WCS Care Group Limited

The Limes

Inspection report

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Date of inspection visit:
23 March 2016

Date of publication:
29 June 2016

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?	Outstanding

Summary of findings

Overall summary

We inspected The Limes on 23 March 2016. The inspection visit was unannounced.

The service was last inspected on 27 May 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Limes provides accommodation for people in a residential setting and is registered to provide care for up to 30 people. There were 26 people living at the home when we inspected the service. People were cared for over two floors.

A requirement of the provider's registration is that they have a registered manager. 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 and associated Regulations about how the service is run. There was an experienced registered manager in post at the time of our inspection who had been at the service for several years. We refer to the registered manager as the manager in the body of this report.

The home was divided into two separate 'households', each with their own lounges and dining rooms. This provided people with several communal areas to meet. Each household was individually supported by a care co-ordinator who was part of the duty management team. This ensured each household was supervised and staff were supported by a management team that was available seven days per week.

People's needs and their wishes were placed at the heart of the service. This philosophy and the provider's vision and values were understood and shared across the staff team. People were supported to maintain their purpose and pleasure in life. People planned their own care, with the support of their relatives and staff. This ensured their care plans matched their individual needs, abilities and preferences, from their personal perspective.

Excellent quality assurance procedures were in place across the provider's group of homes to exploit learning opportunities wherever possible. Information was shared across each of the provider's homes to ensure lessons learnt drove forward improvements. All the staff were involved in monitoring the quality of the service, which included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence. There was a culture within the home to learn from feedback, audits, and incidents to continuously improve the service provided.

People who used the service and their relatives, were encouraged to share their views about how the service was run. People knew how to make a complaint if they needed to and the complaints received at the home were fully investigated and analysed so that the provider could learn from them. The provider used the information from complaints to improve their service by acting on the feedback they received.

The provider was innovative and creative and strived to improve the quality of people's lives by working in partnership with experts in the field of dementia care. Planned improvements were focused on improving people's quality of life.

Care staff treated people with respect and dignity, and supported people to maintain their privacy and independence. People made choices about who visited them at the home. This helped people maintain personal relationships with people who were important to them.

People were supported with their health needs and had access to a range of healthcare professionals where a need had been identified. There were systems in place to ensure that medicines were stored and administered safely. People were encouraged to eat a balanced diet that took account of their preferences and, where necessary, their nutritional needs were monitored.

The manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The manager had made applications to the local authority where people's freedom was restricted, in accordance with DoLS and the MCA.

Staff received training in safeguarding adults and understood the correct procedure to follow if they had concerns. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there. The manager and staff identified risks to people who used the service and took action to manage identified risks and keep people safe.

There were enough staff employed at the service to care for people safely and effectively. New staff completed an induction programme when they started work to ensure they had the skills they needed to support people effectively. Staff received training and had regular meetings with their manager in which their performance and development was discussed.

People were supported in a range of activities, both inside and outside the home. Staff were caring and encouraged people to be involved in decisions about their life and their support needs. People made decisions about their environment and choose how their bedroom was decorated which made it personal to them.

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 felt safe living at The Limes. Staff had been recruited safely and there were enough staff available to meet people's needs. Staff identified risks to people and took appropriate action to manage risks and keep people safe. People were protected from the risk of harm as staff knew what to do if they suspected abuse. Medicines were stored and administered to people safely.

Is the service effective?

Good

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected because important decisions were made in their 'best interests' in consultation with health professionals. People received food and drink that met their preferences and supported them to maintain their health.

Is the service caring?

Good

The service was caring.

People were comfortable around staff and described them as being friendly and caring. People spoke positively about the care and support they received. People's privacy and dignity were respected. People were supported to maintain their independence and to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

Care plans provided staff with the information they needed to respond to people's physical and emotional needs. People and their relatives were involved in the development of care plans which were regularly reviewed. People were encouraged to take

part in activities and follow their interests. People were able to make complaints about the quality of the service which were analysed to identify areas where the service could be improved.

Is the service well-led?

Outstanding ☆

The service was very well led.

The home was well led by a management team that was approachable and accessible. There was a culture within the home placing 'people' and their needs at the heart of the service. The manager and provider sought feedback about how the home could be improved through people and recognised specialists in care. Excellent quality assurance procedures were in place to ensure lessons learnt drove forward improvements. All the staff were involved in monitoring the quality of the service, and there was a culture within the home to learn from feedback, audits, and incidents to drive forward 'best practice'.

