

Choices Housing Association Limited Limewood Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 23 and 24 May 2017, and was unannounced. At our last inspection in December 2015 we found that the service required improvement in two domains, responsive and well led. At this inspection we found that some improvements had been made however further improvements are needed to ensure the service provides a consistently good service for people.

Limewood Nursing and Residential home provides support and care for up to 59 people, some of whom may be living with dementia. At the time of this inspection 53 people used the service.

The service had 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 2008 and associated Regulations about how the service is run.

Risks to people's health and wellbeing were identified and assessed, however they were not always reviewed or updated in a timely way. Staff were available to meet people's care and support needs, however there were occasions when some units were left without a staff presence.

People were supported to access other healthcare professionals to maintain and improve their health and wellbeing. However records were not always updated in a timely way to ensure healthcare needs were consistently met.

Staff had training opportunities to acquire the knowledge and skills necessary to meet people's individual care and support needs. Recruitment and vetting procedures were in place that ensured appropriate people were employed.

People felt safe living in the home and staff were aware of how to safeguard them from the risk of potential abuse. Staff were aware of the action they should take where they had concerns regarding the safety of people. Appropriate action was taken when allegations of abuse and concerns with people's safety were identified.

People's medicines and nutritional needs were managed well.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA) where people lacked the capacity to make certain decisions about their care. Staff understood their responsibilities and followed the requirements of the MCA and Deprivation of Liberty Safeguards (DoLS) when they provided support.

Staff showed care and kindness towards people and people were encouraged to make day to day decisions about their care and support. People were supported to maintain their independence.

There was a range of daily activities arranged for people to enjoy either in a group setting or on an individual basis.

The provider had a complaints procedure and people knew how and who to complain to.

Systems were in place to monitor the quality and safety of the service and changes had been made to the internal management structure of the service. Further improvements were needed to ensure staff deliver a safe and effective service for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Staffing levels were maintained and staff were deployed on the different units, however there were occasions when people were left unsupervised and without staff support. Risks of harm were assessed however action was not always consistently taken to minimise the risks and keep people safe.

People's medicines were managed well. Staff were employed using safe recruitment procedures.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. The lack of specific healthcare support plans did not ensure people's health and well-being was consistently met.

Staff received regular support and training to fulfil their role effectively. The principles of the MCA were followed to ensure people were involved and consented to their care, treatment and support. People were supported with their individual nutritional requirements.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated with kindness and compassion. People's dignity and privacy was respected and their independence promoted.

Good ●

Is the service responsive?

The service was responsive. People received care that reflected their individual needs and preferences. People had some opportunity to be involved in hobbies and interests of their choice. There was a complaints procedure and people knew how to use it.

Good ●

Is the service well-led?

The service was not consistently well led. Quality assurance systems were in place to monitor the service; improvements were needed to ensure the checks were consistently effective.

Requires Improvement ●

There was a registered manager in place and staff and people told us they felt supported to fulfil their role.

Limewood Nursing and Residential Home

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.

The inspection took place on 23 and 24 May 2017 and was unannounced.

The inspection team consisted of two inspectors, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We used a range of different methods to help us understand people's experiences. We spoke with 10 people who used the service about their care and support and with five relatives and three visitors to gain their views. Some people were less able to express their views and so we observed the care and support they received throughout the day. We used the Short Observational Framework for Inspection (SOFI). The SOFI tool allowed us to spend time watching what was going on in a service and helped us to record how people spent their time and whether they had positive experiences. This included looking at the support that was given to them by the staff.

We spoke with the registered manager, the deputy manager, two registered nurses, three care staff and a member of the ancillary team. We looked at care records for 13 people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People offered mixed views regarding the staffing levels. One person said: "They are all nice and polite but not enough staff". Another person commented: "There is never any rudeness or rushing, though they are a bit short on time sometimes. A few more staff would be good sometimes". A relative commented: "There are one or two instances when staffing levels are low, sometimes staff are not on the unit because they have had to help in other units". The support workers told us additional staff would at times be beneficial, as there were occasions when called to help in an emergency, some units were left without a staff presence. The registered manager told us they had recently reviewed the staffing numbers and had increased the numbers of support workers during the day and at peak periods of activity. The registered manager told us minimum staffing numbers were maintained over the 24 hour period but were flexible when people required additional support. People assessed as needing one to one support were provided with a support worker for the period of close observation. We saw support workers and nurses were allocated to work in the different units and staff were generally available to provide help and support. The registered manager told us of the on-going recruitment drive to appoint registered nurses and care staff so the reliance on the agency workers to cover the shortfalls in the staffing numbers would be greatly reduced.

