

B.L.I.S.S. Residential Care Ltd

The Limes

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 ●

Summary of findings

Overall summary

This unannounced inspection of The Limes took place on 20 and 21 January 2016. The home provides accommodation and support for up to five people who have learning disabilities, autism or mental health diagnoses. The primary aim at The Limes is to support people to lead a full and active life within their local community and continue with life-long learning and personal development. The home is a detached house within a residential area, which has been furnished to meet individual needs. At the time of the inspection there were five people living in the home. Each person had their own en-suite bedroom which had been specially adapted to meet their needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

People told us they were happy and content at The Limes, where they were supported by staff they could trust, who made them feel safe. Relatives told us they had no concerns for the safety of their family member because there was good continuity and consistency of care from staff who were committed to people living at The Limes.

People were protected from abuse because staff were trained and understood the actions required to keep people safe. People had been safeguarded against the risk of abuse by staff who took prompt action if they suspected people were at risk of harm.

Risks associated with people's care and support needs were identified and managed safely to protect them from harm. We observed staff support people safely in accordance with their risk assessments and support plans. Risks affecting people's health and welfare were understood and managed safely by staff. Environmental risks were managed effectively through prompt and regular servicing.

Daily staffing needs were analysed by the registered manager and deputy manager. The management team used this to ensure there were always sufficient numbers of staff with the necessary experience and skills to support people safely. Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice.

Staff had undergone pre-employment checks as part of their recruitment. Prospective staff also underwent a practical assessment and role related interview before being appointed. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

People received their medicines safely, administered by staff who had completed safe management of medicines training and had their competency assessed annually by the registered manager. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side

effects.

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff before they were allowed to support people unsupervised. This ensured they had the appropriate knowledge and skills to support people effectively. Records showed that the provider's required staff training was up to date. This training was refreshed regularly to enable and ensure staff had retained and updated the skills and knowledge required to support people effectively.

People were supported to make their own decisions and choices. Staff supported people to identify their individual wishes and needs by using their individual and unique methods of communication. People's human rights were protected by staff who demonstrated clear understanding of consent, mental capacity and deprivation of liberty guidance and legislation. Records demonstrated that a process of mental capacity assessment and best interest decisions promoted people's safety and welfare when necessary.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The home was working within the principles of the MCA 2005. Paperwork associated with DoLS applications demonstrated the provider had taken the necessary action to ensure people's human rights were recognised and protected.

People were supported to maintain a healthy balanced diet through the provision of nutritious food and drink by staff who understood their dietary preferences. We observed communal mealtimes where people and staff ate together. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, while protecting them from harm and promoting their dignity.

People were supported to attend regular health checks by staff who recognised when people were unwell or upset, and took prompt action to promote their health and wellbeing. Visiting health professionals told us that staff quickly implemented their advice and guidance in practice.

People were relaxed and calm in the company of staff who they readily approached for support or reassurance when required. Staff were attentive and responded promptly to people's needs, following their behaviour support plans. People were supported by thoughtful staff who treated them with dignity and respect.

Relatives told us the registered manager was focused on the staff developing caring relationships with people. One relative told us, "The staff are kind and understanding. They always have time to make people feel they matter." People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

People were supported to keep in contact with their family and friends. One relative told us how visiting their home environment had an adverse impact on their loved one's emotional well-being. To prevent this staff arranged fortnightly visits to meet their family at the seaside. This person told us how they really enjoyed going to the sea front and having fish and chips with their family. Another relative told us they were very pleased with the sensitive support provided to their family member in relation to a personal relationship. This ensured their emotional needs were supported, whilst promoting their independence.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Since our last inspection there had been no formal complaints about the home. One relative told us they had raised minor concerns to the registered manager who had responded promptly and

taken steps to address the issues raised.

People were involved in developing their care and support plans, which were personalised and detailed daily routines specific to each person. The management team were committed to ensuring people were involved as much as they were able to be in the planning of their own care.

People's needs were assessed and regularly reviewed to ensure their care and support was responsive to changes identified. Support plans and regular reviews documented the support and care people required, and how this should be provided in accordance with their wishes. Records accurately reflected people's needs and were up to date. Staff were provided with necessary information and guidance to meet people's needs. People's and staff records were stored securely, protecting their confidential information from unauthorised persons.

The senior staff provided clear and direct leadership and effectively operated systems to assure the quality of the home and drive improvements. Feedback from people, their relatives, advocates and supporting health and social care professionals was sought to identify changes required to improve the quality of care people experienced. The provider's audits were used to review changes implemented, and ensure all required actions were in place to address identified improvements.