The Limes

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 visit took place on 23 March 2016 and was unannounced. This inspection was conducted by one inspector, a specialist advisor, and an expert-by-experience. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge of health care needs for older people.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and information from the commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who find appropriate care and support services which are paid for by the local authority.

We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make. We found the PIR reflected the service provided.

Many of the people who lived at the home were not able to tell us in detail, about how they were cared for and supported because of their complex needs. However, 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 spoke with eight people who lived at the home, one person's relative and two visiting health professionals. We also spoke with three care staff, a housekeeper, an activities co-ordinator and several members of the management team including the registered manager, two care co-ordinators and the head

of care and quality.

We looked at a range of records about people's care including four care files. We also looked at other records relating to people's care such as medicine records and fluid charts that showed what people had consumed. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We also looked at personnel files for three members of staff to check that safe recruitment procedures were in operation, and that staff received appropriate support to continue their professional development.

Good

Is the service safe?

Our findings

There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to ask for assistance from staff when they wanted support. This indicated they felt safe around staff members. People told us, or indicated with smiles and hand gestures they felt safe at the home. Comments included, "Yes I do feel safe, staff assist me in and out of the shower and I always feel safe." "I really can say I feel safe, it's like home from home." "I feel safe here, it's very nice."

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Staff attended safeguarding training regularly which included information about how they could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about someone's safety. The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed about the outcome of the referrals and any actions they had taken that ensured people were protected.

The provider's recruitment process ensured risks to people's safety were minimised because checks were made to ensure staff who worked at the home were of a suitable character. Staff told us and records confirmed, Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The manager had identified potential risks relating to each person who used the service, and care plans had been written to instruct staff how to manage and reduce the risks. The risk assessments we looked at were detailed, up to date and were reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person needed assistance to move around. The care plans informed staff how the person should be assisted and included the number of staff required to support the person safely and consistently. Information was included on the equipment staff should use, including the specific size needed for the individual. Staff confirmed they referred to the information in risk assessments and care records to manage risks to people saying, "The risk assessments tell us how we should minimise risks to people to ensure their safety." We observed one person being assisted to move by staff, who followed the guidance provided in the person's risk assessment. The staff used the recommended equipment appropriately and supported the person with two members of staff as instructed. The person was moved safely and was relaxed during the procedure.

The provider had taken measures to minimise the impact of unexpected events happening at the home. This was to ensure people were kept safe and received continuity of care. For example, emergencies such as fire and flood were planned for so any disruption to people's care and support was reduced. People who lived at the home had an up to date personal emergency evacuation plan (PEEP) to instruct staff and the fire service about how they should be supported when evacuating the building.

People and their relatives told us there were enough staff to meet people's needs safely. One person stated, "Yes, I think there are enough staff." Staff agreed that generally there were enough staff to meet people's needs, with one member of staff saying, "There are enough staff most of the time." We observed there were enough staff during the day of our inspection visit to care for people effectively and safely. Staff responded to people's requests for assistance in a timely way. For example, when an emergency call bell was activated, two members of staff rushed to the person's aid immediately to offer their support. We saw that in addition to the care staff on shift, the manager and a duty manager were available to cover care duties at the home when needed.

The manager told us staffing levels were determined by the number of people at the home, their needs and their dependency level. Each person had a completed dependency tool in their care records which assessed how much care and support they required. Dependency tools were assessed and reviewed each month, or when people's needs changed. The provider and manager used this information to determine the numbers of staff that were needed to care for people safely on each shift and on each floor. The provider told us the dependency tool was being reviewed at the time of our inspection visit to ensure this continued to provide them with the information they needed to staff the home effectively. We found staffing levels reflected the identified needs of people.

We noted that during the night two members of care staff were on shift, one member of staff was assigned to each floor of the home. The staff members assisted each other across the two floors and worked together, for example, where people needed two members of staff to assist them to move around safely. A member of staff told us, "I don't think two staff at night are enough because there is only one member of staff on each floor. However, staff support each other and the staffing levels at night have been under discussion recently." We asked the manager whether this level of staffing meant people were left unattended, or needed to wait for support from staff. The manager said, "There are enough staff to care for people safely." They explained, "There is only one person here who requires a hoist to move around which is rarely required at night. Most people are mobile so the numbers of staff are adequate to support people. If staff need extra support they can call a manager who lives close by. They [the manager] would always come in to assist staff in an emergency or when needed."

