Limetree Healthcare Limited

Limetree Care Centre

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?	Good

Overall summary

This unannounced inspection took place on 16 January 2015. The last inspection of Limetree Care Centre took place on 17 October 2013 and it met all the regulations inspected then.

Limetree Care Centre provides accommodation and personal care to 92 older people, some of whom had dementia. There were 91 people using the service at the time of this inspection.

The service had a registered manager who had been in post since 2010. 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.

The service was safe. People received care and support in a safe way. Medicines were kept securely and people received their medicines as prescribed. The service identified risks to people and had appropriate management plan in place to ensure people were safe as possible. People consented to the care and support they received. The service met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Summary of findings

There were sufficient staff available to meet people's needs. People told us staff were kind and caring. We observed that people were treated with dignity and respect by the staff. People were supported to communicate their views about how they wanted to be cared for. People told us they enjoyed the choice of food that was available to them at the service and it met their nutritional needs.

Staff were trained to provide good care to the people they looked after. Staff received the support and supervision to carry out their duties effectively. Staff had had good knowledge and awareness of how to meet the needs of people with dementia.

The service had received an award in recognition of staff skills in providing care to people in the final years of life. Health professionals told us the service communicated well with them to ensure people received appropriate care and treatment.

People had their individual needs assessed and their care planned in a way that met their needs. People received care that reflected their preferences and choices. Reviews were held with people and their relatives to ensure people's support reflected their current needs.

People were asked for their views and their feedback that was used to develop the service. The registered manager responded appropriately to complaints about the service. Regular checks on were undertaken to ensure the service was of good quality and met people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. The provider had ensured staff knew how to recognise signs abuse and neglect. People received their medicines safely as prescribed.

Risks to people were assessed and managed. There were enough staff to meet people's needs.

Good

Is the service effective?
The service was effective. Staff were trained and understood how to provide care and support. Staff told us they received support they needed to carry out their responsibilities.

People had sufficient to eat and drink and enjoyed the meals at the service. The service complied with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People received appropriate support with their health needs.

Good

Is the service caring?
The service was caring. People told us staff were kind and friendly, and treated them with respect. People were involved in planning their care and their views were taken into account.

The service provided care for people in the final years of their life.

Good

Is the service responsive?
The service was responsive. People received care and support which met their individual needs. People were able to follow their interests and participate in activities.

Complaints were responded to appropriately and people were asked for their views of the service.

Good

Is the service well-led?
The service was well- led. People said the service was well run and the quality of the service was good. Staff told us the registered manager was open to their ideas and regularly checked the quality of the service.

Good

Limetree Care Centre

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 took place on 16 January 2015 and was carried out by two inspectors, a specialist advisor and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered nurse.

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. We also reviewed information we had received about the service which included notifications from the provider about incidents at the service. We used this information to plan the inspection.

During the inspection we spoke with 11 people using the service and five relatives. We also spoke with the registered manager, regional manager, business development manager, three registered nurses and seven care staff. We looked at 10 care records, 20 medicines administration record charts and seven staff records. We also reviewed records relating to the management of the service including complaints, quality assurance reports and health and safety records.

We undertook general observations of how people were treated by staff and how they received their care and support. We used the Short Observational Framework for Inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we spoke with two health professionals, a community psychiatrist nurse (CPN) and geriatric psychiatric consultant who attended to the mental health needs of people living at Limetree Care Centre.

Good

Is the service safe?

Our findings

People told us they felt safe at Limetree Care Home. One person said, "I'm now safe, settled and content". Another person told us, "I feel safe and no cause for complaint." A relative told us, "I have never seen the staff shout and they show concern and gentleness." The service had put systems in place to ensure people were protected from the risk of abuse and neglect. Staff we spoke with understood their role in recognising signs of abuse and neglect and their responsibility to ensure people were protected. Staff were able to explain the different types of abuse; and how to report concerns to the manager in accordance with the organisation's safeguarding procedures. Staff were also aware of the whistle-blowing procedures and their rights to escalate concerns if required. We reviewed the safeguarding records and we found that the registered manager had conducted detailed investigations on them and reported them to the local authority safeguarding team and the Care Quality Commission (CQC).

