Care Quality Commission

Oldham Care and Support at Home Ltd

# Limecroft Resource Centre

## Inspection report

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## Ratings

| Overall rating for this service | Good |
|---|---|

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

# Summary of findings

## Overall summary

This was unannounced inspection which took place on 1 and 3 March 2015.

Limecroft Resource Centre provides respite accommodation and assessment following hospital stay for up to twenty people who live with their families or unpaid carers. 3 people regularly used the service at the time of our inspection, for regular and emergency respite for a number of days per year based on local authority assessment of needs. There were twelve people staying at Limecroft Resource Centre when we visited.

The service is provided in a large, two-storey purpose-built building that is accessible for people who use wheelchairs or have other mobility limitations. There were five en-suite rooms and there is a garden for people to use.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the service provided safe, care that met people's needs. Risks associated with people's support were assessed and guidelines put in place to reduce those risks.

People and their relatives were very positive about the caring nature of the staff at Limecroft Resource Centre.
People were encouraged to express their preferences about their support and there were systems in place to ensure people who did not always communicate verbally could have their say. Staff were caring and compassionate.

We have made a recommendation about care plans detailing the personal preferences of people who use the service.

Staff received appropriate support through training, supervision and appraisal of their work.

Staff knew what to do to keep people safe. There were appropriate procedures in place to ensure they knew how to report any concerns about people and these were acted upon.

Staff supported people to eat nutritious food and access health care facilities when they needed to. Staff received appropriate training and support to ensure they met people's needs safely and were competent for their roles.

We saw that staff were caring, kind and compassionate.

We have made a recommendation about the provision of activities for people staying at Limecroft Resource Centre.

The registered manager sought feedback about the service from people, their relatives and carers. People knew how to complain if they wished to. The registered manager checked the service regularly and made changes to improve the service where identified.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Good**

The service was safe.

People were supported by staff who knew about their needs and the risks associated with their support.

There were enough staff to keep people safe.

Staff knew what to do if they had concerns about people. There were emergency procedures in place for staff to follow

### Is the service effective?

**Good**

The service was effective.

Staff were trained and supported to perform their jobs.

Consent was obtained before support was provided and staff were aware of, and worked within, the principles of the Mental Capacity Act 2005.

Staff supported people to maintain good health through providing appropriate nutrition and supporting people to access health care facilities when required.

### Is the service caring?

**Good**

The service was caring.

Staff knew people well and there was a positive atmosphere in the service.

Staff knew how to support people in ways that maintained their privacy and dignity while respecting their preferences.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Care plans were not person-centred and lacked detail.

Reviews of care plans and current assessment needs were up-to-

date and reviewed weekly

People knew how to complain when they wished to and the service responded to complaints appropriately.

Lack of activities for people staying at Limecroft Resource centre

## Is the service well-led?

Good

The service was well-led.

The registered manager sought and acted upon feedback on the quality of the service.

Staff knew what their responsibilities were and there were systems in place to support this.

The registered manager conducted regular checks and audits to improve the service people received, and was well-supported by the provider organisation.

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# Limecroft Resource Centre

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 3 March and was unannounced.

Before the inspection we reviewed information we held about the service including safeguarding alerts, and notifications of events that affect the service. We also spoke with a local authority commissioner to gather their views. We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local commissioning team and the local Healthwatch organisation to obtain their views about 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. Healthwatch and local commissioners told us they had no concerns with Limecroft Resource Centre

During our time in the home we observed the care and support being provided to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for 3 people who used the service and the Medication Administration Record (MAR) charts for 6 people. In addition we looked around the service and reviewed a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

Over the two day inspection we spoke with four people who used the service, however some were unable to tell us about their experiences due to their complex communication needs so we observed the care and support they received from staff. We also spoke with three relatives who visited on the second day of the

inspection. We spoke with six care workers, the registered manager, the service manager and a social worker who visited the service regularly.

Good

# Is the service safe?

## Our findings

People and their relatives told us they felt safe staying at Limecroft Resource Centre. A relative told us, "I have no concerns about [my relative] staying here. They are treating her well, she seems safe and we don't have any concerns leaving her here."

Risks associated with people's support were assessed and staff knew how to support people safely. Each person's care and support records contained a number of risk assessments, such as moving and handling, personal care and specific risks associated with the premises. Where necessary, risks associated with people's specific conditions, such as epilepsy and diabetes, were assessed with clear guidelines for staff on what do in an emergency.

The internal financial auditing system and daily checks carried out by staff ensured that people's money was managed appropriately during their stay at the service.

One person who used the service exhibited challenging behaviours at times. Records showed that where people were known to exhibit such behaviours, staff had assessed the risks and response plans were in place. We saw that each instance of such behaviours was appropriately recorded and monitored to ensure people were safe. Staff and the registered manager told us, and records confirmed that restraint was not used as a response strategy for people when they exhibited such behaviours. Records showed that staff had been trained in understanding and responding to challenging behaviours.