People's medicines were managed safely and only administered by staff who were trained and continually assessed as competent to do so. Medicines were stored safely and securely in line with best practice and manufacturers' guidelines. Regularly prescribed medicines were delivered by the pharmacy in named, sealed pots, colour coded for the time of day they should be administered with an accompanying medicines administration record (MAR) and a picture and description of each medicine in the pot. Each person's MAR included their photo, the name of each medicine and the frequency and time of day it should be taken, which minimised the risks of errors. Administration records confirmed people received their regular medicines as prescribed. Daily and monthly medicines checks were in place to ensure medicines were managed safely and people received them as prescribed.

We saw staff responded appropriately to review administration procedures when required. For example, one person had been prescribed antibiotic medicine for a health condition. On the day of our inspection visit the morning dose of this medicine had not been given to the person. A member of staff explained the person had not received their medicine because they were still asleep at the time the morning dose was due. They intended to give the person their medicine when they woke. We were concerned the person would then be given two doses of their medicine within a two hour period. Antibiotics are given at regular intervals throughout the day to ensure they are effective. When we raised our concerns with staff they admitted they had not taken this into consideration as this was a new situation for them. They responded immediately and held a discussion with the manager to review the timings of the doses to take into account the person's

sleep pattern. The manager agreed to share their learning across the provider's group of homes to prevent similar situations from developing in the future.

Some people required medicines to be administered on an "as required" basis, such as pain relief medicine. There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently. For example, information was provided to staff about each person's needs and how staff should assess people's pain levels if they were unable to communicate verbally. We observed staff following these protocols and asked people if they were in any pain before administering the medicine.

Good

Is the service effective?

Our findings

People told us staff had the skills needed to support them effectively and safely. One person commented, "Staff know what they are doing. I think they are exceedingly kind and considerate." Another person told us, "I know the staff go for regular training."

Staff told us they received an induction when they started work which included working alongside an experienced member of staff, and training courses tailored to meet the needs of people who lived at the home. One member of staff said, "My induction training was good, it gave me the skills I needed to support people." The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. This demonstrated the provider was following the latest guidance on the standard of induction care staff should receive.

Staff told us the manager planned frequent updates to their training to ensure they were kept up to date with the latest guidance on how people should be cared for effectively. One staff member told us about some training they were undertaking to assist people with dementia and mental health conditions more effectively. They said, "We all receive training in dementia which helps us support people with the condition and communicate with people in ways they understand." The manager told us they maintained a record of staff training and their performance, so they could identify when staff needed to refresh their skills. The manager told us the provider also invested in staff's personal development, as they were supported to achieve nationally recognised qualifications. This was confirmed in staff records we reviewed. One staff member told us, "If I want any training I could just ask. I know I would be supported."

Staff told us they had regular meetings with their manager where they were able to discuss their performance and identify training required to improve their practice. They also participated in yearly appraisal meetings where they agreed their objectives for the following 12 months and their personal development plans were discussed. Staff told us they found the meetings helpful with one staff member explaining, "We can discuss any issues we have openly."

We observed staff used their skills effectively to assist people at the home. For example, some people at the home displayed behaviours that put themselves and others at risk due to their health condition. Staff used recognised and accepted techniques to reduce people's anxiety when they became distressed or worried. Staff used their knowledge of people to communicate with them in a way they could understand. Staff used clear language and tailored their communication according to the individual's needs and abilities. For example, staff bent down to speak with people at eye level and watched people's expressions to understand their wishes.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the manager was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager explained the principles of MCA and DoLS, which showed they had a good understanding of the legislation. Records showed the manager had undertaken mental capacity assessments to determine which decisions each person could make themselves and which decisions should be made in their best interests. Where people were able to consent to their own care people had signed their consent. Decisions that were made in people's best interests were recorded, for example, where people did not have the capacity to manage their finances. In addition, the manager reviewed each person's care needs to assess whether people were being deprived of their liberties. No-one had a DoLS in place at the time of our inspection visit. The registered manager had applied to the supervisory body, for the authority to deprive 15 people of their liberty, because their care plans included restrictions to their liberty, rights and choices. The registered manager was awaiting the supervisory body's decisions for all 15 at the time of our inspection.

Care staff told us they had received training in the MCA and DoLS and explained the principles associated with the Act. We saw care staff followed the code of conduct of the Act by asking people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support.