Risks to people's health and safety were identified and managed by the service. Care records included risk assessments which covered issues such as skin integrity, malnutrition and falls. Risk management plan detailed how to minimise the risk from occurring. For example, a person was identified as being at risk of falls as they were frail and unstable on their feet. Their care plan stated that staff should support them and encourage them to use their mobility aid. There were clear guidelines in place for staff to follow to protect people from the risk of developing pressure ulcers. For example, pressure mattress and cushions were provided for some people following risk assessments which identified them being at risk of pressure ulcer development. Some people were supported to re-position at regular intervals and charts showed that staff followed the plan.

There were suitably qualified staff on each shift to support people safely. People told us that staff attended to their call for help quickly. We observed staff attending to call bells quickly. One person said "The [staff] come quickly when I call." A relative told us "There is always a staff around." However, the views of staff about staffing levels were mixed. Seven out of the 10 staff members we spoke with told us felt there were enough of them to support people. One staff member said "We are normally okay, apart from occasional emergency absence that can be difficult to cover." Another staff member said "I believe we [staff] are enough. We do not rush people and are able to complete our tasks for the day." However, three out of the 10 staff we spoke with told us that the number of staff were not sufficient to adequately meet people's needs. For example, they were not always able to do activities people want or spend one-to-one time with them. They told us that it was more difficult at night as some people require two staff to attend to them and this puts pressure on staff. They said it was also difficult when there was an emergency at night. Incidents and accidents records we reviewed did not evidence higher levels of incidents at night. However, we spoke with the manager about this and they explained how staffing level was determined. They told us that the service took into account people's needs. Staffing levels were determined according to occupancy and dependency level following the Royal College of Nursing guidelines. We reviewed the four weeks rota displayed and it reflected the staffing level on the day of our inspection. The manager told us that they would continue to monitor and review the level of staffing as required.

Medicines were administered and managed safely. People's care plans detailed the support they needed with their medicines. Medicine administration records (MAR) we reviewed were clearly and accurately completed. Appropriate codes were used where required. For example, where people refused their medicines, this was recorded accordingly and a note made to support the code used. This showed that people received their medicines in line with their prescription.

Medicines were stored securely and safely. We checked the system for the storage of medicines. Medicines were kept in a locked trolley which was stored in a locked cupboard when not in use. Medicines which required storage at a controlled temperature were kept in a fridge at the correct temperature. Fridge temperature was monitored twice daily to ensure medicines kept in it were safe. Unused medicines were collected by specialist contractors for safe disposal and record was maintained for this.

Recruitment processes were robust and safe to ensure that only suitable staff provided care and support to people. Staff records showed applicants had completed an application form with details of their qualifications and experience. Interviews were conducted to check experience and skills for the job. The provider obtained two

Good

Is the service safe?

appropriate references and a disclosure barring service check. The provider also checked that nurses employed had the appropriate qualifications and their professional registration was up to date.

Good

Is the service effective?

Our findings

People told us that staff were skilled and supported them well. A person told us, "They [staff] look after me OK." Another person said, "I'm being looked after alright here." A person's relative said, "The staff seem to know what they are doing. He is well looked after."

Staff were trained to carry out their roles effectively. Staff told us they had the relevant training to do their jobs. Training records showed staff received regular training to ensure they had knowledge and skills to do their jobs effectively. All staff had completed training on key topics such as infection control, first aid, safeguarding adults, health and safety, equality and diversity, dementia awareness, communication skills, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had also received training in specialist areas such as diet and nutrition, pressure sore management, catheter care and supporting people with challenging behaviour. All registered nurses completed mandatory medicine training.

