

MAPS Properties Limited

The Limes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

The Limes is a residential care home providing accommodation and personal care to up to 46 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 28 people using the service.

The Limes is all on one level. There are various communal lounges and dining rooms and quiet areas as well as a shared garden. The Limes offers people the choice of single bedrooms but also shared double bedrooms if people prefer. Some bedrooms benefit from ensuite facilities. There is also an office onsite. The layout of the building is designed to support people living with dementia and/or who require support to move around safely.

People's experience of using this service and what we found

People told us they felt safe living at The Limes. They liked the staff and told us staff treated them well, were kind and knew their likes and dislikes. Staff knew how to keep people safe and what to do if they had any concerns. Some staff were still developing the confidence to report concerns externally to safeguarding teams or CQC. A member of the management team currently still led this.

Since the last inspection, there had been a new registered manager appointed to the service as well as changes and improvements to systems, processes and the environment. This had resulted in many changes for the better but was not yet fully embedded.

People were mostly supported to safely administer and manage their medicines. However, there were some discrepancies that had not been identified during audits. The registered manager put additional measures in place to address this during the inspection.

People were supported by trained staff in all aspects of their daily life. This included going to the pub, maintaining contact with friends and relatives, having meals and drinks out, socialising and meeting their health needs. Staff had received additional training which relatives told us had been seen in improved practices and care. Staff were still being supported to fully develop their knowledge and confidence to implement learning.

People told us the management had improved since the recent start of the new registered manager and this had a positive impact on the quality of care they received. This included the care being more organised, improved communication and staff skills.

The registered manager made sure all staff and visitors followed the latest government guidance for reducing risks about COVID-19 and the spread of infection. Staff had received additional training on this topic to ensure they could keep people as safe as possible.

People had access to health professionals who worked closely with the staff and management team to ensure all health concerns were looked into straight away. The staff team worked closely with community nursing teams to look at shared care to ensure quicker responses, treatment and advice for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was inadequate (published 16 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 16 December 2021. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Limes

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, one medicines inspector 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.

Service and service type

The Limes is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Limes is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 31 August 2022 and ended on 20 September 2022. We visited the service on 31 August 2022 and 1 September 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people and 21 of their relatives to seek their views about living at The Limes. We also used observations of how staff and people interacted for people who could not talk with us.

We spoke to 13 staff members. This included the owner, the nominated individual, the registered manager, the deputy manager, senior care staff, care staff, catering staff and an activities co-ordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with five external professionals who work regularly with the service.

We reviewed seven people's care records and nine people's medicine records. We reviewed two staff records to look at recruitment processes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to accurately assess and do all that was reasonably practicable to minimise risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were appropriately managed. The registered manager had ensured all risks to people had been fully assessed and measures put in place to reduce the risk of injury or harm. Additional equipment had been put in place where required. This included sensory mats to alert staff when people were getting up so that they could reduce the risk of falls. Robust protocols for post injury observations and record keeping were in place and being implemented.
- People told us their needs were being managed well. One person said, "Staff make sure my [walking] frame is next to my bed so I can do bits on my own." Relatives echoed this. A relative told us, "I am 100% happy that [my family member] is safe and being well looked after at the Limes. [My family member] is safe and the way in which [staff] use a hoist to lift them from a chair into a wheelchair is always done safely and it is never too much trouble."
- The provider had introduced an electronic care planning system. This meant changes to risks could be updated in care records immediately and staff had instant access to that information via handheld devices.
- Fire safety had been reviewed and each person had an up to date personal emergency evacuation plan. Staff were able to demonstrate a good understanding and awareness of the policy and procedures in the event of evacuation or fire. They knew how individuals were likely to react and how best to reassure them.
- Reviews of the risks related to people's health conditions such as diabetes had taken place and all care plans updated to reflect the current need. Any people requiring blood glucose checks for this condition were supported to do so by the GP or community nursing team. Staff supported people to ensure they had regular snacks and were aware of what to do, and the symptoms to look out for, that would indicate a problem with a person's blood glucose levels.
- People requiring pressure equipment such as cushions or mattresses had them in place and were using them appropriately. Where people required support to change their position, this was occurring and being recorded as per their care plan, which had clear guidance. Risks to people were regularly reviewed and care

plans updated. Staff were also made aware of any changes through the daily handover system.

