individual person and if they needed extra funding to meet people's needs they had requested this from the commissioners. Staff that we talked with were aware of what would, "make a person's day" and used this information when planning activities.

Relationships with health and social care professionals were good. The records showed that people had support from the relevant healthcare professionals when needed and that their advice was included in people's care plans. For example, the mental health care plan for one person included guidance from the local mental health team.

People were supported by staff that had the necessary training and support. Discussion with staff and the records confirmed that staff had attend training including; moving and handling, health and safety, infection control, food hygiene, end of life care, care planning, fire safety, first aid, safeguarding of vulnerable adults, communication, managing aggression, dementia care and the Mental Capacity Act 2005. The manager stated that some of the training was a legal requirement and that other training was based on the needs of the people living at The Limes. The manager had also appointed "champions" in areas such as infection control, medication, falls, nutrition and activities. These staff members took a special interest in their areas and promoted best practice

and guidance for other members of staff. For example a member of the domestic staff was the "infection control champion" and had carried out monthly audits and made suggestions for improvements.

The manager told us that the staffing levels were based on people's care and support needs as detailed in their care plans. All of the people that we talked with confirmed that there were staff available when they needed them.

Staff and management told us, and we saw from the records, supervision took place on a regular basis. This enabled staff to receive support and guidance about their work and discuss on-going issues and training. We saw minutes of supervision records that showed these were an opportunity to discuss any issues or problems the staff member might have as well as check on their knowledge of the home's various policies and procedures.

Staff and management told us staff meetings were held so that new information and best practice could be shared regularly and minutes were made available for all those who were unable to attend.

Are services caring?

Our findings

One person told us that the staff were, "Very caring" and that they knew about the person's taste in music. Another person told us, "I think the staff respect us". One person commented, "Staff get to know us and build a relationship".

Care was individual and centred on each person. We saw that one person was becoming anxious and that staff reassured them in a consistent, firm but kind way and arranged for a member of staff to go shopping with the person. The person told us that they were going out to, "buy a cake" and that they were feeling anxious and found that this normally helped them to reduce the anxiety.

Staff that we talked with were able to tell us about people's history and likes and dislikes. One person told us, "the staff are more like friends". The manager told us that people are encouraged to make choices about how they lived and that these choices were respected by the staff. For example, one person liked to get up mid-morning so staff took them breakfast in their bedroom so that they could stay in bed longer without being hungry.

One person had sent the manager a card stating, "Your kindness has lifted me no end," after staff had accompanied them to see a Manchester United football

game. We also saw another card sent to the manager, from the mother of a person living at The Limes which stated, "We are very impressed with your attitude and the way you manage[my relative]".

The manager stated that she aimed to provide a, "Safe service tailored to meet individual needs by ensuring that staff have the skills to deliver the service. One person told us that they were "treated respectfully" and that the, "Staff are friendly, we have a laugh". Staff seemed relaxed when they were supporting people in the home and told us that they enjoyed their jobs because they had, "Time to sit and talk to people". They talked fondly about the people they supported and were knowledgeable about their background's and needs.

We spent some time in communal areas observing interactions between staff and people who lived at The Limes. We saw staff were respectful and spoke to people kindly and with consideration. We saw staff were unrushed and caring in their attitude towards people. However we did see one member of staff assist a person with their meal without introducing themselves or explaining what the food was. The staff member was attentive for the rest of the time they were supporting the person and helped them to clean their face after they had finished their meal. We saw that people were offered choices such as what they would like to drink.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People expressed their views and were involved in making decisions about their care and treatment.

Staff encouraged people to be involved in the running of the home. Regular, "resident's meetings" had been held where people had been encouraged to discuss any issues and provide ideas for activities and trips out and discuss any concerns they may have.

There was a policy about the, "Involvement of service users," which stated that, "making space focuses our effort on people not on their condition. Providing services to meet real needs". The manager told us that she had devised a survey that had been given out to all of the people living at The Limes and that when all of the responses had been received a report would be compiled of the findings and she would make any changes necessary.