Staff told us that they were booked on refresher courses to ensure their knowledge and skills were up-to-date. The provider showed us the system which they used to track staff had completed all their mandatory courses. A member of staff told us, "We attend a lot of training, both E-learning, classroom and external training." Another member of staff said "They send us on regular training and you have to attend." Staff told us how they have improved their practice through their learning. For example, one staff member said, "I understand dementia better and how to care and communicate with [people]."

All new staff had completed an induction programme which covered relevant topics on how to care for older people and people with dementia. They also went through a period of probation where their manager observed and assessed their competency on the job before they were confirmed permanently in post.

Staff were supported to provide care and support to people in a way that met their needs. Staff had supervision meetings with the manager every two months where they discussed concerns about their role and how to improve practice. One staff member said, "I bring concerns about my work and service users and we find solution together." Supervision records we reviewed showed that training needs and performance issues were also discussed and addressed at these meetings. All staff were appraised annually by their line managers. Staff told us these were also used to address issues concerning them, people they cared for and any areas for development and training.

The service ensured that people gave consent to care and treatment in line with the principles of the Mental Capacity Act 2005. Staff understood these principles and explained to us how they put it into practice daily when providing care and support to people. Staff told us they always involve people and ask for their permission before supporting them." One staff said "It's the person's decision that matters."

We saw that mental capacity assessment had been carried out in relation to specific decisions where there were doubts about the person's ability to make that decision. Where a person had been assessed as lacking capacity to make certain decisions, the person's relatives had been involved to ensure decisions were made to the person's best interests. The service ensured that people's rights were respected in line with relevant legislation. At the time of the inspection one person was subjected to the Deprivation of Liberty Safeguards (DoLS) and records we reviewed confirmed that appropriate processes were followed in relation to this. This ensured that people who lacked mental capacity were not unlawfully deprived of their liberty.

People's nutritional and dietary needs were met. People told us that they liked the food provided to them. A person said, "The food is lovely" Another person said, "I have no complaint about the food. I enjoy whatever I'm served. I don't ask for anything else." We observed lunchtime on the day of our inspection and saw that people were offered options to choose from which included vegetarian, meat and fish options. The menu was presented in a pictorial format to make it easier for people to identify the items on the menu so they can make a choice. Staff explained to people what was on the menu and supported them to choose. The atmosphere during the mealtime was relaxed. People ate at their pace and were not rushed. Staff asked people if they had finished before taking their plates away. People were asked if they were satisfied or wanted additional food.

People's nutritional and dietary needs were assessed and the support they required were noted in their care plans. For example, a person's care plan documented they required pureed food to reduce the risk of choking. We saw

Good

Is the service effective?

that the person was provided a pureed food. We also saw staff cutting up food into small pieces to make it easy for the person to eat. Those who were unable to feed themselves were assisted to eat by staff and their care plan reflected this support.

People who were at risk of malnutrition and dehydration were monitored by staff. Staff checked their weight and effective actions were taken. For example, GP and dietician had been involved to manage this. We saw that some people were given food supplements following recommendations made. We observed that people were provided with drinks and snacks throughout the day.

People were supported to receive access healthcare services they required. We spoke with a community nurse and a psychiatrist doctor who were providing care to people in the service and they told us that the service worked with them effectively to ensure people's healthcare needs were met. One of the professionals said "They are very efficient with managing [the person's] medications." Records of visits from health professionals were maintained which detailed the purpose of the visits and any recommendations or actions required. Notes of visits we reviewed showed that recommendations were actioned. For example, a blood test was done for a person as requested. This showed that people received appropriate intervention to manage their health and well-being.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. A person said, "The staff are really nice and I would rather be here than anywhere else." Another person said, "The staff are very friendly and caring." A relative told us, "The staff are caring and tell me if [my relative] has any problems." We observed good interactions between people and staff. Staff spoke to people politely and pleasantly, addressing people by their preferred names and asking them how they were.

