

Roseville Care Homes Limited

Limetree House Upper Poppleton

Inspection report

Chantry Green, Main Street
Upper Poppleton
York
North Yorkshire
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Tel: 01904795280

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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

About the service

Limetree House Upper Poppleton is a care home providing personal care for up to 26 older people. At the time of our inspection 22 people lived at the service.

People's experience of using this service

We received positive views from relatives and healthcare professionals about the support provided to people. Care and support was tailored to each person's needs and preferences. People and their relatives were fully involved in developing and updating their planned care.

People were supported with activities and interests to suit them and to aid their independence. Staff knew people's likes, dislikes and personalities well.

Staff demonstrated effective skills in communication. Recruitment checks were in place to ensure staff were suitable to work at the service. Staff had received training and support to enable them to carry out their role. People, relatives and professionals felt staff were skilled to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People received their medicines on time and their health was well managed. Staff had positive links with healthcare professionals, which promoted people's wellbeing.

The registered manager was approachable. All feedback was used to make continuous improvements to the service. The provider had systems in place to safeguard people from abuse and staff knew how to minimise risks.

The property was undergoing planned refurbishment. This left some areas which did not meet best practice for infection control. The registered manager assured us action would be taken to improve these areas until the refurbishment was completed.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 4 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Limetree House Upper Poppleton

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 Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Limetree House Upper Poppleton is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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.

Notice of inspection

This inspection was announced. We called the service the night before as we wanted to make sure staff were available to support the inspection.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider sent us a provider information return before the inspection. This is information we require providers to send

us to give some key information about the service, what they do well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, a senior care assistant and a care assistant. We spoke with four people, four friends and relatives and one visiting professional. We looked at three people's care records in full. We reviewed people's medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for two members of staff, staff training records, policies and procedures and records of complaints.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff understood safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary.
- People felt safe. One person told us, "I feel relaxed here and I do feel if something happened, staff would come quickly."

Staffing and recruitment

- There were enough staff available to meet people's needs. People told us, "I haven't had a problem with being kept waiting. The staff answer call bells quickly."
- Checks were in place to ensure staff were recruited safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood and recognised potential risks to people. Care plans and risk assessments contained explanations of the control measures and strategies for staff to follow to keep people safe.
- Some detail had not been fully transferred from paper to electronic care plans. The registered manager was keeping paper care plans in place until they were confident all information has been successfully transferred over. The registered manager said they would update the care plans we looked at immediately.
- Accidents and incidents were responded to appropriately. The registered manager reviewed all incidents and had considered lessons learnt and implemented changes when necessary.

Using medicines safely

- Medicine arrangements were safe and managed appropriately; people received their medicines when they should. One person told us, "I am happy with the way my medication is administered."
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines were required.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- The environment was undergoing planned refurbishment. Some changes to bedrooms had already been made. New bathrooms, decorating and building work was scheduled. Some areas of the home scheduled for refurbishment did not meet infection control best practice, for example sealed flooring to allow effective cleaning. The registered manager assured us they would address the concerns.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff felt supported by the registered manager and deputy manager and told us they could approach them at any time for advice or support.
- Staff received regular supervision and annual appraisals.
- People were supported by trained and supported staff. A staff induction and training programme was in place.
- Staff attended regular training. One person told us, "I get the feeling that staff here are in the right job. They know what my needs are and do a good job."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed and care and support was regularly reviewed.
- Care and support was planned, delivered and monitored in line with current best practice and evidence based guidance.
- The service provided a homely environment which met people's needs. People were involved in making decisions about the environment including decorating their own bedrooms and communal areas.
- People's bedrooms reflected their personalities.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain a balanced diet. One person told us, "The food is very good, and the choice is good. If I don't want what they have on offer, they ask me what I want."
- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals. One person told us, "If I am not well, I talk to a senior person. They will make me an appointment with the doctor, or the doctor will visit."

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

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were treated with kindness; they were actively listened to and their choices respected. One person told us, "The staff treat me in a friendly manner, and they treat me on an equal level."
- Staff were friendly and showed a passion for providing a good quality service. One person said, "I like all the staff they are very kind. One staff is particularly good to me."
- Staff knew people's personalities, diverse needs, and what was important to them. People told us, "Staff have a good approach towards me. They know if I am having a bad day. They are aware of all my ailments and talk to me."

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

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives.
- Where needed staff sought external professional help to support people to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. Staff provided examples of how they promoted people's dignity.
- People's right to privacy was respected and reflected in care planning. A relative told us, "I have heard staff knocking on people's door before entering and I have heard them explaining to people about personal care."
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported people to do things for themselves. One person told us, "I do help to keep my room clean. I vacuum my room."
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs and information on how best to meet their preferences were identified, met and reviewed. Some records could have contained further information to ensure they reflected personalised care. The registered manager assured us this would be addressed with staff.

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

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- People regularly engaged in activities within the home. A relative told us, "There is a lady who does activities with people, for example, baking, bingo, quizzes and they have people who come and sing to the residents."
- People were also encouraged to invite family and friends to visit them. A relative told us, "It was [Name of person's] birthday last week. They made cakes and had a birthday party. The social activity this week is about sports relief. They put photos on social media, but they never identify residents. It is a good way for relatives to keep in touch and see what is going on."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and reasonable adjustments made. Information was presented in a way people could understand.
- Information in people's care plans supported staff to understand people's forms of communication.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to any complaints. The complaints procedure was available within the service, including in an easy read version.
- People and relatives knew how to make complaints. One person told us, "If I had a complaint, any of the staff here would pass it on to a senior person and they would come and see me straight away. I haven't had to make one yet but feel confident it would be dealt with."

End of life care and support

- At the time of the inspection no one was being supported with end of life care.
- People's end of life care wishes was recorded.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood their legal responsibilities to ensure regulations were being met.
- People, their relatives and professionals had confidence in the registered manager and found all staff to be approachable.
- Regular checks ensured people were safe and happy with the service they received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider demonstrated a commitment to providing person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in discussions about their care and invited them to relatives' meetings. A relative said, "We do know about them [relatives' meetings], they do take place. We haven't been able to attend recently, but we did attend the one about the refurbishment. They had the plans on display and talked about what was happening. We found it an informative evening."
- People had opportunities to be involved in developing the service. Staff, people and their relatives were asked to complete a quality assurance questionnaire. Feedback was summarised, and action taken where people had made suggestions.
- Staff told us the registered manager was approachable and would listen to their concerns or ideas. A person told us, "They have the right people in charge here."

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 was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service worked closely with key organisations and had good links within the local community to ensure good outcomes for people. One visiting professional told us, "The staff work really well with us. I think it is a really good service."