Preventing and controlling infection

At our last inspection, the provider had failed to ensure policies in relation to COVID-19 were kept up to date or that staff followed protocols for reducing the spread of infection and ensuring a clean and safe environment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative told us, "[Staff] are still wearing masks and gloves. We only have to wear masks ourselves. They have been brilliant with Covid throughout and have kept the residents and the staff safe."
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. We observed staff wearing and disposing PPE correctly.
- We were assured that the provider was responding effectively to risks and signs of infection. Cleaning schedules were in place and being implemented to ensure the environment was kept clean at all times. A relative told us, "It is very clean. There is always someone going around cleaning floors, and [my family member's] bedroom is spotless and very clean."
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider actively encouraged visiting and there were no restrictions on relatives, partners or friends to visit people. The service provided various methods for visiting depending on people's preference such as in the person's bedrooms, in communal spaces, the garden, a visiting pod and a visiting room. For those who were not able to visit in person, the staff supported people to stay in touch by use of social media, emails and telephone.
- Relatives told us about how the staff had supported face to face visits and contact when face to face visits had not been possible. A relative told us, "[The service] have a [social media] page where they publish the activities that are going on each week, which was invaluable during the lockdown. They also arranged video calls via [social media] during the lockdown period as well." Another relative said, "100% they have [supported visits and contact]. If I can't make a visit, I ring up and leave a message which [staff] will pass on to [my family member] straightaway."

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had failed to protect people from the risk of abuse as the systems they had in place had been ineffective. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were kept safe. The registered manager had systems in place to identify, monitor and review safeguarding events. They audited care records, incident reports and handover records to ensure no incidents were overlooked and that people were made safe and received any treatment required. They also ensured all incidents were reported to the appropriate authorities and care plans and risk assessments reviewed post incident.
- All staff had received additional training to help them to identify signs of abuse and how to keep people safe. Staff had an understanding of this but not all staff were yet confident to take a lead role to report to external agencies such as CQC or local authority safeguarding teams in the event of an incident. The risks related to this were mitigated by the staffing structure to ensure there was always a member of the management team available for advice or follow up.
- People told us they were safe because they were well cared for and there were always staff around to check on them. One person told us, "The staff and environment make me feel safe. [Staff] listen to what I say." Another person said, "I feel safe living here. The staff reassure me and are here when I want them."
- Relatives were also happy their family members were safe at the service for similar reasons. A relative told us, "I think [my family member] is very safe. It does not matter what time of day or night I visit unannounced and whoever I speak to can tell me straight away what kind of day [my family member] is having, what they have been eating or what sort of personal care they have had. I have no concerns about their safety they are well looked after. They always look well cared for and [staff] will certainly encourage them to eat if they have missed a meal."

Staffing and recruitment

At our last inspection, the provider had failed to have effective systems in place to ensure fit and proper staff were employed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager ensured that all staff had full employment checks on their suitability for the role prior to starting work. Any gaps in employment history were followed up and explored. Systems prompted the registered manager to conduct a risk assessment for any concerns found in returned DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on duty to meet people's needs and people told us they never had to wait long for assistance. The registered manager had reviewed how staff were working and deployed staff in a way that meant the right staff were in the right places when needed. This meant people in communal areas were never left alone and people who chose to stay in their bedrooms were regularly checked on. One person told us, "The staff really care. Everybody is so good. The staff pop in and have a chat with me. Staff make sure I am okay. I don't have to wait long when I call for assistance." This helped to reduce the risk of falls or other incidents.

