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The Lime Trees

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 2 and 3 August 2016 and was unannounced.

The Lime Trees is a care home that provides accommodation and care to a maximum of 20 older people who may also be living with dementia. There were also a number of younger people staying at the home, on a respite basis, who were recovering from strokes or a similar health crisis. On the day of the inspection there were 11 people residing at the home.

There was a registered manager in post but they were not available during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the home. They told us that staff were kind and respectful and they were satisfied with the numbers of staff on duty at the home.

The management and staff at the home had identified and highlighted potential risks to people's safety and recorded how these risks should be reduced.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

The service had followed the appropriate procedures if someone needed to be deprived of their liberty for their own safety. However, the relevant and required notifications regarding Deprivation of Liberty Safeguards (DoLS) were not to being sent to the Care Quality Commission (CQC).

People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and promptly.

People told us staff listened to them and respected their choices and decisions.

People using the service and their relatives were positive about the management of the home. They confirmed that they were asked about the quality of the service and had made comments about this. However, action was not always being taken to address these comments to ensure high quality care was delivered.

Although the service had a number of quality and safety audits these were not always effective in maintaining a safe environment.

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 told us they felt safe at the home and risks to people's safety had been identified and acted on.

Staff were aware of their responsibilities to keep people safe for potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Is the service effective?

Good

The service was effective. People were positive about the staff and told us that staff had the knowledge and skills necessary to support them.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring. We observed staff treating people with respect and dignity.

Staff knew about various types of discrimination and the negative effect it may have on people's well-being. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff were aware of peoples' likes, dislikes and cultural needs and preferences.

Staff gave us examples of how they maintained and respected

people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Is the service responsive?

Good

The service was responsive. People told us that the management and staff listened to them and responded to their requirements.

People told us they were happy to raise any concerns they had with any of the staff and management of the home.

Care plans listed people's care needs and included information regarding people's personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Is the service well-led?

Requires Improvement

The service was not always well-led. Although people were asked about the quality of the service and had made comments about this, action was not always being taken to address these comments to ensure high quality care was delivered. .

People who used the service and their relatives were positive about the management and told us they were satisfied with the care they received.

Although the service had a number of quality and safety audits these were not always effective in maintaining a safe environment.

The Lime Trees

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 checked 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 unannounced inspection was undertaken on 2 and 3 August 2016.

Before the inspection we reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

This inspection was carried out by two inspectors 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.

We met with nine people who used the service and asked them if they were happy with their care and if they liked the home and the staff who supported them.

A few people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We also looked at the comments people and their relatives had made about the quality of the service from the results of the most recent quality survey carried out by the service.

We spoke with four staff, the registered provider and three relatives. We contacted the local authorities' contracts and quality monitoring teams to gain their views about the home.

We looked at six people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe and had no concerns about how they were being supported at the home. Relatives commented that they trusted the staff and were happy with the way their relatives were treated.

We observed sensitive and kind interactions between staff and the people they were supporting.

Staff could explain how they would recognise and report abuse. They were aware that they could report any concerns to outside organisations such as the Care Quality Commission (CQC) the police or the local authority.

Where a risk had been identified to an individual's safety, the management and staff had looked at ways to reduce the risk and recorded any required actions or suggestions in a risk assessment. For example, risk assessments had been completed in relation to people's health, mobility and risks of falling. Staff we spoke with were aware of these risks to people they supported and the actions required to minimise these risks.

Recruitment files generally contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. Staff confirmed they had not been allowed to start working at the home until these criminal record checks had been returned.

However, we noted that one staff member had put down a reference request from a previous manager they had worked with some time ago and not their current manager. The provider told us that the staff member was well known to them and had been for many years and was of good character. We discussed this with the provider and reminded them that it was best practice to obtain references from the most current employer and from the most current and suitable referee. We also noted that a member of staff, who had been working at the home for several years, had not had their criminal record check renewed since 2007. After the inspection the provider sent us a copy of an updated criminal record check for the staff member concerned.

People using the service and staff we spoke with did not have any concerns about staffing levels. We saw that staff were not rushed and had time to sit and chat with people. A relative told us, "I come anytime. I see a good ratio of staff." The provider told us that, as more people were admitted to the home, a dependency assessment would be completed for each person so that staffing numbers could be effectively calculated contingent with people's needs.

On the day of the inspection there were three care staff and the provider supporting eleven people. The provider told us that there were two waking night staff on duty throughout the night.

The premises had a fire risk assessment, a grab bag at the entrance to the home and a personal emergency evacuation plan (PEEP) for each person. Fire drills took place on a regular basis and staff knew who needed prompting to leave the premises in the event of a fire.

Accidents and incidents were being recorded and advice sought from the visiting Care Home Assessment Team (CHAT) in order to explore ways to reduce further accidents and identify any patterns or trends.