People were offered a choice about what activities they would like to do or places they would like to go. One person told us they had recently enjoyed a trip to Hunstanton and looked forward to going on the next trip. Where appropriate people were encouraged to go out on their own to meet with their family or friends and take part in leisure activities. The manager told us that she had organised the staff rota so that everyone that wanted to could have one-to-one time with a staff member when they could choose what activity they wanted to do.

We saw that people's care plan's had been regularly reviewed and care was being provided in line with their

written plans. When people had been prescribed extra medication to help to control their behaviour and feelings, individual protocols had been written so that the medication was only used as a last resort and after staff had tried to intervene in other ways. When appropriate people had been referred to other health care professionals to ensure they received the support they needed.

Staff understood the principles of the Mental Capacity Act 2005 (MCA), an act introduced to protect people who lack capacity to make certain decisions because of illness or disability. We saw staff were supporting people to make their own decisions where they had the capacity to do so.

We spoke with staff about how they found out what was important to people living in the home. They told us this information was in people's care plans and from handovers at the start of each

shift to discuss any changes. Staff that we talked with were able to tell us what would, "make a person's day" and what support individual's needed. Where people needed extra support from staff the manager ensured this was included in the rota. For example that staff were aware that a visit to the dentist would cause high levels of anxiety for one person so they didn't tell them until the day of the appointment and then supported them to attend.

We looked at the complaint's log and found that all of the complaints that had been received had been appropriately investigated in a timely manner and any action taken where necessary. The complainant had been informed of the investigation and the outcome so that they could be confident their complaint had been dealt with.

Are services well-led?

Our findings

We talked to three members of staff and they all told us that they thought the manager was approachable and that they could discuss any concerns or ideas for improvements they had with her. The manager told us that she was always available to support both the people living at The Limes and the staff team and had an, "open door" policy. We saw that this happened on the day of our inspection and that people felt that they could speak to her at any point during the day. When the manager was not in the home there was always a member of the management team on call and contactable by telephone.

We were concerned that the needs of people living at The Limes varied greatly from people able to go out of the home unaccompanied to people who were in the end stages of dementia and were confined to their chair and bed. During the day we observed one person becoming agitated and shouting at other people, some of whom couldn't remove themselves from the room due to a lack of mobility. The home was unusual in the range of needs that were catered for and the manager stated that this was something that would be addressed in the long term so that people's needs were more compatible. However we saw this mix of needs had an impact on some people using the service.

Regular audits including health and safety, food safety, fire drills, care plans, and delivery of care had taken place and the findings used to see if improvements were needed. For example an audit of incidents and accidents had shown that these were more likely to happen at certain times of the day so the staffing levels had been increased at these times so that where possible the incidents could be avoided.

The operations manager had completed detailed monthly visits to the home to ensure that the home was being managed effectively and any actions required were recorded in the visit record. The manager had compiled an action plan to address any areas that had been identified as requiring improvement as a result of the visits.

The manager's approach to any incidents or accidents was that all staff should learn from them so that they could be avoided in the future. When medication errors had occurred the person responsible had been asked to reflect on why it had happened so that they could avoid it happening again.

The manager had a training matrix so that she could ensure staff had either attended or were booked on all of the relevant training. There was a training plan for the year that could be added to if extra training needs were highlighted. The manager was also in the process of completing competency assessments with the staff to ensure that the training had been effective.

Staff meetings had been held on a regular basis so that staff could discuss any concerns, best practice or any updates that they needed to be made aware of. One member of staff did suggest that these meetings should be mandatory so that even people not working at the time of the meeting would attend.

The manager stated that the number of staff on each shift was determined by the needs of the people living at The Limes. The rota had been devised so that where people need extra support there was always a member of staff to work with them exclusively. Extra staff had also been rotated on at different times of the day so that staff could spend time with people and engage them

in activities that interested them. People that we talked with all told us that when they needed a member of staff there was always someone available. We did note that when we carried out observations of the care being provided that for short periods of time the communal areas were left without any staff. We were concerned for the people who were more vulnerable as they were confined to their chair and couldn't remove themselves when one person started shouting.