Staff knew what to do if they had concerns a person was being abused. Records showed that all staff had been trained in safeguarding awareness with regular refresher training. One staff member told us, "Safeguarding is when you're working with vulnerable adults and you notice a practice that's not right you need to report it immediately to your manager or the local authority." Contact details for reporting concerns were displayed on the noticeboard in the service's office, which all staff had access to. Our records showed that the registered manager had responded appropriately to any allegations of abuse and had cooperated with investigations undertaken by the local authority's safeguarding adults' team.

People were protected from the risks associated with medicines as medicines were properly managed by staff. The service had a medicines cupboard which was kept locked when not directly in use. We checked medicine administration records (MARs) and these were completed correctly and medicines stocks tallied with what was written on the MARs. Staff training records showed that all staff had been trained in medicines management and undertook regular refresher training.

There were enough staff to keep people safe. The rota was flexible depending on the needs of the people who stayed at Limecroft Resource Centre.

The provider operated a robust recruitment procedure to ensure people were supported by suitable staff. Staff personnel records showed that each applicant was appropriately vetted by the provider organisation's human resources manager through a Disclosure of Barring Service (DBS). A DBS check identifies people who

are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw evidence that staff members were not assigned any work until the appropriate clearance from the DBS had been received. Staff files also included recruitment details, supervision records and training certificates, an application form detailing their work history in health and social care, at least two verified references and checks of the applicant's identity and right to work in the United Kingdom.

The provider had a disciplinary policy and procedure which was comprehensive so that suitable action would be taken if a staff member did not carry out their job appropriately. Records showed that the registered manager took appropriate action when there were concerns about a staff member's performance at work.

We looked at some of the bedrooms and found that they were maintained to a safe standard and were clean. The provider had suitable arrangements to ensure people were protected from the risk associated with hot water. There were suitable measures in regard to fire safety such as fire extinguishers and fire blankets and an up to date fire risk assessment. We saw that evacuation procedures were clearly displayed on each landing of the stairs and appropriate emergency equipment was properly maintained. A personal evacuation plan (PEEP) had been completed for each person who used the service; this documented the support people would need in the event of an emergency at the service.

The service had plans in place for foreseeable emergencies. First aid kits were well stocked. Staff were trained in first aid procedures and knew what to do in an emergency.

There was petty cash available to staff if they needed to buy emergency items people needed at short notice.

There was an on-call system in place for management support outside office hours and staff had telephone numbers of senior staff that they could call for assistance and advice in emergencies.

The service held contact details for GP, next of kin and other emergency contacts for each person who used the service so they were able to contact the right people for advice in an emergency.

Good

# Is the service effective?

## Our findings

People and their relatives told us the service met their needs. One relative said, "They are really good here. The staff here are well-trained and [my relative] has a smile on their face every time I visit." A care worker told us, "We try to stick to the person's routine that they have at home. They are staying with us for a short period of time to assess their needs, so we have to make sure it feels like home from home."

Staff received appropriate support through training, supervision and appraisal of their work. Records showed that staff had been trained in many topics of relevance to their work such as moving and handling, health and safety, infection control, food hygiene, fire safety and professional boundaries. They had also been trained in topics specific to the need of the people they supported, for example epilepsy awareness, and dementia awareness.

The registered manager told us "I want all the staff to feel valued, it's a really good service and to provide training to skill all staff in the jobs is important. On the day of inspection we observed senior managers, day staff and night staff attend a specific on-going training from the local District nursing team in Pressure Care Training.

Staff held appropriate qualifications in health and social care, or were working towards them with support from the service. Records showed that new staff employed underwent a suitable induction programme which included shadowing more experienced staff and working through the new Care Certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

Records showed that staff had quarterly supervision meetings with the registered manager to discuss their work, changes in people's needs and any development needs the staff member may have. Annual appraisals, in which the staff member and the registered manager reviewed their work for the year and set objectives for the coming year, took place and were recorded. Staff told us they valued these opportunities to discuss their work and the registered manager was "Very approachable and always there if you need advice and guidance".

The service had appropriate procedures in place for obtaining people's consent to their support and a separate consent form to take photographs. Some people who used the service did not communicate verbally; we asked staff how they ensured people agreed to their support. One care worker told us, "Even when people can't communicate verbally you watch for body language, noises they make, hand gestures and if these are negative you stop what you are doing."