Using medicines safely

- Medicines were not always being managed safely at the home. There was written guidance to show staff

how people preferred to have their medicines given to them and for medicines prescribed on a when required basis (PRN). However, when medicines were given to people in this way, additional records justifying their use were sometimes not completed.

- Staff carried out checks of people's medicines and their records. There was a system in place to report incidents and investigate errors relating to medicines. However, we identified some medicine discrepancies where people may not have received their medicines correctly as prescribed and that had not been promptly identified and reported by staff. This was due to sampling medicines records during audits as opposed to checking all medicines.
- The registered manager took immediate action and introduced further audits and checks to ensure this did not reoccur. Further follow up and training for staff in these areas was also organised.
- Medicines were stored securely and at appropriate temperatures. Members of staff handling and administering people's medicines had received training and had their competency to do this safely assessed. We observed that staff gave people their medicines by following safe procedures. People were happy with the support staff gave them with their medicines. One person said, "The staff do my medicines for me, that is less for me to worry about."

Learning lessons when things go wrong

- The registered manager shared all lessons learnt with the staff team and other relevant people involved in reportable events. Staff told us they were given the opportunity to reflect on these and agreed ways of working to improve practices and keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection, the provider was unable to demonstrate that people received enough to drink to sustain good health or that individual nutritional requirements had been met. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People were supported to eat and drink enough to ensure good health and nutrition. The registered manager had assessed all risk for people in relation to nutrition and hydration. People who required fortified diets had this recorded in their care plans and all staff, including catering staff, were aware of this and any other special requirements or preferences.
- Staff recorded the food and fluid intake for people who required this monitoring and each person had their own individual daily targets. Staff referred people to external health professionals for advice when they struggled to meet their targets.
- Staff monitored people's weight monthly unless there were concerns, in which case this was increased to more frequent intervals as per medical advice.
- People told us they had plenty of choice of what they ate and drank and always had access to snacks. One person told us, "Staff know I like my tea and biscuits. The food is absolutely marvellous. We have lovely cakes." Another person said, "The food is very good, with a good selection. If there is anything I don't like they bring me something else." We observed staff discussing with people what their favourite foods were and also showing people what meals were on offer that day by showing actual plates of food. Some people changed their minds about their previous choices and one person chose something not on the menu at all. All of these requests were accommodated straight away.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, the provider had failed to ensure people were supported to make decisions in-line with the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had, alongside people, their relatives and external professionals, reviewed all mental capacity assessments in place and updated people's records where they were required. Relatives told us they were involved (where relevant to do so) in decision making and best interest processes. One relative said, "[Staff] will always ask me if the doctor is coming in to give [my family member] something like a flu jab and will ask for my agreement. We are [my family member's] powers of attorney, so they will always contact us and are very good about this."
- For people who were still assessed as not having the mental capacity to make certain decisions for themselves, this was recorded. People had then been supported to follow the best interest process and the appropriate DoLS authorisations were in place and approved. Conditions were being met.
- Staff had received training about MCA and DoLS and had good understanding of the principles of the MCA and how to promote choice and consent. Staff were less certain about who had an approved DoLS in place. It is important that staff are aware of this so that they can make sure people's rights are upheld safely. We spoke to the registered manager about this and they told us they would follow up to ensure staff were aware.

Adapting service, design, decoration to meet people's needs

- The environment had improved to ensure it met the needs of people living at the service. The provider had a maintenance plan in place for works still outstanding but had completed a lot of improvements since the last inspection in relation to both maintenance and décor. People and relatives told us they had noticed the improvements and this created separate areas to relax in and a homely environment.
- The service had some signage to support people living with dementia to understand where certain rooms were, such as the bathroom, kitchen and lounge. People also had individual information and pictures to identify who they were in their bedrooms. Some further work in this area would be of benefit to support people to recognise their bedrooms and help distinguish between colours on floors, walls, toilet seats and grab rails to help with falls prevention.
- The service was bright, clean and tidy both inside and outside in the garden areas. There were no malodours and no excess items left lying around or other hazards that could cause harm to anyone. One person told us the service was always warm and clean. A relative said, "It is absolutely brilliant. There are never any bad smells at all. You almost expect that, but they are very clean and tidy. You will often see someone going around with a cloth cleaning, and the maintenance man is often about." Another relative