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.

Staff had received safeguarding training and had access to relevant guidance. When safeguarding incidents had occurred they had been correctly identified, reported and acted upon.

Risks to people were identified and effectively managed by staff to ensure people's safety.

There were sufficient numbers of staff deployed to meet people's needs safely. Staff had undergone thorough and relevant pre-employment checks to ensure their suitability to support people with learning disabilities.

People were protected against the risks associated with medicines by staff who administered their prescribed medicines safely.

Is the service effective?

Good ●

The service was effective.

People's assessed health and well-being needs were met by staff who had the necessary skills and knowledge. Regular supervision and training ensured staff retained and demonstrated the skills required to meet people's needs.

People were supported to make choices and decisions by staff who understood legislation and guidance relating to consent, mental capacity and deprivation of liberty safeguards.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were referred to health professionals if staff had concerns about their wellbeing.

People were supported by staff to maintain good health. People's changing needs were monitored to make sure their health needs were responded to promptly.

Is the service caring?

Good ●

The service was caring

Staff showed concern for people's wellbeing in a caring and meaningful way, and responded to their needs quickly. Staff were kind and compassionate, and treated people with dignity and respect.

People were actively involved in making decisions about their care.

The trusting relationships staff had developed with people by providing positive and sensitive support enabled staff to promote their independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was tailored to their needs. The service was responsive and organised by the registered manager to meet people's changing health needs.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation.

Staff listened to people's views and responded to them on a daily basis.

Processes were in place to enable people to make complaints. Learning from concerns raised by people and their families had been used by the registered manager to drive improvements in the home.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and senior staff provided clear and direct leadership to staff, who understood their roles and responsibilities.

There was an open and caring culture throughout the home. Staff understood the provider's values and practised them in the delivery of people's care.

There were processes in place to seek feedback from family and friends about the quality of the service. The registered manager carried out regular audits to monitor the quality of the service

and drive improvements.

The Limes

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. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This inspection of The Limes took place on 20 and 21 January 2016 and was unannounced. When planning the inspection visit we took account of the size of the service and that some people at the home could find unfamiliar visitors unsettling. As a result this inspection was carried out by one inspector.

Before the visit we examined previous CQC inspection reports. At our last inspection on 19 November 2013 we did not identify any concerns. We read all of the notifications received about the home. Providers have to tell us about important and significant events relating to the service they provide using a notification. We had not requested a Provider Information Return (PIR) from the home. 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 gathered this information during the inspection. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate. We also looked at the provider's website to identify their published values and details of the care they provided.

During our inspection we spoke with the five people living at the home, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of each person.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the staff including the registered manager, the deputy manager, the team leader, ten staff and two agency staff. We also spoke with a person's relative, two visiting health professionals, an external training consultant and the maintenance engineer.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). The provider had implemented an electronic recording system which we also reviewed. We looked at eight staff recruitment, supervision and training files. We looked at the individual supervision records, appraisals and training certificates within these files. We examined the registered manager's diary which demonstrated how people's care reviews and staff supervisions, appraisals and required training were scheduled.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas between 15 November 2015 and 20 January 2016, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with the relatives of four people and three health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with commissioners of the service. We spoke with a person's Independent Mental Capacity Advocate (IMCA). IMCAs help people who are assessed to lack capacity about medical treatment or where they live, and have no family or friends that it would be appropriate to consult with about those decisions. We spoke with a Relevant Person's Representative. This is an IMCA appointed by the Deprivation of Liberty Safeguards (DoLS) supervisory board to represent a person's interest throughout the DoLS process.

Is the service safe?

Our findings

People told us they were happy and content at the Limes, where they were supported by staff they could trust, who made them feel safe. One person told us, "The staff look after me and listen to me when something is worrying me." Another person said, "They help me stay safe and well." Relatives told us they had no concerns for the safety of their family member because there was good continuity and consistency of care from staff who were committed to people. One relative told us their family member was "A lot happier since moving to The Limes. She seems to respond better to the staff there who know how to treat her and reduce her anxiety and self-harming behaviour."

Staff had completed the provider's required safeguarding training and had access to guidance to help them identify abuse and respond appropriately if it occurred. Staff were able to explain their role and responsibility to protect people. The provider's training schedule and staff files confirmed that staff safeguarding training was up to date. Staff were aware of the provider's policies to protect people, and were able to describe the procedure to raise concerns internally and externally when required. Posters in the home reminded support workers of their responsibility to protect people from abuse. People were protected from abuse because staff were trained and understood the actions required to keep people safe.