Care records included information about people's preferences of how they wanted to be cared for; and involvement in making decisions and planning their care. For example, care records detailed people's likes and dislikes interest and how they wanted be cared for by staff. We observed staff involving people in making day to day decisions about their care. Staff asked people where they wanted to sit, what activities they wanted to do and how they wanted a task done. We saw staff respond appropriately to people's choices and decisions.

Staff understood the needs of the people they looked after. We spoke with three staff about the care needs of some of the people they looked after in relation to their likes and dislikes, and personal care and they were able to explain these to us as detailed on the people's care plans. We also observed a staff member giving feedback about a person to a community psychiatrist nurse (CPN) who visited the home during our inspection and the staff member was up-to-date with the person's needs and progress.

Staff supported people in a way that respected their privacy and dignity. We saw that staff closed doors when supporting people with personal care tasks. We also saw that staff communicated with people and informed them of what they were doing when carrying out tasks with them. For example, we saw staff transferring a person from a wheelchair to a chair. They interacted with the person and informed them of what they were doing and provided reassurance to them. Staff showed they understood the importance of treating people with respect. They told us that they had completed training in dignity in care and they told us how they applied the principles in their work. One staff member said "It makes you think about what you are doing."

The service provided end of life care to people who were at that stage of their life. People's care records detailed the care and support people wanted as they approached the end of life. This included people's decisions about Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and whether they want to be sent to hospital if unwell. Records showed that people and their relatives had been involved in planning their care in detail. Staff we spoke understood people's care and the choices they had made in relation to their end of life care.

The service was awarded 'Beacon Status' through the Gold Standards Framework Centre in End of Life Care in October 2012. The award confirmed the service has demonstrated high quality care to people in the final stages of life.

Good

Is the service responsive?

Our findings

People's care and support was planned in a way that met their individual needs. Staff told us that they met with people to carry out pre-admission assessment of needs before they were admitted into the home. Staff told us that the information gathered during this process was used to determine if the service could meet the person's needs if they were admitted. Care records we reviewed showed that the assessment gathered information about people's background, histories, preferences, health, medical and social needs.

People were provided with a range of information to help them in making a decision to use the service. They included a welcome pack about the home and information about the food, the staff and social activities. Staff told us that they were able to visit the home for a trial visit before they moved in and they were able to bring personal belongings into their rooms, such as furniture, pictures and ornaments to make their new environment more personalised.

Staff told us that they observed people closely when they were first admitted so they could understand their patterns, strengths and behaviours so they could tailor their care plan to their individual needs. Care records showed that people were checked every two hours at night within the first weeks of their admission to establish their care needs at night and then a night care plan was put in place to meet their individual needs.

Staff developed care plans with the involvement of people and their relatives. Care plans covered people's diverse needs and how they wanted to be supported by staff to meet these needs. For example, a care plan detailed the support a person who was being cared for in bed required to ensure their health and well-being were maintained. It included regularly check from staff to ensure they were not isolated, two hourly re-positioning to reduce the risk of pressure sores and how to position the person to feed them. Daily records confirmed that staff were following this plan.

People were encouraged to be as independent as possible. Care plans detailed people's strengths and goals they wanted to achieve. For example, a person's care plan stated that they were able to do their personal care independently and only wanted to be prompted or supported when they requested help.

Care plans were reviewed monthly or when required to ensure they were up to date and reflected people's needs. For example, we saw that plans were updated when people's needs changed in relation dietary requirements and nutrition. A dietician and speech and language therapist was involved. Also, an occupational therapist had been involved to provide equipment people require to maintain their independence as much as possible. People had equipment such as walking frame and adapted cutlery and staff supported them to use them appropriately. We saw that staff responded quickly people's call for help. One person said "… they come fairly quickly when I call on the buzzer for help."