told us, "There is a lovely garden which is always clean and tidy, and there are no trip hazards on the path. The maintenance is both very reactive and proactive in keeping things safe."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured people's needs and preferences were assessed prior to providing their care. This included looking at their personal history, likes, dislikes, relationships, cultural, religious or sexual preferences, medical history and current conditions. This information was then used to develop the person's care plan and assess any risks.
- People confirmed that staff met their care needs, respected their choices and had an awareness of their interests and how they liked their care delivered. Staff had a good understanding of people's health conditions such as diabetes, and the signs of deterioration and what they should do in that scenario. This showed the information in assessments had been implemented into the care delivery.
- The staff team also liaised regularly with relevant health and social care professionals to ensure the care being delivered was safe and in-line with current best practice guidelines.

Staff support: induction, training, skills and experience

- The registered manager provided staff access to all training and development opportunities for their roles. The provider had employed a trainer within the company. This meant they were able to create bespoke training sessions for staff that met either individual staff learning needs and styles or the individual needs of specific people being supported.
- Staff received a thorough induction when they first began working at the service and told us they felt very supported by the management team. This included training and the opportunity to shadow more experienced staff. Each staff member was then observed carrying out their role so that their competence in practice and theory could be assessed by a senior member of the management team. A person told us how new staff were introduced to them. They said, "If there is someone new working, they go with senior [staff] to get to know people. The senior staff introduce new staff members when they start."
- Staff told us they were encouraged to attend a lot of training courses but could also ask for additional training and development to support their chosen career path. Staff new to care were supported to achieve the Care Certificate. Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The additional training had made a noticeable difference to the care and treatment people received. One relative told us, "I would say that, particularly since [the new registered manager] has come along, it is exponentially better. It was fine, but the staff now seem more knowledgeable and more aware of health issues. They were caring before, but perhaps not as aware of health issues. They are holistic in their overall approach, rather than task orientated."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with external health professionals to ensure people's health needs were met with the least distress for the person. In the event of changes to people's health, staff contacted the relevant health professional for advice and updated their care plan. They worked closely with the local GP service who visited weekly in addition to when people required an individual visit. One professional said, "I speak with the team at The Limes regularly, at least 2-3 times a week. The staff seem open and always act as a resident's advocate and are keen to hear feedback and ways to improve health outcomes."
- A professional told us the registered manager had been the first to sign up to a pilot scheme to provide enhanced support to care services within the area. This used shared care, where they worked together with advanced nurse practitioners to agree care plans for people needing additional monitoring. For example, to

prevent pressure damage to people's skin or people who experienced regular urine infections. This has had a positive impact on the health outcomes for people who have less urine infections and any early signs of skin damage are addressed quickly.

- Staff supported people to understand the risks related to their health conditions, for example diabetes, and discussed the options open to them to help keep their conditions stable. In these situations, staff took into account people's preferences and their mental capacity to make these specific decisions. People's care plans and risk assessments were updated with the outcome and regularly reviewed under advice of health professionals.