The registered manager had been trained in the requirements of the Mental Capacity Act 2005 and had passed this training on to staff. Staff knew what steps to take to ensure people could understand and agree to their support, and we saw records of best interests meetings that had taken place when people did not have the capacity to agree to their care and support. Deprivation of Liberty Safeguards (DoLS), where people are lawfully deprived of their liberty for their own safety, were in place for several people who used the

service. The registered manager knew the appropriate procedures to follow if they thought people needed protection through DoLS.

People were provided with a choice of suitable and nutritious food and drink. People and family members we spoke with all said the food provided was of a good standard. Staff told us that a nutritional assessment was carried out on admission, which included assessment of risk and the need for assistance. Staff supported people to eat a well-balanced diet that met their needs. Menu records showed that staff offered people choices about what they could eat at tea time however at lunch time the meal was outsourced to Age UK and was prepared offsite and delivered daily. We looked through the kitchen and saw that fresh fruit and snacks were freely available for people to help themselves. Staff told us that they assisted some people with their meals. When people needed individual support to eat and drink, staff provided this in line with the principles of dignity in nutrition. We observed one staff member support someone to eat and they sat in front of the person at their eye level and did not rush the person while they ate.

Staff supported people to access health support when necessary, although as the service provided respite support only this did not occur very often. People's records contained hospital passports so should the person be admitted to hospital from Limecroft Resource Centre, hospital staff are provided with relevant information about the person and their needs. We saw that appropriate information was passed on to healthcare professionals and the person's family or carers when medical assistance had been sought for the person.

The building was fully accessible for people with limited mobility. Bathrooms had appropriate equipment such as a hoisting bath. Shared bathrooms and toilets were spacious enough to manoeuvre wheelchairs and hoists. Appropriate signage was in use to identify communal bathrooms and living spaces.

Good

# Is the service caring?

## Our findings

People and their relatives were very positive about the caring nature of the staff at Limecroft Resource Centre. One relative told us, "[My relative] was admitted for the first time, the staff and home is just friendly, everyone makes you feel welcome." Another relative told us "We are first time visitors, the staff are very helpful, [my relative] seems cared for, seems clean."

Staff developed positive, meaningful relationships with the people they supported. We observed interactions between staff and people and saw that staff were caring, kind and compassionate. One care worker told us, "I really do like it here; we get to meet different people and support them to become more independent before they move on." Staff knew people well and interacted in a dignified manner. The registered manager told us "I just really want us to provide a really caring and quality service for the community".

We observed staff involving a person in making decisions about their care and their involvement in developing their care records. We observed one staff member ask a person if they wanted to go for a walk or if they preferred to stay in the lounge. The person responded by saying "I'm happy in the lounge". The care worker then sat and talked to the person and engaged with them on a one to one basis. The care worker demonstrated a caring attitude listening to the person in a reassuring manor.

Care plans reviewed were not person centred, there was a lack of information recorded for people's preferences about the care and support they received. Although not recorded we observed care staff interacting and spending time with people to get to know there likes and dislikes, and understand people's daily habits in order to provide person centred care.

The staff we spoke with demonstrated a good knowledge of the people they supported. When we asked them how they knew what was important to the people they supported they said they read the care plans, and asked family members. One care staff member said "I ask people what they like and give them choices and talk to their families when they come to visit". They said they would make sure any new information they received was added to the care plan and passed on to the deputy so that it was communicated to all staff during handover, so that all staff were aware of it.

The atmosphere in the service was relaxed and staff used humour in a positive way. Staff observed acted in a caring way, and were friendly and supportive.

Staff respected people's privacy and dignity. Staff responses to our questions showed that they understood the importance of respecting people's dignity, privacy and independence. For example they gave clear examples of how they would preserve people's dignity and privacy. One care worker told us "Confidentiality is important and I always make sure people are given as much privacy as possible especially when supporting with personal cares". We saw staff knock on people's doors before they entered their rooms and observed a care worker discreetly ask someone if they wished to use the toilet, supporting the person in such a way as to maintain their dignity.

Relatives and or carers of people who used the service were able to visit the service with no restrictions and were able to move around the service freely.  There were two lounges available for family members to spend private time with their relative.

Requires Improvement

# Is the service responsive?

## Our findings

People told us the service was responsive. A relative said, "Any changes are implemented straight away. They are very good at communicating with us so we know what's going on with [my relative]." Another relative told us "They call me up if they need to ask me a question about [my relative]." Staff were knowledgeable about the people they provided care for.

The registered manager told us that when a person was first referred to the service they and their families or carers visited the service to decide if it was suitable for them. The registered manager told us, "It completely depends on the person's needs. We have to be flexible so that people are happy to be here."