People we spoke with said they were satisfied with the way their medicines were managed at the home. One person told us, "Very good, [the staff] give medications as prescribed, I know what I am taking and why. They give me my medicines on time."

We saw satisfactory and accurate records in relation to the management of medicines at the home. Staff told us they had attended training in the safe management of medicines and felt confident in this area of their work. Staff confirmed that their competency was observed by the senior carer however records of these competency checks were inconsistent. We also noted that, although records were accurate, no recent medicine audits had been undertaken to check this.

On the two days of our inspection the home was clean and tidy throughout. People told us they were satisfied with the cleanliness of the home. There were no dedicated cleaning staff employed at the home. Instead care staff were expected to clean people's rooms as well as communal areas. Staff told us this was not a problem as the home was not full. The cleanliness of the home was regularly discussed at resident meetings and people had made positive comments about this.

We noted that the oven in the kitchen and the extractor fan above the oven had a build-up of grease which needed cleaning. We saw that the fridge in the kitchen contained some cooked food with no label to indicate when it had been cooked. We were informed that this was food that a person had cooked themselves as part of their rehabilitation programme. The provider told us that, in future, the person would be allocated a space in the fridge so they could store their food separately and safely. The kitchen was last inspected by the local authority in March 2016 and had been awarded a hygiene rating of five out of five.

Good

Is the service effective?

Our findings

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. A relative commented, "There is a lovely atmosphere here. My mum is doing well since she has been here."

Staff were positive about the support they received in relation to supervision and training. Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us about training they had undertaken including moving and handling, medicine management, food hygiene, first aid and safeguarding people. In addition to the mandatory training, staff told us that they were also offered nationally recognised vocational training.

We saw training certificates in staff files and staff told us they attended refresher training as required. The provider showed us a training matrix which detailed the date of training undertaken and the date that the training expired.

We noted that although this was very detailed there were a few gaps in the training matrix. We discussed this with the provider who told us they would undertake a complete training audit for all staff and ensure any required training was booked with the service's training provider.

When we talked with staff about the training they had undertaken it was not always clear how they were putting their learning into practice. The provider told us that training was discussed with staff after they had attended courses either in supervision or at staff meetings.

Staff confirmed they received regular supervision and we saw records of staff supervision in their files. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. They said the management were open and approachable and they felt able to be open with them.

We noted that appraisals were not taking place on a regular basis. The provider told us that a number of staff had not been working at the home for a year as yet but said they would start the appraisal process with all staff at the home.

Staff were positive about their induction and we saw records of these inductions which included attending initial training courses as well as looking at the philosophy of care of the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked 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 procedure is for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the principles of the Mental Capacity Act (MCA 2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals. We saw that best interest meetings had taken place where people needed support in making important decisions.

The provider understood and had followed the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS). We saw that a number of people at the home had been subject to a DoLS assessment to make sure they were not being unduly restricted and that any restrictions required for their safety were being regularly monitored and reviewed with the local authority. The appropriate and necessary documentation was in people's files however, the provider was not sending the required notifications to the CQC.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they didn't want them to do. One person commented, "They will do extra things for me, but always with my permission."

People told us they liked the food provided at the home. We saw that choices of menu were available and one person told us, "A slight choice, menu changes every day, food is very nice." Records showed that the menu was regularly discussed with people at meetings.

One person said, "I am happy with the meals; always clear my plate and wholesome well balanced meals." Another person commented, "If I sleep late, they hold onto my breakfast and on one occasion brought breakfast to my room, they do this for other residents."

The senior care worker also cooked the meals at the home and was aware of people's dietary requirements and preferences which matched the information recorded in their care plans and included any cultural requirements.

People's weight was being monitored and discussed with management and staff and action taken if any concerns were identified. We saw records that showed people had been referred to appropriate health care professionals such as GPs and dieticians. People's records contained information and advice from dieticians regarding healthy eating and advice on potential swallowing problems and high calorie menus for people with weight loss issues.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

We saw that assistance from medical professionals was sought quickly when people's needs changed. People confirmed they had good access to health and social care professionals. One person commented, "I

have been escorted to a doctor's appointment. I generally take taxis to and from the doctors. I have a future appointment for dentistry and expect to have someone from here to accompany me there." Another person told us, "The doctor does come here." A relative commented, "It is good that the chiropodist, doctors, nurses comes here."

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were well treated. One person commented, "Yeah all [the staff] are bubbly." Another person told us, "I get on very well with staff, very helpful, very kind". A relative had made the following comment in the most recent quality survey, "My observations of The Lime Trees is that it is a caring and homely environment and no matter what time of day or night that I visit my mum, the quality and consistency of the care given to mum and other residents is excellent."

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. Staff knew people well and responded to them in a caring way and in line with guidance from their individual care plans.

We saw that people had commented and had input in planning their care. We saw that care plans had been reviewed and updated where required and people confirmed they were involved in their care if they wanted to be. One person commented, "They make it clear about what I needed and provide this."