- People told us they had access to any health professional they needed and were encouraged and supported to access a variety of health professionals such as the GP, optician, audiologist, chiropodist, and dentist. Staff were deployed to meet the needs of people, for example, to monitor falls risks or support to attend a health appointment. A relative said, "[My family member] had the optician going in and had their glasses renewed. The chiropodist goes in and they have their feet done regularly, and also has the hairdresser."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At a previous inspection, people had not always received consistently kind and respectful care. At this inspection, people received kind, caring and respectful care that took into consideration their personal beliefs. We observed staff regularly kneel down to ensure they communicated with people at eye level and took their time to talk them through the care they needed until the person felt comfortable for staff to support them.
- People told us they were very happy living at The Limes and had good relationships with staff who knew them well. We observed people instigate jokes and 'banter' with staff who joked back. People were comfortable and laughing a lot and chatting to staff as well as to each other. One person told us, "I am well looked after. Staff are like family to me. I am happy [prefer] staying in my room but the staff make sure I am okay." Another person said, "I like it here. The staff are very kind, they will do anything for you."
- Relatives gave very positive feedback about how caring and kind the staff were and how well they cared for their family members. One relative told us, "[My family member] is very religious and staff give them the space to practice their religion." Another relative said, "The [staff] that I have seen, I think are very very caring. They don't just pop their heads around the door, they will make the effort to sit on [my family member's] bed and talk to them."
- People who became confused about whether they were working or living at the service were supported to reflect on their previous careers and offered jobs to do around the home such as cleaning and taking notes, to make them feel valued and continue to utilise their skills.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in reviewing and planning their care. People's views were sought through a variety of methods such as care plan reviews, regular meetings, surveys and informal chats. One relative told us, "[My family member] has regular reviews of their care plan and they do give me a copy of the review. [Staff] let me know what they think is best for [my family member] going forward. We had a best interest meeting not so long ago and I have a copy of that as well."
- The registered manager used feedback received to input into the service improvement plan. They created a 'You said, We did' board which was then displayed at the entrance to the service for everyone to be able to see what was suggested and what the management team had done about it to improve the care.

Respecting and promoting people's privacy, dignity and independence

- At a previous inspection, people's dignity had not always been upheld. A professional who regularly visits the service told us, "I have observed kindness and respect for dignity and privacy at all times." At this

inspection, staff demonstrated they understood how to support people's independence and uphold their dignity when providing care. They understood the need for confidentiality and to respect people's beliefs and cultures. The word 'family' was used a number of times in feedback and discussion with people, relatives and staff when describing the relationships and atmosphere at the service.

- People told us staff were respectful and helped them where they needed support. One person said, "Staff are polite and always knock before coming in." Another person told us, "I do what I can for myself but sometimes I need help and the [staff] will come in and help me to keep me safe." A relative said, "I think [staff] are helping a lot at the moment. When [my family member] came back from the hospital, I think they were on a pureed diet and always having to be assisted with eating. I know that [staff] are now trying to encourage [my family member] to feed themselves and also try to get them on to soft food."

- Staff told us how they also tried to encourage people to do what they could for themselves. This included in the areas of eating, walking, bathing and dressing. One person, who had been unable to walk when they moved into the service had been supported by staff to increase their mobility and was now able to walk independently with the aid of a walking frame. This was a really positive outcome for this person as it meant their needs could continue to be met at the service due to reduced risks, which was what they and their relatives wanted.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the previous inspection, people had not always had choices offered and respected. They did not always have enough to do that interested them. At this inspection, staff understood the importance of offering choice and people were always asked what they preferred and how they would like to spend their time. We observed people being asked for ideas of what they would like to do. This was also noted in the minutes of regular meetings people had to discuss their views about the service and what was on offer or any concerns.
- Activities staff reviewed how people spent their time and asked people for their ideas to look at ways of building on their interests as well as introducing new hobbies. People told us they had choice and control over how they spent their time and how much they got involved. People were also supported to maintain interests outside of the home such as trips to the pub or the seaside.
- One person told us how they were going out for a pub lunch and there was nothing they wanted to try doing that they were not already being supported to do. They also told us, "[Staff] do things like bingo, hairdressing, manicures, fingernail polish and access to books. They had a masked ball and I loved dressing up in a nice dress and dancing." Another person said, "We can do what we want to do, [staff] ask but I can say no. Sometimes I just can't manage things and like to just do something quietly." A third person told us how staff always got their daily newspaper ready for them each morning.
- The registered manager planned a personalised approach to care in people's records. Care records gave detailed guidance for staff about what people preferred and a personal life history to get to know people better. The management team conducted regular unannounced observations of staff practice to ensure they were applying this approach and also meeting people's needs in a timely manner.
- Staff supported people to maintain their relationships with their partners, relatives, friends and pets. Staff supported one person to care for their dog in the service. This had a hugely positive impact on the person's well-being.
- Relatives told us they were supported to maintain visits in one form or another throughout the COVID-19 pandemic. They told us they were made to feel welcome and involved in the home and in the care of their family member.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- The registered manager had assessed people's communication needs which were recorded in their care plans. Staff understood to be aware if anyone needed information in other formats such as other languages or large print. We observed the ways staff used tools such as wipe clean boards to support communication for one person who was hard of hearing and awaiting their new hearing aids.