Three people told us they were looking forward to the day's meal. One person told us, "It's fish and chips today, lovely!" Another person said, "The food is pretty good, I've never had anything I couldn't eat." We observed a lunchtime meal during our inspection visit. There were a number of dining areas available for people to use. The dining rooms were calm and there was a relaxed atmosphere. Tables were set with flowers, napkins, cutlery and condiments to make the mealtime experience a sociable and enjoyable event. People told us they could choose where to eat their meal, either in the dining area, the lounge or their bedroom. We saw people who were sitting together were served their meals at the same time. Those people who chose to remain in their bedrooms were served their meal on a tray as they preferred. Where people needed assistance to eat their meal, staff assisted people at their own pace and waited for people to finish before offering them more food.

People told us they were usually offered a choice of meal each day from the menu. One person said, "You do get a choice of food and you get plenty to drink." On the day of our visit people were offered fish and chips purchased from the local fish and chip shop. People were given a choice before their meal was ordered and some people chose sausages instead of fish. We saw a menu was on display in the dining room which showed pictures of the meal choices on offer for the rest of the week. Staff told us people were also usually shown their meal choice before they were served their food. This enabled people to make a more informed choice and was supportive of people living with dementia or people who might not be able to communicate well verbally.

Food and drinks were available throughout the day to encourage people to eat and drink as much as they liked and that met their dietary needs. People and their relatives could help themselves to fruit, cakes and drinks which were readily available in the dining areas of the home and the café area. People also had drinks available in their room. Staff knew the dietary needs of people who lived at the home and ensured they were

given meals which met those needs. For example, some people were on a soft food diet or fortified diet (where extra calories are added such as cream or butter). Information about people's dietary needs was kept up to date and included people's likes and dislikes. One member of staff said, "We are always informed of any specialist dietary requirements." Where it had been recommended a person have a specific diet by health professionals, staff kept a record of the amount of food and fluid the person ate and drank, and recorded their weight, to ensure their nutrition was maintained.

The provider worked in partnership with other health and social care professionals to support people's needs. Care records included a section to record when people were seen or attended visits with healthcare professionals so any advice given was recorded for staff to follow. Records confirmed people had seen health professionals when a need had been identified, these included their GP, district nurses, speech and language therapists and chiropodists. One person told us, "The doctor, chiropodist and optician all visit the home but as yet I have not needed them." Another person said, "Staff accompany me for my external health appointments."

The manager confirmed the district nursing team and GP visited the home on a regular basis. One member of staff told us, "When anyone needs to see the district nurse or the doctor we just make a call and ask them to come in." We spoke with two visiting health professionals during our inspection visit. One said, "We are called in to review people's needs promptly and appropriately. We are well received by staff and they respond well to any recommendation we make." They added, "I feel staff know how to identify health concerns at an early stage because they know the people here well and are caring." Care records were updated following the advice of health professionals and people received the care they needed.

Good

Is the service caring?

Our findings

When we asked people if they enjoyed living at The Limes, they responded with smiles and said they did. People told us staff had a caring attitude and treated them with respect. Comments included, "Yes I do think staff are caring and they do treat you with respect" and "I think the staff have a caring attitude."

Staff told us the provider encouraged staff to have a caring approach to people who lived at the home. They did this by setting an example with their own behaviour and demonstrating the organisation's values in their interactions with people. Staff told us the manager showed they cared about their staff, for example, staff were supported to maintain a work life balance and were supported with personal issues. One member of staff said, "What they [the manager and provider] are doing is a good thing, trying to make the home a good place for us and the residents." Another member of staff said, "We really care about the people here. I often come in on my day off and sometimes take people out to see their relatives."

We observed the interaction between staff and the people for whom they provided care and support. We saw staff treated people in a kind and respectful way and knew the people they cared for well. People laughed, smiled and chatted with staff and each other.

People were treated with respect and dignity. One person commented, "Staff are very caring and do respect my dignity." Another person said, "I haven't found any staff yet who do not treat me with dignity and respect when helping me." We observed staff referred to people by their preferred name and staff asked people's opinion and explained what they were doing when assisting them. For example, where people were offered support from staff to put on an apron at the mealtime, staff explained to the person what they intended to do and asked for their agreement before proceeding. When one person was being assisted to move by staff with the aid of a hoist, staff explained how they intended to assist the person, when they were going to move their feet and waited for the person to respond before proceeding.