There had been three incidents since our last inspection, which had been referred to the local safeguarding authority. These incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. The registered manager had reviewed people's risk assessments and behaviour management plans and implemented changes to ensure people were safe and the risk of a future recurrence was reduced. People had been safeguarded against the risk of abuse by staff who took prompt action if they suspected people were at risk of harm.

Risks specific to each person had been identified, assessed, and actions taken to protect them. Risks to people had been assessed in relation to their mobility, social activities and eating and drinking. People's support plans noted what support people needed to keep safe, for example in relation to safety awareness and completing activities, such as swimming and cycle riding. These risk assessments also detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others.

Staff were able to demonstrate their knowledge of individual risk assessments and how they supported people in accordance with their risk management plans. For example one person had an epilepsy protocol to protect them from the risk of seizures. Another person had a risk assessment and management plan to protect them from the associated risks of living with diabetes. Staff were able to explain the risks and the actions they implemented to protect people harm. Another person had a complex medical diagnosis associated with a variety of social and psychological consequences, which could potentially have an adverse impact on the quality of their life. We observed staff support this person safely in accordance with their risk assessments and support plans. Risks affecting people's health and welfare were understood and managed safely by staff.

If people displayed behaviours which may challenge, these were monitored and where required referred to health professionals for guidance such as the Community Learning Disability Team. Guidance and advice provided was followed in practice by staff. This ensured risks to people associated with their behaviours were managed safely. During our inspection we observed sensitive interventions by staff who recognised triggers for behaviours which may challenge, ensuring that people's dignity and human rights were protected.

People could access their money at any time and were supported by staff to ensure they were not subject to financial abuse. On the day of our inspection one person was accompanied to a shop to purchase a new bed of their choice. During the inspection we observed staff supported people to manage their finances and protected them from the risk of financial abuse by adhering to the provider's recording processes.

People's records contained essential information about them which may be required in the event of an emergency, for instance if they required support from external health professionals. These were referred to as hospital passports. At the time of our inspection the registered and deputy manager were in the process of updating these records. Information included people's means of communication, medicines, known allergies and the support they required. This ensured health professionals would have the required information in order to be able to support people safely. People were kept safe as staff had access to relevant information which they could act upon in an emergency.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Gas and electric safety was reviewed by contractors to ensure any risks were identified and addressed promptly. Fire equipment such as emergency lighting, extinguishers and alarms, were tested regularly by the provider's maintenance engineer to ensure they were in good working order. Records confirmed that maintenance staff attended immediately when contacted by staff to repair damage which may cause harm to people and others visiting the home. In October 2015 a visitor fell whilst stood on the back door step of the home. We noted that a hand rail was immediately installed to support people using this step and reduce the risk of falling. The maintenance engineer was in the process of installing wet rooms for all people, to reduce the risks identified of people falling when they stepped out of their showers. People were protected from environmental risks within the home.

Daily staffing needs were analysed by the registered manager. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. If more staff were needed due to unforeseen circumstances, such as staff illness, they were provided from one agency. The registered manager told us wherever possible they used the same staff, which improved the consistency of care and support by temporary staff. On the day of our inspection two agency staff were deployed. It was the first time one of the agency staff had worked at the home. They told us that prior to starting their shift the deputy manager had introduced them to all of the people living there and had explained their needs and required support. The agency staff demonstrated knowledge of people's needs and risk assessments and how to support them safely. Rotas we reviewed confirmed there was always sufficient staff to meet people's needs safely.

Staff had undergone pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Where DBS checks had raised concerns over candidates suitability these issues had been explored in depth by the registered manager and subject to risk

assessments. Prospective staff underwent a practical assessment and role related interview before being appointed. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

People received their medicines safely, administered by staff who had completed safe management of medicines training and had their competency assessed annually by the registered manager. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

People's preferred method of taking their medicines, and any risks associated with their medicines, were documented. We observed one person supported by staff in accordance with their insulin therapy protocol, which effectively controlled their diabetes. This included support with the monitoring of their blood glucose levels. Staff were able to explain the appropriate action to take if these readings were either too high or too low and the possible consequences. During the inspection we observed staff support the person to manage their low blood glucose level, in accordance with their insulin therapy protocol, until it had returned to a normal safe level. Staff told us how people's moods sometimes affected their willingness to take their prescribed medicines and how they endeavoured to administer them later if initially declined. People were supported to take their medicines safely.