Improving care quality in response to complaints or concerns

- There was a complaint system in place and clear complaints policy. Relatives told us this had been explained to them when their family member first moved into the service and they were encouraged to report any and all concerns. The registered manager had a system in place that recorded all concerns, what action had been taken and the outcomes. These were regularly audited to look for patterns in complaints and how they could make improvements.
- People, relatives and staff all knew how to complain and were comfortable to do so. One person told us, "I would speak to staff if I had a concern." Another person said, "If I was unhappy with anything I would speak to the [registered manager] who is in charge but that hasn't been necessary."
- Relatives were satisfied that if they have had to make a complaint it had been managed well and they had been kept informed at every stage. One relative told us, "Initially I made a complaint and it was fully investigated and new procedures put in place. It was in the first two months that [my family member] lived there and was something that had not happened before. It was reported to safeguarding and to CQC, and all procedures were followed. Nothing was hidden and I received a phone call straight away about this."
- Complaints were viewed as a way to improve by staff. We saw evidence of how complaints had been responded to and action taken to quickly resolve them. Relatives told us they received apologies and outcomes.

End of life care and support

- The registered manager discussed people's end of life wishes with them and it was recorded if people wished to share or discuss them. Where people did not want to, this was also recorded. A relative told us, "As with the reviews, [staff] wanted to know if [my family member] wished to go back into hospital again if needed and [my family member] said absolutely not." Another relative told us, "The question of do not resuscitate orders is all in place and this has been discussed with the [staff] and is on [my family member's] notes."
- Staff were supporting people with end of life care and had received training in this area. Staff understood the additional sensitivities for all involved in the person's life. Pain relief medicines were not yet required but were in place to use if needed to ensure the person was made as comfortable as possible.
- The staff worked closely with other professionals such as the palliative care team and district nurses to ensure people were comfortable and as pain free as possible to support a dignified death.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider had failed to maintain accurate and complete care records or act on required improvements to the service. There was a lack of provider and manager oversight and they had failed to achieve a good rating across eight consecutive inspections. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, the provider had reviewed and restructured the management team so that managers were deployed more effectively and able to better focus on their roles. They reflected on who was the best person for each role and had made changes in the nominated individual role. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
- The provider had employed a new registered manager who was very experienced and knowledgeable. The regional manager was better able to focus on their responsibilities and ensure provider oversight of the service. The provider had also created new peripatetic deputy manager roles for staff across all locations who could be called upon to step into a management role to support any absences or illness.
- The management team were all very knowledgeable about the requirements of their roles but also of the latest best practice guidance and legislative requirements. Staff knowledge had increased and they felt empowered and motivated to continue to improve the care.
- There were extensive quality assurance measures in place such as multiple auditing systems, improved staff handover systems and spot checks of practice. An electronic care planning system had been introduced. The audit information was very detailed and analysed each individual person's information as well as helping to identify overall trends. The registered manager had used the information to implement a robust improvement and development plan, which was regularly reviewed and shared with the CQC and the local council
- However, the inspection findings did show some areas in the systems that required further development as they had not identified all discrepancies. The registered manager had rectified these during the inspection but they were yet to be tested to see how effective the changes had been.