People's risks had been assessed, managed and reviewed. However records had not always been updated in a timely way when people who were at risk of falls had experienced falls. For example, one person had a history of falls and had sustained injuries, the person's care plan and risk assessment had been reviewed, with information about how to avoid this happening again. However this person experienced other injuries where their risk assessment had not been completed in a timely way. The registered manager and deputy manager had identified these omissions and told us they had amended the way falls and incidents were managed. The staff on the units were now responsible for the recording of incidents. These were then checked at the end of each month by the internal management team, it was then possible to identify any recurring themes or trends, so that action could be taken to reduce risks of recurrence.

Some people were resistive when care and support was needed in regard to their personal care needs. Staff told us how they supported people when they became anxious and explained the distraction and diversion techniques they used to support people in the least restrictive way. The descriptions offered by staff accurately corresponded with the recorded information in people's management plans.

People could be confident that they would be provided with support to reduce the risk of skin damage. The staff we spoke with were aware of the need to reposition people whilst in bed and the equipment required to prevent skin damage. We saw specialist equipment in place for the treatment and prevention of sore skin.

Some people were unable to weight bear and so required staff to support them with the use of a mechanical hoist. We saw people being hoisted in a calm and measured way, consideration was given to their comfort and wellbeing. Staff consulted with the person and then informed them that the hoist was to be used. People were put at ease and reassured during this manoeuvre. People had been assessed for the appropriate size and type of sling that was to be used with the hoist. We saw that the person's moving and

handling details were recorded in the care plans and risk assessments for that person. This meant people's individual risk for the use of mechanical equipment had been assessed.

People who were able to tell us about their experiences told us they felt safe. One person who used the service said: "I like it here very much. They look after me extremely well". Another person said: "I have no concerns really; there are little things but nothing major. They look after me well. It is good in the day but the night staff are fantastic; they are always quick to respond if I need anything. On the whole yes I do feel safe". A relative commented: "We have no real worries and have found it really good here. The staff are good. My relation is hoisted and I feel that they move him safely and with care. If I can't visit I now have the confidence that he is being well cared for in my absence".

People were protected from the risk of potential abuse because staff we spoke with knew the signs of abuse and who they needed to report it to if they suspected someone had been abused. One staff member said they would report any concerns straight away to the management team or the nurse in charge. The registered manager was aware of their responsibility to act on any allegations of abuse or concern. We saw referrals for investigation into allegations of abuse had been made and the managers offered their fullest cooperation in the safeguarding procedures.

People can be confident that staff were safely recruited because staff were employed using safe recruitment procedures. Pre-employment checks were carried out to ensure that prospective staff were of good character and fit to work. This included references from previous employers and Disclose and Barring Service checks (DBS). DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

People told us the staff gave them their medicines each day. One person said: "I think they [staff] are on time with my tablets". A relative told us: "Dad's medication appears to be given reliably". We saw that people had their medicines at the prescribed times. For example, one person had been prescribed time critical medicines for the treatment of a specific health condition. If people with this condition do not get their medication on time, their ability to manage their symptoms may be compromised. We saw and staff told us people received their medicines at the prescribed times. Staff received training to ensure medication was stored, administered and disposed of correctly.

Some people had been prescribed medicines that could be taken when needed and as required. We saw information had been provided to inform staff of when and how often these medicines could be offered. We saw some people had been prescribed these as required medicines to help when they were feeling anxious and distressed. The nurses explained how and why individual people needed these as required medicines and we saw a record was made each time they had been administered. This meant people received their medicines in a consistent and reliable way.

Is the service effective?

Our findings

People were supported with their healthcare needs but professional's guidance and information was not always recorded in a plan of care. We saw records which confirmed people had access to a wide range of health facilities. We saw one person had a specific health condition where regular monitoring was required for the person's comfort and well-being. Some staff were unaware of this person's specific healthcare need. The nurses were unable to show us a specific care plan regarding this condition. The person this care record related to was unable to tell us if their healthcare needs were being met due to their health condition. The internal management team confirmed a plan of care for this person had not been completed and took immediate action to ensure a plan was completed.