There were records of regular meetings between people using the service, staff and management. We saw that people were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do.

Staff had discussed people's cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to attend places of worship.

We saw that people were supported to maintain relationships with their family and friends as well as make new friendships. One relative commented, "I always get a warm welcome when I visit." Another relative told us, "Staff have always been nice to us, the place is very calm."

Although the home's service user guide stated that it is a service for older people with dementia, there were a number of younger people residing at the home, on a respite basis, who had suffered a stroke of similar health crisis. We asked people if this was an issue and they told us that everyone got on well together. Most of the younger people stayed in their rooms but we observed a calm and friendly atmosphere throughout the two days of our inspection.

Staff had attended training in equality and diversity and understood that racism and sexism were forms of abuse and told us they made sure people at the home were not disadvantaged in any way.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. We observed staff knocking on people's doors and waiting for a response before entering.

Good

Is the service responsive?

Our findings

People who used the service told us that the management and staff were quick to respond to any changes in their needs. One person told us, "Yes, staff respond to my changing needs."

Relatives told us they were kept up to date with any issues. A relative had made the following comment in the most recent quality survey, "Mum's dementia state is naturally deteriorating and staff have reacted to this appropriately and continue to help mum adapt to these changes."

Staff had a good understanding of the current needs and preferences of people at the home.

We checked the care plans for six people. These plans were centred on the individual and outlined what support people needed to be as independent as possible whilst being mindful of most identified risks to people's physical and mental health.

However, in three of the six care plans we looked at it was stated that the person should be checked every two hours during the night to make sure they were safe. Although the provider told us this was happening, there were no records of this two hourly monitoring by night staff. The provider told us that records of these checks would be kept in future.

People told us they were actively involved in developing their care plans and people's care plans recorded their input.

People's needs were being regularly reviewed by management, the person receiving the service, their relatives and the placing authority if applicable. People told us that they reviewed their care plan with either the provider, senior carer or the registered manager.

Where these needs had changed, usually because someone had become more dependent, the service had made changes to the person's care plan. We saw from records, that the management also took advice from the visiting Care Home Assessment Team (CHAT) regarding people's changing needs.

People could take part in recreational activities both inside and outside the home as well as take part in ordinary community activities. We observed people taking part in activities with staff.

One person told us, "I go to the gym. They offer OT Physiotherapy and the team from the hospital also come here and we do exercises. I read and I go on the Internet. Staff support me with these activities, they push me to go to appointments and encourage me." We saw that records were being kept of the activities people undertook each day. This included singing, painting and going out of the home.

People were able to go out of the home either alone or with staff depending on identified risks and any Deprivation of Liberty Safeguards in place.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management.

People's comments included, "There are rules and regulations; I can go through my social worker, certainly no complaints," "No reasons to complain as very happy" and "If I am upset with anyone I would speak with [the provider] or [the registered manager]."

Records showed that there had been some recent complaints about the service. We saw that these had been appropriately investigated and dealt with by the management of the home.

Requires Improvement

Is the service well-led?

Our findings

People who used the service, their relatives and staff working at the home were positive about the management. However, they were not always clear about the management structure within the home. The service is family run and everyone we spoke with knew the family members well. The registered provider and owner continued to be very involved in the running of the home which led to some confusion about who was in charge. However, people who used the service did not raise any concerns with us about this.

We discussed this with the registered provider who acknowledged that there were some challenges regarding management structure.

One person told us, "I like to stay here. The [senior carer] and [the provider] are lovely." Another person told us, "The home is very well run."

We saw records of meetings with people who used the service and the management. Recent meetings had been carried out on 28 June 2016 and 25 January 2016. Records showed that people talked about staff, food, rooms, cleanliness of the home, activities and any concerns they had.

There was a yearly quality monitoring survey that was given to people and their relatives so they could give their views about the service. Nine surveys had been completed for this year and the questions were around service provision, meals, the environment, social activities, personal care, medical services and staff performance.

The results of these surveys were mainly positive and included comments such as, "I am satisfied with how life is here," "I am generally satisfied with the care" and "It's a nice place."

However, two respondents indicated that they would like more variety to their meals. There was no evidence to show the surveys were analysed and no action plan was in place to make improvement to the service or identify areas of best practise.

There was also a lack of effective quality monitoring audits. We noted that one care plan out of the six we looked at had been audited recently. The quality assurance folder we were shown contained old documents going back to 2012 and 2014 and there was no evidence to show that any recent audits had been carried out of staff files, training or medicines.

We saw that risk assessments and checks regarding the safety and security of the premises were taking place. This included a daily health and safety check. Although this check included 95 checklist items, we noted that this intensive checklist had not picked up on a number of issues we came across. For example, during our inspection, we noted some loose wiring, a light socket with no light bulb, items in the fridge were not being labelled appropriately and the oven and extractor fan were dirty. The registered provider told us they would review this daily checklist in order to streamline the process and ensure a section was included for general observations of the premises.