Staff supported people to maintain their independence where possible. One person told us how staff supported them to maintain their independence saying, "I used to make all my own clothes but I can't see well and my hands stop me from sewing for long periods of time. Staff thread my needle for me which means I can continue to sew." They added, "I have had support rails fitted outside and inside my bathroom which allows me to use the toilet independently especially at night."

People's privacy was respected. Some people had keys to their rooms and were able to lock their bedroom door when they wished. One person told us, "They [staff] knock on my door before entering; my en-suite has a lock for my privacy. My letters are delivered to me and they are unopened." We observed staff knocked on people's bedroom doors before announcing themselves. We saw people's personal details and records were held securely at the home. Records were filed in locked cabinets and locked storage facilities, so only authorised staff were able to access personal and sensitive information.

We observed a number of bedrooms at the home which were arranged differently depending on each person's wishes. There were photographs of family and friends, pictures on the walls, ornaments and

furniture personal to them. People told us they had been involved in choosing the way their room was organised. Each person had an individual front door to their room. Doors had pictures of the individual, or of items or events they remembered, to assist them in locating their room and to make the environment more personal.

All of the people we spoke with told us they could choose who visited them at the home and said they were supported to maintain links with family and friends. There were a number of spaces around the home where people could meet with friends and relatives in private if they wished to. There were several communal areas of the home, including a café area, designed to make visitors feel welcome. We observed people and their visitors were offered drinks and snacks and used different areas of the home when they visited.

People and their relatives were involved in planning their own care and where possible people made decisions about how they were cared for and supported. People had been consulted about how they wanted their care to be delivered according to their religious and cultural backgrounds, for example, whether they attended religious services or had specific food preferences. Records showed people were supported to attend religious services in accordance with their wishes.

Good

Is the service responsive?

Our findings

Staff had a friendly approach to people and were responsive to their needs. One person told us, "Staff do respond when you ask for support." They added, "It depends on what they are doing but they are usually quite quick when I use my call bell."

Care records were available for each person who lived at the home which contained detailed information and guidance personal to them. Records gave staff information about how people wanted their care and support to be delivered. For example, records contained details about people's life history and individual preferences such as their food likes and dislikes. People told us this information helped staff to support them as they wished. One person said, "Staff do know my likes and dislikes, for instance they know how many sugars I have and what flavour yoghurt I like."

People and their relatives told us they were involved in making decisions about their care and how support was delivered. One person told us, "My care plan is discussed with me." The Provider Information Return (PIR) also told us care planning was undertaken with the person and their loved ones where appropriate. As part of the care planning process people's care needs were assessed and information was collected about what the person was able to do themselves. The provider used assessment tools based on Alzheimer's Society guidance to assess whether people were able to participate in certain activities and how they responded to certain situations. This helped staff tailor support plans around the abilities of each individual. Care reviews were undertaken monthly by staff so people's care records reflected their current support needs. Reviews also took place each year with the person and their representatives to ensure people continued to be involved in making decisions about their care and support needs.

There was a handover meeting at the start of each shift attended by care staff and care coordinators where any changes to people's health or behaviour was discussed. Information was written down in a handover log, so each member of staff could review the information when they started their shift. One member of staff said, "The handover is really detailed and provides all the information you need about people when you start your shift." Records confirmed each person's care and support needs were discussed. The handover records were reviewed each month at a household meeting, so that staff could assess any changes to people's health to ensure their support requirements and care records were kept up to date and staff could be responsive to people's changing needs.

People were supported to take part in activities which they enjoyed, according to their own personal preferences. One person told us, "My friends visit regularly and take me out into town. The activities here are good and the co-ordinator is very nice, I keep myself busy doing colouring books, reading and watching TV." Another person commented, "I do go out, although I would like to go out more than I do." We asked the activities co-ordinator about how often people were able to go out. They responded saying, "We ask people what they enjoy. Their preferences are recorded in their care records, which we regularly update. Each person has an activity plan which is personal to them." We saw people's personal activity plans were drawn up with the person's input. Each day the individual plans were updated to show what activities people had taken part in and what they enjoyed doing. Staff took photographs of people during activities to remind

them of the things they had enjoyed. This helped staff and people plan what they might want to do in the future so that they could be responsive to people's likes and dislikes. Records showed people were invited to take part in regular meetings at the home where activities and events were discussed and planned. One member of staff told us, "It is a happy home and residents have regular entertainment. If the residents want anything we try to get it."