People were cared for by skilled staff and staff confirmed they had sufficient training opportunities to enable them to support people who used the service. One staff member told us training was on-going and were provided with regular updates. They had both computer based and face to face training and they found both ways of learning useful. The registered manager told us that staffs training and development needs were discussed at the regular supervision sessions. This gave staff the opportunity to request any further learning that may aid their work performance and to support people in a knowledgeable and competent way. We saw support workers were skilled and accomplished when supporting people with their individual needs and provided the required level of support.

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. Where concerns were identified in relation to people's capacity to make their own decisions, best interest decisions were made in corroboration with other professionals to ensure the action needed was in the people's best interests. The registered manager and deputy manager told us they had identified that improvements were needed in relation to assessing and recording people's capacity to make decisions. They told us this was work in progress to ensure capacity assessments were completed for all people when this was needed.

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us they had made referrals for some people to be legally deprived of their liberty and they were waiting for the authorisations to be granted. We saw when people's freedom of movement was restricted they were supported in such a way as was the least restrictive which ensured their safety and promoted their independence and rights. People who were at risk if they left the home, were supported by staff when they wished to go out into the community.

We received positive comments about the meals provided. One person told us: "I like the food. It is excellent. You get a choice and there is always enough of it. You can ask for a drink whenever you want". We heard another person tell a support worker they did not like the lunch time meal. The person was offered

alternatives and chose a meal which was more to their liking. The catering officer was informed and visited the unit, they told us people often changed their minds and preferred an alternative to what they had previously ordered. We saw sufficient quantities of food were provided so alternatives were available.

Staff we spoke with understood people's nutritional needs and knew people's nutritional risks and how these needed to be managed. For example; some people were at risk of choking. We saw in their support plans that some people needed monitoring by staff at mealtimes to lower their risk of choking by providing a soft or pureed diet. People were provided with their individual requirements. This meant that people were supported to eat and drink in a way that met their assessed needs.

Is the service caring?

Our findings

People told us the staff were friendly and kind. One person described the staff as 'lovely'. We saw people had built relationships with the staff and staff knew people well. People were treated with dignity and respect and communication between people was respectful and supportive. Staff took the time to respond to people in a calm and relaxed way which created a quiet and peaceful atmosphere on the units we visited.

A relative told us the staff were kind and caring and said: "There was one staff member who accompanied my relation to a family celebration earlier this year, the rest of the family commented on how wonderful the staff member was. We came back late in the evening, but the staff member made sure my relation was settled before they left and went home. We came in on Christmas day to spend time with my relation, we had Christmas dinner altogether. It was so lovely and we even brought the dog with us too. It was perfect and we all had such a lovely day. Things like that make it feel like family".

People were encouraged to be as independent as they were able to be. One relative told us how their relation was encouraged to be involved in everyday activities. They said staff encouraged their relative to do small tasks around the unit: "He really enjoys being involved". Some people needed support and guidance with making choices about their care and support including what to eat and where to go. We saw people were supported to prepare their own breakfast and to do the washing up afterwards. Staff were patient and understanding when interacting with people who had difficulty in expressing their needs and preferences.

People were encouraged to maintain links with their families and friends. Relatives told us they visited often and were always made welcome. One relative told us they and another member of the family were fully involved in their relation's care: "Our relation finds it very difficult now to make decisions about anything, so we are involved and staff consult us and inform us when there are any changes or anything we should know and be aware of". We saw that relatives visited at different times throughout the day, generally good relationships had been developed and maintained with the staff.

People were treated with dignity and respect and communication between people was respectful and supportive. Some people required help and support with their personal care needs. We saw staff were vigilant in making sure bedroom and bathroom doors were closed and people's privacy was respected when they supported people with personal care.

Is the service responsive?

Our findings

People told us recreational and social activities were arranged for people to enjoy and take part in. One relative told us: "There are always a variety of activities going on. My relation loves the hand massage and recently they went to the circus which was fabulous". Another person said: "They do activities which people seem to enjoy. My relation likes to play with the ball but there could be a bit more activity perhaps".

We saw some people had one to one support from staff where they had an assessed need for requiring this level of support. Some people were provided with books and magazines and some people watched daytime television. We saw a staff member offered a doll to a person; the person was fully engaged with this activity and had a discussion about naming the doll. During the afternoon some people were supported to access the local community and the garden. On the second day of the inspection we saw the activity coordinator preparing and facilitating activities for people to enjoy. The registered manager told us recruitment for additional activities staff was on-going, with a view that activities would then be available each day.