There were a range of planned group and individual activities at the home which people could participate if they wished. People we spoke with told us that they were involved in activities such as Namaste, a sensory care programme provided by staff on a daily basis. People talked about other activities they had participated in such as tea parties. During our inspection, we observed that staff encouraged people to take part in activities which took place such as singing and playing a variety of games. Some other people were doing activities on their own activities such as crocheting, and staff took an interest in what people were doing and commented on their activities. People said that if they wanted to go out to local shops, they were able to discuss it with the staff and, if accompanied, were able to do so. We saw pictures from recent activities displayed on the activities board and this included trips to seaside, summer barbecue parties and birthday celebrations at the home. This meant that people were supported to follow their interest and participate in social activities.

We confirmed the service's formal complaints process was robust and effective. The complaints records showed those who had made a complaint received an acknowledgement of their complaint followed by a full written response to the concern they had raised. We tracked some recent cases and saw that the service had investigated and dealt with the issues promptly and in accordance with the timescales in the provider's complaints procedure.

Good

Is the service responsive?

People and their relatives were asked for their feedback on the service at regular meetings. For example, we reviewed minutes of the recent residents and relatives meetings and it demonstrated that people and their relatives were asked for their views about the food provided, activities and conduct of staff. We saw that the registered manager had followed up on feedback from a relative about a staff's comment. Action taken was discussed at the next meeting. The meetings were also used to provide updates about events and plans for the service.

The service also sent an annual survey to people and their relatives to obtain their views about the service. The recent survey conducted in January 2014 showed that 85% of people and their relatives were satisfied with the service. Action plan was put in place to address areas where improvement was required and people were updated on progress at meetings.

Good

Is the service well-led?

Our findings

The service had a registered manager who has been in post for several years. People and their relatives told us the service had an open and positive culture in responds to feedback. The service held meetings with people and their relatives monthly where contributions and suggestions are made on how to improve the service. For example, people and their relatives were involved in putting a plan of events in the service.

Staff told us that the management team was visible and approachable. One staff member said, "The manager does a walk around the home every day asking us if everything was ok." The manager had a meeting with staff monthly to obtain their views about the service. They told us she sorted out issues quickly or explained to them if she was unable to resolve issues immediately.

People using the service had access with the local community and participated in community events. The service worked in partnership with various organisations to deliver service for people. For example, the National Association for Providers of Activities for Older People support staff to develop meaningful activities for people. They had also worked with Lambeth and Southwark Action on Malnutrition Project to improve nutrition for people in line with the national guidelines. Staff told us these projects had been good learning opportunities for them and helped them deliver a better service to people.

The service ensured that lessons were learnt from incidents. The service kept a record of incidents and accidents such as falls, and medicine errors. All incidents were logged electronically and a summary of the incidents were reviewed regularly to identify pattern and trends. An action plan was put in place to minimise and reduce future occurrence. For example, ballet lessons had been introduced to help with people's posture and balance with the aim of reducing falls. Staff told us that they have gained knowledge on falls prevention and management from this too.

The service regularly monitored the quality of service provided. These were undertaken at local level by the registered manager and at regional level by the development manager. The development manager completed audits covering various areas of the service such as health and safety systems, care records, infection control processes, medication management, finance system, staff records and the quality of service provision. We reviewed the most recent audits completed and there were no concerns to follow up.

Quality of care audits was also undertaken which reviewed areas of care including falls, continence care, use of anti-psychotic medication, nutrition and pain management. The feedbacks from these quality checks were discussed with staff to improve practices. We also saw that training had been developed for staff in relation to best practice and national. For example, staff had been provided training in the management pressure ulcer. The service had been awarded a certificate of achievement for a 200 days pressure ulcer free following this. The service was also found compliant in the national nutritional audit project by the Lambeth and Southwark Action on Malnutrition Project.

The registered manager complied with the conditions of its registration and sends notifications to CQC, as required.