We saw there was a list of planned activities on display at the home so people could plan what events they might enjoy attending. The activities plan included spending time in the garden, painting, watching films and entertainers visiting the home. Other activities included people going out in their local community with staff, family and friends. One of the activities offered at least three times a week was a group activity to deliver exercise and activity sessions to people at The Limes. The programme was accredited and used objects for people to hold as well as encouraging people to move to music and sing well known songs. The programme was designed to increase people's feelings of well-being. One relative told us, "[Name] really enjoys the exercise sessions."

People were supported to find their way easily around the home without becoming confused or lost. Signs were displayed in writing and in picture form to direct people to communal areas of the home and facilities such as bathrooms, toilets and the café area. We observed people using the signs as points of information. The layout and design of the home included areas such as a reading area, café and a pampering area, to interest and engage people living with dementia. The environment had lots of objects for people to look at or pick up to engage their attention. We also saw pictures on the walls to remind people of events from yesteryear.

Information displayed in the reception area informed people about how they could make a complaint and provide feedback on the quality of the service. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. One person confirmed, "If I was unhappy about anything I would go to one of the carers, the manager, or one of the deputies. They are always available if you want to see them." In the complaints log we saw that previous concerns had been investigated and responded to in a timely way. The manager and provider monitored complaints to identify any trends or patterns to see if improvements needed to be made at the home. The manager met and discussed concerns with complainants and acted to resolve issues to their satisfaction. For example, following a recent complaint the manager had met with a person's family to discuss preferred care routines to ensure the service delivered was person centred. This showed the manager acted to improve the quality of their service following people's feedback.

Outstanding ☆

Is the service well-led?

Our findings

People told us they were happy with the service provided at The Limes. Everyone told us the registered manager was always accessible and approachable to them. One person said, "I think the home is well maintained, clean and the home is really well run." Another person said, "They [the managers] are always available if you need to see them." A relative told us, "It always gives me the impression its well organised. If my relative or myself want to see anyone they are always there."

There was an experienced registered manager in post at the time of our inspection visit who had been at the home for several years. The provider had maintained a history of compliance with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 at the Limes since its registration with us. The names of the manager and duty manager were displayed in the reception area of the home so visitors knew who to ask for if they had any concerns. One person told us, "I know the manager. I think the home is well run, if things go wrong you can get them repaired quickly."

Staff understood the values and vision of the provider which were to put people at the heart of what they did at The Limes. Staff received training in the vision and values of the provider which included all staff signing up to, "Choose your attitude (by parking the personal), be there, play and make their day." The vision and values included a charter of what people should be able to expect of the organisation. We observed staff acted according to the provider's vision on the day of our visit. Staff ensured each person's choices and capabilities were respected by asking them about their wishes when they offered them support. Staff were cheerful and approachable to people and visitors at the home and greeted people they met as they moved around the home. Consequently people responded with smiles and spoke with staff in a relaxed way.

The provider's emphasis was on continually striving to improve the service people received at the Limes. The provider demonstrated this was a consistent approach across all of their homes where there was an understood culture of learning following feedback and advice. They did this by reviewing 'best practice' and recommended guidance from recognised organisations. This helped them implement systems and practices that were proven to increase people's well-being. For example, managers from the group had recently visited an internationally recognised provider of excellence in dementia care, to learn about their methods. In response the provider was updating some of their homes under a refurbishment programme. People had been consulted about the proposed changes to gather their views and take into account their wishes through meetings and the provider's newsletter. At the Limes the plans included the introduction of pampering areas, upgrading of some bathing facilities, a re-decoration programme and the introduction of a café area which helped promote people's sense of independence. For example, we saw people using the café area with their relatives during our inspection visit to help themselves to drinks and snacks. One relative we spoke with commented on the refurbishment of The Limes saying, "The home is really well maintained and there seems to be a lot of painting going on, which is good to see." They added, "The bathroom facilities are really good for people, they are very clean and spacious."