In the care files we reviewed we found each person's needs had been assessed and care plan developed to meet their needs. Care plans and risk assessments had been agreed with the person, and their family or carers where appropriate, before support started.
During peoples stay at Limecroft Resource Centre the manager and staff added to the assessment information and updated care plans. The assessment process took as long as required to ensure people's needs were assessed. Records showed that people's care plans and risk assessments were reviewed and updated when the person's needs changed.
Records showed that keyworkers were responsible for liaising with the person's family, professionals involved with their support, or other service providers when they were involved. They also ensured the person's care records were kept updated when there were changes to their support. However the records were not person centred, there was a lack of information recorded for people's preferences about the care and support they received. For example; people's likes and dislikes, preferences, things of importance, past history, and the desired outcome for each element of support required. We were told by the registered manager that often it was difficult to obtain a detailed care plan, as some people only used the service for a period of two weeks; therefore capturing all the information in detail was difficult. We recommend that care provider reviews the information recorded in care records to provide greater detail in relation to the preferences of people who use the service..

We saw that there were activity resources available for people and an activity plan on display in the main reception area, however we observed no activities being carried out during both days of the inspection. We did observe people chatting to one another and the carers. The radio being played which created a very relaxing environment, and people watching TV in the lounges. We asked the registered manager about the lack of activities who told us the activity coordinator was on leave and no activities had taken place for the past two weeks. We recommend that contingency plans are in place to allow for activities to be available consistently even when the activities co-ordinator is unavailable.

The registered manager encouraged people, their relatives and carers to provide feedback about the service they received. Regular surveys of the service and reviews were carried out during a person's stay and on discharge.

A copy of the service's complaints procedure was provided to people when they first stayed at Limecroft

Resource Centre and was on display in the main reception area. A record of complaints people had made was maintained and demonstrated that the service dealt with complaints in a timely way and in line with the procedure. We noted that following feedback from relatives about clothes going missing when people stayed at the service. The service had made changes to the way clothing and laundry was managed and a new system introduced to reduce the likelihood of clothes going missing. Minutes of staff meetings also confirmed that the issue had been discussed with staff.

Staff were knowledgeable about the complaints procedure and were confident about dealing with any concerns, complaints or comments people made.

Good

# Is the service well-led?

## Our findings

People and their relatives thought the service was well-led. A relative commented on a questionnaire we viewed that they were "Very happy with the way [the registered manager] runs Limecroft". A care worker told us, "[registered manager] is a good manager, I can go to her if I have concerns, I receive regular supervision every three months". Another care worker said "I love it here, we got a good team, I love coming to work".

There was an open and transparent culture at the service. Records showed that accidents and incidents were properly recorded and reviewed and changes and improvements made to the service as a result. Staff were encouraged to contribute to the development of the service through regular staff team meetings at which issues were discussed. Systems were in place for staff to communicate openly and honestly and ensure that any pertinent issues were handed over at shift changeovers in handover meeting and recorded in the communication book.

The registered manager was appropriately qualified and experienced for their role, and ensured that all of the requirements of the service's registration with CQC were fulfilled. For example, statutory notifications of events that affect the service were appropriately completed and submitted in a timely manner.

People who used the service and their relatives spoke positively about the registered manager. One person told us "I know who the manager is she is approachable and she listens."

The registered manager had a robust system of checks and audits in place to monitor and improve the quality of the service people received. All checks were appropriately recorded and the provider organisation's Service Manager monitored these. We saw that action was taken as a result of these checks, for example, a medicines audit had resulted in clearer guidelines for staff whilst people stayed at the service being developed.

There was a clear structure in place at the service and staff knew their responsibilities. Each shift had a shift leader who had overall responsibility for the service during their shift. There was a shift plan to ensure they knew and met their responsibilities.

Records we looked at showed regular staff meetings had taken place. All the staff we spoke with told us they felt they were able to raise any issues or concerns at these meetings and that any suggestions they made to improve the service were listened to by the registered manager. We saw that separate meetings were held for care staff and for the managers. The staff we had discussions with spoke positively about working at the home. They told us the management team were supportive and approachable. A care staff told us "I have a good working relationship with all the managers and [registered manager] is a good listener, any issues and she deals with it immediately".
Feedback from people who use the service, their relatives and staff was encouraged and acted upon. We saw that the registered manager asked people who used the service and their families to complete a questionnaire on the 3rd day of their stay. The responses were collated and a report produced and distributed. The questionnaires and reports we reviewed showed that 100% of people who responded were

satisfied with the service. Comments included "Smashing."

Most recent staff survey results from January 2016 showed that out of 18 staff members five staff felt that the standards of care were excellent, 4 staff raised concerns in the questionnaires which had been dealt with. The concerns raised were regarding the lay out of the building, and having more than two admissions on any one day. All 18 staff members felt that they would be able to raise a concern if necessary.

Records within the service were well-organised and people's personal information was kept confidentially. The registered provider demonstrated an understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service.

The Centre's statement of purpose and a service user guide were on display in the reception area with the complaints procedure.