During our inspection we observed one person supported on an activity in the community. Staff supporting the person ensured they took the person's prescribed emergency medicine in case they experienced a seizure. The registered manager told us the home had just changed their pharmacist and had implemented a new social leave form. This recorded every time a person went out and required to take their medicines with them. This had improved the medicines management system, which now provided assurance that required medicines were taken with people when they accessed the community.

Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. Staff knew the temperature range within which the medicines people had prescribed remained effective. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

Is the service effective?

Our findings

People spoke positively about staff. They told us staff were "well trained", knew their needs and how they wished to be supported. One person told us, "They are good at getting me up to do things and encouraging me, even when I sometimes tell them to go away." Relatives and health and social care professionals made positive comments about the effectiveness of the service. One relative told us, "The staff are very good and never seem to be rushed or in a panic. Some of the staff are young but know what they are doing." A health and social care professional told us, "I have seen an improvement in the skills and knowledge of the inexperienced staff during the last six months, which shows through in the quality of care and support they provide. It is clear the improved training has paid off."

Staff had completed an induction course based on nationally recognised standards and spent time working with experienced staff before they were allowed to support people unsupervised. This ensured they had the appropriate knowledge and skills to support people effectively. Staff told us their induction programme gave them the skills and confidence to carry out their role effectively. The registered manager and training manager were in the process of linking the induction process to the new Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

New staff completed monthly support meetings with the registered manager during their induction programme. These ensured they had received the appropriate training and preparation for working with people in the home. New staff told us the registered manager and deputy manager sought their feedback regarding their induction so they could adopt suggestions to improve it.

Records showed that the provider's required staff training was up to date, including topics such as safeguarding people from abuse, moving and positioning, fire safety, food hygiene and infection control. This ensured staff understood how to meet people's support and care needs. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively. People were protected from the risk of ineffective support from staff who did not have the skills or knowledge required to meet their needs.

Where necessary the provider had enabled further staff training to meet the specific needs of the people they supported, including autism, learning disability, epilepsy and positive behaviour management. On the first day of our inspection we spoke with a community learning disability nurse who told us they had recently delivered training to staff in relation to epilepsy. This training had been tailored to support the specific needs of one person living at The Limes, including the administration of emergency medicine if they experienced a particular type of seizure. One staff member told us, "The training was excellent and I now feel totally confident about what to do if the person has a seizure." Another member of staff said, "I have watched a video before but the training from the nurse was much better because you could ask questions."

On 19 January 2016 a person experienced a seizure which required the attendance of the emergency services. We reviewed a letter from an attending paramedic praising the effective response of staff at The

Limes to this incident, which read "I was impressed by the clear compassion and professionalism of the staff who provided the handover on my arrival. Staff were useful in helping to build a picture of events of the evening, with good knowledge of the patient, and were very caring towards the patient."

Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development. The provider had scheduled staff training in January and February 2016 in relation to mental health issues, including, Schizophrenia Awareness, Obsessive Compulsive Disorder, bi polar and personality disorders, depression awareness, self harm awareness and drug and alcohol awareness. During our inspection we spoke with a health and social care professional who was delivering training in relation to autism. They commended staff attending the training for their enthusiasm and questions relating to people they supported.

Most staff had not yet received an annual appraisal but the registered manager had scheduled these to be completed in the first quarter of 2016. All staff had received quarterly supervisions, which were now being scheduled every two months. Supervision records identified staff concerns and aspirations, and briefly outlined any agreed action plans. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us that the registered manager, deputy manager and team leader encouraged staff to speak with them and were willing to listen to their views. Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities.

We observed staff communicating with people using the methods detailed in their support plans. Staff were unhurried when talking with people, who were always given time to consider their decisions. People told us that staff always spoke with them to gain their consent before providing any care or support. Relatives and health and social care professionals told us that the registered manager involved them in all decisions relating to people's care and support.

Records confirmed that staff had completed training in the Mental Capacity Act (MCA) 2005. Where people lacked the capacity to consent to their care, lawful guidance had been followed to make best interest decisions on their behalf. Staff demonstrated an understanding of the principles of the MCA 2005 and described how they supported people to make decisions. People had a communication support plan, which recorded how information should be communicated to them and how to involve them in decisions. Where people required support to make a decision this identified people to consult about decisions made in their best interests. People were supported by staff who understood the need to seek people's consent and the principles of the MCA 2005 in relation to people's daily care.