The provider sought feedback about the quality of the service from other recognised organisations and agencies which were specialists in their field, for example, they used Alzheimer's Society guidance to assess

whether people were able to participate in certain activities and how they responded to certain situations. We found this advice had been implemented at The Limes and was being used as part of an activities monitoring tool, so that future activities could be tailored to each person according to their individual responses and needs. In addition records showed an expert by experience from Age UK had spent time at the home observing and listening to people's experience of the service. The provider had responded to their specific feedback about The Limes and had introduced a recognised exercise programme at the home for a minimum of three days per week. The provider had also responded to feedback that medicine trolleys 'rattling' along the corridors was not a good experience for people. They planned to introduce, across all their homes including The Limes, a more personalised approach to medicines' administration. This included plans to keep everyone's medicines in a locked cupboard in their own room by the end of April 2016. The manager also planned to introduce further improvements to the medicines administration procedures at The Limes to make the way people received their medicines more personal. The head of care and quality told us, "People are to have their medication administered as part of their existing rhythm of the day rather than a specified 'medication round'."

In addition, The Lime's infrastructure had been improved to increase Wi-Fi access to enable the home to implement a new medicines monitoring system. The head of care and quality told us, "The medication system is to be further enhanced at The Limes by the introduction of the 'e-mar' which is an electronic system which further reduces the risk of medication errors. Having reviewed medicine errors and anomalies, a serious harm or near miss protocol guides staff to the required action needed to ensure the safety of residents and compliance with legislation."

The head of care and quality told us about other improvements the provider planned to make. The provider was implementing electronic care records, designed to instruct staff on everything they need to know about people's needs, their care plans, risk assessments, handover information, staff contact and deployment. The electronic system would also allow families and peoples' representatives to view information about their loved ones care through an online system. The new electronic systems were due to be implemented by October 2016 at The Limes.

The provider offered the manager regular feedback and assistance with their role to enhance their skills. The manager said, "The provider operates an open culture, encouraging people to provide feedback and being open to ideas on how things can be improved. I am supported to have regular meetings with other managers to learn from each other." They added, "The provider has high standards and values for their staff, but leads by example." We found the provider learnt from their manager's experience in each of their homes through regular dialogue. When issues arose at any of the homes in their group, they investigated the issue and applied their learning across all of their homes. For example, following a recent issue the provider had reviewed and updated their policy for assessing people's mental capacity and how they recorded this when they made decisions in people's 'best interests'. New paperwork had been introduced at The Limes in August 2015. The provider had since reviewed the new systems and paperwork for assessing people's mental capacity and had made subsequent improvements. The review demonstrated The Limes had successfully obtained signed consent (where relevant) for each person at the home.

Information gathered through quality assurance procedures and organised observations at The Limes influenced changes at other homes in the group. For example, a recent review of mealtimes had resulted in a set of standards being drawn up to guide staff in how dining experiences should be delivered in order for people to receive a good experience during mealtimes and to maximise their nutrition.

Care staff told us they received regular support and advice from managers and care coordinators to enable them to do their work effectively. They said the manager kept themselves up to date and in touch with what

was happening at The Limes. They did this by conducting a daily walk around. The manager told us they conducted their walk around at different times of the day, which included early morning to meet and observe night staff. In addition, the manager attended handover meetings at the home on a regular basis to keep themselves informed of changes to people's care needs. The manager also worked alongside staff once a week to observe staff's practice and to check they understood their roles and responsibilities. One member of staff said, "The manager is wonderful. They have really supported me with personal issues in the past." The manager was part of a management team which included a daily duty manager and senior care staff or care coordinators. The provider invested in management support for staff and provided a duty manager seven days per week. Care staff confirmed there was also an 'on call' telephone number they could contact 24/7 to speak with a manager if they needed to. The manager at The Limes supported staff by being the 'on call' contact along with other managers on a rota system. This supported staff with leadership advice whenever they needed it.

Staff told us they received the training and development they needed to be confident in their role and felt well informed about the home, their responsibilities and areas for improvement. A member of staff told us, "We can make suggestions for improvement. The manager and provider listen to our ideas and feedback." The provider promoted an open culture by encouraging staff and people to raise any issues of concern with them, which they acted on. The head of care and quality told us, "Going forward the Executive Leadership team are creating a platform whereby any employee across the group can pitch ideas (Dragon's Den Concept), share good practice, whilst importantly create a platform for collaborative working." All the staff team were involved in monitoring the quality of the service through regular audit checks of, for example, people's care plans, the premises, equipment, food and medicines. Where gaps or omissions were identified in recording, staff were reminded of the importance of keeping good records at group or one-to-one meetings with their manager. For example, where errors in the recording of medicines were discovered staff training in medicines administration was renewed.