Continuous learning and improving care

- The registered manager promoted continual learning with the staff team. They used bespoke training sessions. Brief summary information about what they had learnt was written on laminated cards, placed on key rings for staff to keep helping to remind them. The registered manager also reflected on various scenarios about care practice to help staff develop their knowledge and skill. They also encouraged regular self-reflection of staff practice in supervision as well as seeking feedback from staff on their own performance.
- They had started to empower staff to take ownership for their roles and build the skills required to lead a shift, in particular for senior care staff. This had resulted in an increase of knowledge, but staff were not always confident about implementing this.
- Staff told us how morale had greatly improved and they had been able to develop their knowledge and skills with the registered manager's support. Staff felt able to request any additional training that they thought would benefit their practice and the people they supported.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team promoted a culture of person focused care. They made an effort to spend time talking to people and role modelling the importance of finding out people's preferences, interests and feedback. One person told us that they preferred to stay in their bedroom and keep to their own company but that activities staff often came by to chat to them and see if they wanted to join in or do anything.
- People and relatives all spoke highly of the recently appointed registered manager and the positive impact they had on the quality of care. People told us the registered manager and staff were approachable and friendly. A relative told us, "The [registered manager] is [name] who is fairly new and [name] is the deputy manager. Both are brilliant. They are so approachable and helpful, it is unbelievable." Another relative said, "I think the new [registered manager] is excellent and has great ideas, and their communication with the residents and relatives is also excellent. They have team meetings every morning setting out priorities for the day including the [housekeeping] staff as well. The deputy manager is very efficient, and the team of senior staff always seem to know what is going on."
- Relatives felt able to speak to the registered manager and that they would listen. They told us they had noticed changes for the better in the service. One relative said, "It seems more organised and less haphazard now." Another relative told us, "[The provider] has put a lot of money and time into updating and upgrading the service with decorating etc."
- Relatives said they had confidence in the management team to provide good care for their family members.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their need to be open and share information and outcomes with the relevant people when something had gone wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives and the staff team. They were open with us about plans for continued improvements and the development of staff.
- Relatives told us how the registered manager apologised to them when their family member had an accident. Another relative said, "If there is any problem, I get a call. [The registered manager] listens to my concerns and are honest."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff told us how staff engaged them to review the service and felt the management team were all approachable and accessible any time. They felt confident they had a voice and would be

listened to and their feedback acted on. They were happy to make suggestions for change. A relative told us, "I would say that the communication is improving greatly since [registered manager] came in. It was satisfactory before, but it is better now. They are always there and available and will go out of their way to deal with things. There are always regular emails and newsletters each week."

- People were involved in choosing the new décor and ideas for improvement in the service. This was discussed at monthly meetings and then added to the improvement plan. Relatives felt the improvements had added to the atmosphere. One relative told us, "It is a friendly, relaxed and organised atmosphere. For me, it is the friendliness of the place that stands out."
- The staff team received regular supervision and felt this was beneficial. Staff told us they felt very supported by the management team and respected by the new registered manager. They understood it was hard to adjust and were working hard to support the changes being implemented.

Working in partnership with others

- The staff team worked with a variety of health professionals to ensure people's needs were being met. They also worked with the local authority to continue to develop areas that had previously been identified as requiring improvement. Professionals gave positive feedback about the improvement they had found in the service and care delivery.
- One professional told us, "I have seen significant changes, which are all positive. The deputy manager is very competent, and they have a team of staff who are competent in looking after [people]. Recently the care home management has appointed a new manager who I also found has a good understanding of how the care home should be run. I particularly do not have any concerns with the management of the home and the care given." Another professional said, "The new [registered manager] is very engaging, open and honest and keen to improve the care provided at The Limes. The deputy manager is very capable of running the [service] in [registered managers] absence and has a good relationship with the local GP practice."
- During the inspection, we observed staff working with community health care professionals and paramedics. They were efficient and professional and ensured the people involved in the care were well supported, reassured and their best interests considered.