Where people had been assessed as lacking the capacity to consent to medical procedures, for instance vaccinations or dentistry, decisions had been made in their best interest, which involved staff, relevant health professionals, their families and advocates. Where required best interest decisions had been made in accordance with current legislation and guidance.

A relative told us, "We are always told what is happening and the manager speaks to us about any important changes being considered." Relatives told us they were always invited to care reviews and the registered manager had ensured they had a chance to consider all significant decisions, even if they could not attend meetings in person.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles

of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for all five people in the home. At the time of our inspection two of these had been authorised, with the other three in the process of review and authorisation. One person had a nominated Relevant Person's Representative (RPR) to support them through the DoLS process. The RPR told us they were impressed by the way staff had explained the process to the person. The person was able to tell us about the effect of the authorisation and what it meant to them. They told us their RPR and registered manager had fully explained how to trigger a review in the Court of Protection if they wished to. However they told us, "I don't need to do that because I am happy and understand it is to keep me safe and sound."

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. People were encouraged and supported to prepare their own meals, snacks and drinks in accordance with their eating and drinking plans. If staff identified concerns for people's well-being they were referred to the dietician and speech and language therapist. The relative of one person told us their loved one's self esteem had improved dramatically because they had lost significant weight. This was due to staff supporting them to maintain a healthy eating plan and complete regular physical activities. We observed communal mealtimes where people and staff ate together. People were provided with appropriate support to eat at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity.

Staff were aware of people's health needs, and recognised when they were unwell. Staff understood the impact of health appointments on people's anxieties, and worked with health professionals to address people's health needs without causing them distress. People were supported to maintain good health through regular check-ups with their GP, optician, dentist, chiropodist and occupational therapist. Each person had a health plan which documented their health appointments and reviews, and advice and guidance from health professionals. For example on Christmas Day 2015 one person living with diabetes became ill. Staff immediately identified their blood glucose level was extremely high and contacted relevant health professionals in accordance with their diabetes management plan. Staff then implemented the advice and guidance provided ensuring the person's health and well-being. This demonstrated that health issues or concerns identified by staff were raised with and addressed by health professionals promptly. People were supported to effectively manage their health conditions.

Is the service caring?

Our findings

People told us the staff were always friendly and treated them with kindness. During the inspection staff responded to people with patience and understanding, following people's communication and behaviour support plans. One person told us the staff were, "Thoughtful and very kind." Another person said, "She (staff member) is lovely. She always helps me to do things."

There was a supportive family atmosphere at The Limes, where people and staff shared a mutual respect and understanding. Relatives and health and social care professionals told us that staff were committed to supporting people in the home. One health professional made positive comments about the overall improvement in one person's health and well-being whilst living at The Limes. They told us, "The way staff speak with her explaining things so she understands the impact of her behaviour is very good. This has made her more assured and confident which has led to her anxious behaviours reducing."

Relatives told us the staff were kind and compassionate. During the inspection we observed staff readily provided support to people before it was requested. Staff were attentive and responded promptly to people's needs. We observed people becoming worried and anxious who were immediately supported by staff offering reassurance and compassion. Staff understood triggers that could potentially upset and distress people and took action to prevent these situations from occurring, thereby supporting people's well-being. For example one person became anxious to know where their friend had gone. We observed staff comfort the person and provide an explanation as to where their friend was and reassurance as to when they were due to return. Staff then encouraged the person to engage in an activity they enjoyed to reduce their anxiety further.

Staff told us they took pride in the caring values of the home. One senior staff member said, "I love spending time with people here. It's what makes working in care so rewarding." Another staff member told us, "I haven't worked in care very long, but now I wouldn't want to do anything else. You have to be caring and want to do it, otherwise it's just a job." We observed these values demonstrated during our inspection and found staff to be committed, patient and caring towards people living at The Limes.

Relatives told us the registered manager was focused on the staff developing caring relationships with people. One relative told us, "The staff are kind and understanding. They always have time to make people feel they matter." Senior staff told us that it was important for all people living at The Limes to feel safe and secure with people supporting them, due to their personal anxieties. We observed the registered manager kindly explaining why one person's preferred member of staff was unavailable to support them and promoting the caring qualities of their allocated staff member for that day. The person then happily agreed to be supported by the staff member when they went out shopping.

Staff spoke passionately about people's needs and the daily challenges they faced. Without exception staff were able to tell us about the personal histories and preferences of each individual at The Limes. One staff member told us, "If you know as much as you can about people it helps you to understand them and their needs." Staff understood people's care plans and the events that had informed them.