The manager's role included checking staff monitored and reported on people's care and any incidents that occurred at the home, to make sure appropriate action was taken when necessary. Records showed, for example, medicine errors, accidents and incidents were analysed by the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring individuals to other health professionals, implementing new mattress checking procedures, refresher training for staff and sharing information with relatives, the local safeguarding team and CQC. One visiting health professional commented, "Staff always respond well to our recommendations." People's care records were kept up to date with changes in people's care and health needs. In addition, risk assessments were regularly reviewed in response to people's changing needs and in response to investigations into accidents and incidents and any learning that arose from these.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. The provider directed the manager to conduct regular checks on the quality of the service in a number of areas. For example, the manager conducted checks in medicines management, care records and health and safety. A senior home manager and service manager monitored the quality of the home through regular visits, during which they checked the manager's records, looked around the home and spent time listening to what people and visitors had to say. For those people who were not able to express themselves verbally, a manager spent time sitting and observing, using a recognised evaluation tool, which allowed them to assess whether an individual obtained a good outcome from any everyday event or interaction with staff. Following a recent visit from a senior home manager in March 2016 a staff handbook on dignity had been introduced at The Limes to remind staff of the seven principles of dignity.

The manager prepared monthly reports for the provider so they could be assured care was delivered and monitored consistently. Managers shared these monthly statistics across the management team and group of homes, which allowed managers to compare their performance against other homes. This enabled managers to identify any trends and patterns in statistics which could indicate improvements needed to be made. For example, the provider monitored how people's fluid and nutritional intake were recorded, the causes of accidents and falls, and how complaints were handled.

The provider's quality assurance system included asking people, visitors and relatives, visiting health professionals and their own staff about their experience of the service. Systems included conducting a yearly quality assurance survey asking people what they thought of their care, the environment and the staff. The provider then took action to improve the quality of their service based on the results of the survey. In addition, people were encouraged to share their opinions about the service through residents' meetings, relative support groups, comment cards placed in the reception area of the home, and via a hotline number direct to the provider's Chief Executive Officer. For example, following feedback about the vegetarian menu choices at The Limes, the provider was reviewing menu options and conducting a review with people, staff and newly appointed kitchen staff there to enhance the menu choices. The provider told people about the feedback they had received, and the actions they took through a regular newsletter that was displayed in the reception area of the home.

The manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. They were proactive at keeping us informed of issues or concerns raised by relatives and other health professionals, in accordance with the provider's policy of openness and transparency. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned.

The provider's improvement plans included a clearly described staff retention and development programme. This was to enhance staff skills for the benefit of people who lived at The Limes, and to promote staff engagement and career development. The provider had appointed care co-ordinators, to improve management level skills to support staff's career development. A leadership programme had been developed for care co-ordinators and managers to ensure they were equipped with the skills and knowledge they needed to be successful in their role. The programme included care co-ordinators across the provider's group of homes meeting together to share information and ideas. The head of care and quality told us, "All of the management team at the Limes are on a leadership programme which is being facilitated by 'Ladder to the Moon'. Ladder to the Moon provides workforce and service development that enables health and care organisations to develop active, creative, vibrant care services. Their approach involves staff, people living with long-term conditions, and the wider community." A care co-ordinator commented, "Since being on the programme my confidence has increased, this journey has provided me with an opportunity to pause and reflect…this has impacted on my ability to 'be there' and empathise with different situations, I am more responsive as a leader."

The manager and provider responded promptly to recruit staff when staff vacancies were identified at The Limes, to ensure people received effective and safe care. For example, there was a current vacancy for kitchen staff which meant they were only available to prepare hot main meals five days per week instead of seven. Whilst they were recruiting, the provider and manager had put in place alternative measures for food preparation on the other two days. This included contracting in other trained staff to prepare meals and ordering meals from the local 'chip shop' when people preferred this option.

The provider also planned to deliver enhanced training in a number of areas, for example, end-of-life care

and management of specific conditions such as Parkinson's disease, diabetes and epilepsy. This was to ensure people with these conditions received the best possible care from staff who understood their health needs and could respond quickly to changes in people's health. Information in the PIR confirmed the new training would be followed by appointing staff as champions in individual specialisms, such as dementia care and Parkinson's care, to cascade their knowledge and skills. Staff had been asked to reflect on their interests and to consider whether they would like to become a champion in a particular specialism at The Limes, as these were due to be implemented in June 2016. A care co-ordinator commented, "We are in the process of introducing champions, this will be a great chance for staff to shine, whilst having a direct impact on quality."