Most people who used the service had a plan of care based on an assessment of their needs. People's life and social histories had been obtained from the family and friends. This gave staff the information regarding people's backgrounds and significant life events. We saw a person experienced a period of anxiety and refused support from a member of staff. Another member of staff was called in an attempt to allay the person's anxiety. They demonstrated knowledge of the person and successfully supported the person through this period of unrest.

A person who used the service said: "I like it here, I have no complaints at all about this place. I like that I can move around the clusters and chat with staff". Most relatives told us they knew how to complain if they needed to and they were comfortable raising concerns. One relative said: "I have been to see the registered manager about a small concern I had regarding my relation's care. I felt this was handled well; it is now a lot better. I would go and see the registered manager again if I needed too". Another person spoke with us remained unsatisfied with the lack of response they had received when they had cause for complaint. The registered manager explained that full investigations were made when complaints were received and on this occasion an independent person within the organisation would be dealing with it.

Is the service well-led?

Our findings

At our previous inspection we judged the service was not consistently well led. The provider did not have a registered manager in post. The provider is required to have a registered manager in post to comply with their registration. Since the last inspection the provider had taken the appropriate action to appoint a manager who has since registered with the Care Quality Commission. The registered manager had notified us of significant events within the service and we had received notifications about important events which happen in or affect the running of the home.

We look at what systems the provider had in place to monitor the quality of service provided to people. The registered manager and deputy manager conducted several audits throughout the service to ensure that a high standard of care and a safe environment was maintained. But this was not always the case. Quality assurance checks, monitoring records and audits were completed and analysed each month. The registered manager and deputy manager confirmed that the audit of people's care plans was overdue, so would not have identified the issue with recording healthcare instructions from external professionals. They both told us they had arranged for additional time to be available for the nursing staff so that care and support plans could be audited and checked on a regular basis.

We spoke with the registered manager and deputy manager about the number of falls and incidents that people had experienced. They told us the recent changes made to the systems for recording accidents and incidents would ensure that all incidents were reported in a timely way and the necessary action taken to reduce the risks of a recurrence. Both confirmed that additional work was needed in this area to further reduce people's risks and drive improvement within the service.

The registered manager was kind and considerate when in discussion about people and the service and told us of the recent restructuring of the internal management team. Most people told us the new management arrangements were 'working well'. One person said: "I feel able to approach the management and feel listened to". The clinical lead nurse told us a daily walk round of the service was completed by the management team. They commented this worked well in quickly identifying any issues in relation to the staff or people who used the service.

People were regularly asked their views on the quality of service through questionnaires and regular meetings and we saw that the feedback had been positive. A relative told us: "There are meetings for residents and families every few months and if you raise things with them they do take it on board. We have complained about the food and the kitchen staff have been great even asking us for suggestions and discussing the summer menus with us. The choice has improved as a result". This showed us people had the opportunity to feedback about the quality of the service provided and action was taken to improve the service.

Staff told us they had regular supervision with their line manager and an annual appraisal. This gave them the opportunity to discuss work related issues and their training and development needs. The registered manager had a plan of the supervision sessions so that they and the staff could plan ahead and have full

benefit of these one to one sessions. Regular staff meetings were arranged for the various staffing disciplines. This gave staff the opportunity to discuss the care and welfare of people, any changes or improvements that were needed or had been implemented and any issues or concerns that had been identified. Staff told us they felt well supported and they worked well as a team.

The registered manager and deputy manager told us of the improvements that had been made to the service and had innovative ways to help drive continuous improvement. Links have been developed with local schools and colleges, where there had been involvement in career fairs and student nurse placements were arranged. People were given the opportunity to comment on 'What we do and what we can do better', and information was displayed at the entrance to the service.

The registered manager explained there were occasions when people arrived at the service at short notice and unprepared. A welcome to Limewood leaflet had been produced together with a welcome pack of basic toiletries for people new to the service.

Training opportunities have been provided for staff in topic areas relevant to the service, the deputy manager explained that dementia awareness session had been provided for families where their relatives were living with dementia. This meant the provider and staff were proactive in working with other organisations and the development of the service.