People respected others living in the home, who they regarded as their friends. We observed one person frequently encourage staff to consider taking others for a drive when they were preparing to go out. We heard another person regularly speak with staff to be reassured what their "Friends" were doing and that they were being looked after. People took pride in completing household tasks and had a daily rota for housekeeping. During the inspection staff praised people for completing daily tasks and provided constant encouragement while doing them. One person said, "I like doing things like the shopping and washing up. I like helping and it makes me happy when they (staff) tell me I have done a good job."

Staff took great pride in the personal achievements of people they supported, which we saw demonstrated during our inspection. Relatives told us people were encouraged to be as independent as possible. They told us people were able to make choices about their day to day lives and staff respected those choices. People had their own activity schedules which showed what they were doing, when and with whom. This ensured that people were informed about who would be supporting them during the day to reduce their anxieties.

Staff gave people time to communicate their wishes and did not rush them. Although people were encouraged to take part in scheduled activities they were able to exercise their right of choice and to decide when they had had enough. On the second day of our inspection one person was scheduled to attend an 'aqua-size' class at the local sports centre. However they were feeling tired and did not wish to go. We observed staff provide explanations about the health benefits from taking part in this activity in accordance with their support plan. The person told staff they understood, and would go the next time. Staff respected people's right to decide whether to participate in activities, while providing explanations and information about the benefits of taking part.

During our inspection the registered manager and deputy manager conducted a recruitment interview. We noted that one of the people living at The Limes had also been involved in the selection process. People who wished to be involved in staff selection were invited to take part in the process. Staff told us that they had completed shadow shifts prior to their selection where their response to people and their needs had been assessed. New members of staff told us they had been supported by other staff to develop their relationships with people. People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

People's rooms were personalised to reflect their tastes, preferences and interests. Photographs of families and activities were displayed in the home to remind people of events and others important to them. This ensured that relationships were maintained to promote people's wellbeing.

Staff were aware of items of particular importance to people, which were available when people wanted them. Staff sensitively supported one person while they were watching their favourite DVD. We observed staff ensured the person was surrounded by their favourite teddies, a box of jewellery and a box of hankies, which they meticulously positioned to provide further comfort and reassurance. People were supported by thoughtful staff who treated them with dignity and respect.

Some people living at the Limes had low self esteem and staff understood how important it was for them to look good. On the day of our inspection one person was supported whilst they attended a local hairdressing salon to have their hair coloured and styled. Another person was supported to have their hair extensions applied and styled.

Relatives told us the staff worked closely with families and representatives and kept them fully involved in the person's care as required. Relatives and visitors were welcomed to the home and there were no

restrictions on times or length of visits. A family member told us, "I like the new manager's approach. When anything happens they don't panic, they deal with things in the right way and let you know." This relative also told us their loved one was now, "Happier in herself and much more relaxed. Her self esteem has really improved and she is much more confident due to the support of the staff."

Is the service responsive?

Our findings

People were involved in developing their care and support plans, which were personalised and detailed daily routines specific to each person. One person told us they had created their own care plan with the registered manager. Another person told us staff, "Talk to me about what I want to do and how I want to do it and then we write it down."

We spoke with one person's relative who shared a document they had provided to the home, which contained comprehensive details about their loved one's life story, their preferences interests and aspirations. This document had been used by the registered manager to inform the person's care plan. The registered manager told us they would use this document as an example of good practice when reviewing people's care plans to make them more person centred.

The registered manager had recently completed the local authority training on person centre care planning and the deputy manager was scheduled to complete this training on 9 February 2016. The management team were committed to ensuring people were involved as much as they were able to be in the planning of their own care.

Relatives told us staff understood people's methods of communication. Each person had a communication plan. This provided staff with information about how people communicated and their level of understanding. One staff member told us, "It is really important to listen to people because if staff are not attentive this can make people feel anxious and think staff don't care." Another staff member said, "You have to be totally committed to the person you are supporting so you can respond quickly if they need support or reassurance."

Relatives and a person's IMCA told us that staff provided support which was tailored to meet people's individual needs. One relative told us, "The staff at The Limes are good at finding out what people want and providing care in a way they like." Another relative told us their loved one's well-being was "The main priority". A health and social care professional told us that the people benefitted from person centred care planning and staff who were responsive to their changing needs. A person's IMCA told us they were impressed by the staff who were "Very attentive and always offering choices and alternatives."

People's needs were assessed before they moved in to the home and re-assessed regularly. People, their families, relevant health professionals and the commissioners of people's care were involved in the assessment process. Support plans and risk assessments were completed and agreed with individuals, relatives and advocates, where appropriate.

A person who had recently moved into the Limes was being supported to live with epilepsy. During our inspection we spoke with a visiting health professional who praised the registered manager and staff for the responsive manner in which they had adopted their advice and guidance. We noted the health professional and registered manager had arranged for the person to visit a neurologist in February 2016 to review their findings. The provider reviewed people's needs and risk assessments regularly to ensure that their changing

needs were met.

Care plans were reviewed weekly by designated staff. These weekly reviews informed monthly team reviews and evaluations of care plans and risk assessments. Keyworkers updated people's needs and risk assessments monthly. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. The nature of the service provided meant that people's needs changed frequently and support plans were also reviewed whenever a change was required. Where any concerns or changes were identified these were immediately addressed to the management team. Each support plan contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. This ensured staff provided care that was consistent but flexible to meet people's changing needs.

Each person had a support plan to set their own goals and learning objectives and record how they wanted to be supported. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences. Staff talked knowledgeably about the people they supported and took account of their changing views and preferences. We observed two handovers at the beginning of shifts where the incoming staff team were updated on any relevant information. Detailed information was provided about people's health and different moods, together with the potential risks and impact on planned daily activities. For example, one person had experienced a seizure during the night. Staff provided a detailed account of what had happened and the support provided to the person since. Significant events were also recorded in a communication book, which staff signed daily to show they had read all entries since their last shift.

Staff told us they had been taught a recognised system for supporting people to manage behaviour which may challenge others, which training records confirmed. We observed positive behaviour management and sensitive interventions throughout our inspection, which ensured people were treated with respect and their human rights were protected.

People had activity plans which had different entries throughout the day. This ensured people were offered a range of varied and stimulating activities every day. We reviewed each person's activity schedule which had been tailored to their personal interests and pursuits. One relative told us, "The manager is very good at getting people to do lots of things they enjoy and is always encouraging staff to find out what people would like to try." One member of staff told us they "Will never forget the look of joy on his face", when they supported a person who loves animals to visit a local zoo, where their family were waiting to meet them. Photographs of this day had been used to develop the person's life story.

Detailed risk assessments were in place to ensure activities such as swimming and cycling were pursued as safely as possible. People with learning disabilities had reasonable adjustments made, following the requirements of relevant legislation, to make sure they received support to promote their independence and freedom of choice.

The service had good links with the local community. Staff were proactive and made sure that people were able to maintain relationships that mattered to them. Two people had been encouraged and supported to work in the local community. We accompanied one to their work place where we were introduced to some of their friends and workmates. We observed the person gaining experience and training in assembling car parts and administrative tasks, whilst developing an understanding of working disciplines, time keeping, team work and social skills. They told us that they had developed friendships with work colleagues, which staff supported them to maintain. When staff provided transport back to the home for a person who had finished work another person asked if they could go to collect their friend. Staff then went

with this person to collect them. People were supported to maintain relationships with people who were important to them, and to develop new ones, which prevented them becoming socially isolated.

People were supported to keep in contact with their family and friends. One relative told us how visiting their home environment had an adverse impact on their loved one's emotional well-being. To prevent this staff arranged fortnightly visits to meet them at the seaside. This person told us how they really enjoyed going to the sea front and having fish and chips with their family. Another relative told us they were very pleased with the sensitive support provided to their family member in relation to a personal relationship. This ensured their emotional needs were supported, while promoting their independence.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Since our last inspection there had been no formal complaints about the home. One relative told us they had raised minor concerns to the registered manager who had responded promptly and taken steps to address the issues raised. One relative told us how the registered manager always spoke with them when they visited the home to find out if there were any improvements or changes required and asked them to complete a quality assurance questionnaire. Staff knew the complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. The registered manager and staff were responsive to people's concerns.

Is the service well-led?

Our findings

The Provider's name B.L.I.S.S. stands for Building Lives in Supported Surroundings. It was chosen as the dictionary definition for bliss is 'Perfect Untroubled Happiness', which the provider aimed to achieve for the people they support. The provider's statement of purpose is to meet the needs and aspirations of people in positive and encouraging atmospheres, within which the individual feels valued, safe and understood. Each person living at the Limes told us staff had created trusting and supportive relationships with them which made them feel safe and that The Limes was their home. People told us staff understood their needs and feelings, which made them feel valued. Staff were able to tell us about the values of the provider and we observed staff followed these in practice.

People and their relatives felt able to express their views freely. Relatives praised the registered manager and staff for their dedication and devotion to the people living at The Limes. Without exception staff told us the registered manager and deputy manager were approachable and supportive. Staff told us they enjoyed working at The Limes because the registered manager put "Caring for people" at the top of their priorities and was always available if required. Staff told us they felt they were part of a team where their contribution was valued. One staff member told us, "It is a great place to work. I did a work placement here while I was at college and had to come back."

Staff told us they took pride in the caring values of the home. One senior staff member said, "It is a privilege to work here. It's great when you get to know all of the people, especially when you know about the little things that mean so much and have a massive impact." We observed these values demonstrated in practice by staff during the provision of care and support to people.

Relatives and healthcare professionals told us whenever they contacted the home staff were always friendly and approachable. A healthcare professional told us the registered manager and staff were "Receptive to constructive suggestions and keen to implement any advice or guidance provided."

Staff told us they were encouraged to express their views about the home and support being provided to people, which records confirmed. A new staff member told us they were impressed with the management team who encouraged all staff to share a joint responsibility to continually improve the home. People and staff told us they felt they could raise concerns with the registered manager and that they would be supported. We spoke with a staff member who had raised a grievance with the registered manager. They told us they had been well supported by the registered manager who took prompt action to deal with the concerns raised.

The registered manager told us when they were initially appointed they had completed a staffing needs analysis which had identified a small staffing shortage. The provider had authorised the use of agency staff while regular staff were being recruited with the offer of better terms and conditions. We saw a letter of apology from the provider addressed to all staff and residents displayed on the kitchen noticeboard within the home. This letter addressed negative feedback received by the provider and how they were going to make improvements, particularly in relation to valuing staff. This demonstrated the provider encouraged

and demonstrated an open and honest culture, where they took responsibility for things that happened within The Limes. The registered manager understood their 'duty of candour' responsibilities. The 'duty of candour' is the professional duty imposed on services to be open and honest when things go wrong. Senior staff were able to describe under what circumstances they would follow the procedures.

We reviewed staff rotas which demonstrated the registered manager and deputy manager worked shifts alongside staff, which enabled them to build positive relationships with people and staff. During periods when there was unforeseen staff absence, for example due to illness, the management increased their direct support of people. On the day of our inspection the registered manager and deputy manager were providing "Hands on" care and support to people.

The provider had established an effective system to assess and monitor the quality of care people received and to ensure people's positive lifestyles were maintained and improved. The registered manager and designated staff completed audits of medicine administration, health and safety, fire and infection control. The infection control audit completed in December 2015 identified a requirement to replace some first aid equipment, which we confirmed had been obtained. The provider's satisfaction questionnaires were completed annually and quality assurance audits were completed monthly. The annual survey of staff and people's views was sent out in January 2016 and the results had not yet been received or analysed. The quality of care people received was continually assessed to ensure it was maintained and where required improved.

The registered manager and deputy manager produced a weekly report for the provider identifying all significant issues and action taken by staff at the home. The registered manager also completed a more detailed monthly quality monitoring report which identified all areas for improvement and required learning from incidents. These reports also identified the progress made in relation to issues identified in the preceding monthly report.

Staff immediately logged all accidents and incidents, which were reviewed daily by the registered manager and deputy manager. This ensured the provider identified trends and managed actions to reduce the risk of repeated incidents. Systems and processes supported reviews and monitoring of action taken to ensure identified and required improvements to people's care were implemented effectively.

During our inspection we observed the registered manager, deputy manager and team leader engage with staff and positively manage them. We observed a person being supported with an escalating health issue and staff required guidance regarding the administration of their prescribed medicine. The team leader provided clear instructions to staff in relation to the administration of the persons prescribed medicines, which staff then implemented. The registered manager provided clear leadership and guidance to ensure people were supported safely, while promoting their independence. This was evident when one person began to display behaviour which may challenge in relation to a financial matter. The registered manager calmly explained to the person what would happen and how staff would support them to resolve the problem, which reassured the person and reduced their anxiety.

Records accurately reflected people's needs and were up to date. Other records relating to the management of the home such as audit records and health and safety maintenance records were accurate and up-to-date. People's and staff records were stored securely, protecting their confidential information from unauthorised access but remained accessible to authorised staff. Processes were in place to protect staff and people's confidential information.