

Lime Lodge Care Ltd

The Limes

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Limes is a residential home that provides care for up to six people who are living with a learning disability. At the time of our inspection there were five people living in the home. At the last inspection, in July 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Safe staff recruitment processes were in place and people were protected from the risk of harm. Enough staff were in place to provide care and support to people to meet their needs. Safe medicine management processes were in place and people received their prescribed medicines safely.

Since our inspection we found improvements had been made in the way the principles of the Mental Capacity Act 2005 (MCA) were used when decisions were made for people who lacked mental capacity to make specific decisions themselves. People were supported to lead a healthy lifestyle with encouragement to maintain a balanced diet. Improvements were needed with regard to staff training, with some staff needing to complete refresher courses in some areas. Staff received regular supervision of their work and were encouraged to develop their roles through gaining relevant external qualifications.

People were treated with kindness, dignity and respect by the staff. People had developed positive relationships with staff which contributed to a positive atmosphere within the home. People's care records were detailed and personalised which enabled staff to support people in line with their personal preferences. People were provided with an 'easy read' complaints process that supported people living with a learning disability. Effective systems were in place to manage any complaints that the provider may receive.

The service continued to be well-led. The registered manager carried out their role enthusiastically and professionally. People, relatives, staff and professionals commenting positively about their leadership. There was a positive ethos and an open culture at the home resulting in an enjoyable working environment for staff and a calm and friendly atmosphere for people living there. Effective auditing processes were in place.

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 remains good.

Is the service effective?

Requires Improvement ●

The service remains requiring improvement for this question.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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 checked 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 was a comprehensive inspection that was completed by one inspector on 16 February 2017 and was announced. We gave the provider 48 hours' notice because we needed to be sure that the registered manager, staff and people living at the home would be available.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

Due to people living at the home having varying abilities to verbally communicate, we were only able to speak with one person during the inspection. We also spoke with three members of staff including the registered manager and with two people's relatives.

We looked at records relating to all five people living at the home as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

After the inspection we spoke with two health and social care professionals who gave us their views on the quality of the service provided.

Is the service safe?

Our findings

People received care from a staffing team who protected them from experiencing avoidable harm and kept them safe. A person we spoke with said, "I do feel safe living here." A relative said, "[My family member] is safe. Absolutely no question about that."

The risks to people's safety and welfare had been assessed and regularly reviewed to ensure that people were kept safe. Processes were in place to ensure if people were at risk of experiencing avoidable harm or abuse, then appropriate authorities were notified. The registered manager spoke knowledgeably about their responsibility to ensure any incidents that could affect people's safety were investigated fully. Staff spoken with could explain what they would do if they thought a person was at risk. One member of staff said, "I would always report any concerns, no matter how small."

Safe recruitment processes were in place to ensure only staff suitable for their role were employed at the home. Staffing levels at the home ensured people received the care and support they needed. Our observations throughout the inspection supported this. A person we spoke with told us staff were always available when they needed them.

A person we spoke with told us they always received their prescribed medicines when they needed them. Records showed there were clear medicine management systems in place to ensure people were protected from the risks associated with medicines. This included; photographs of each person to aid identification to prevent medicines being given to the wrong person, recording of how people liked to take their medicines and detailed records showing when a person had taken or refused to take their medicines. We did note a photograph for one person was not in place and the registered manager told us they would address this immediately.

Is the service effective?

Our findings

During our inspection on 21 July 2015 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found examples where the principles of the Mental Capacity Act 2005 (MCA) had not always been followed when decisions were made for people who could not make them for themselves. We also found applications to the authorising body for deprivation of liberty safeguards (DoLS) had not been made for all people that needed them.

After this inspection the provider sent us an action plan which explained the improvements they planned to make in this area. During our inspection on 16 February 2017 we checked to see whether these improvements had been made and we found they had. Where decisions were made for people where they were unable to give their consent, such as for the management of their medicines, appropriate MCA assessments had been carried out. Details of the decision made, including who had been involved was also recorded to ensure decisions were made that were in people's best interest. We also saw improvements had been made in relation to DoLS with applications now made for those who needed them.

A person we spoke with told us staff encouraged them to give their opinions about their day to day routines and care and support needs. They also told us staff never forced them to do anything they did not want to do. The staff we spoke with had a good understand of people's right to make choices about their life.

People received care and support from a staff team that had a training programme in place designed to equip them with the skills needed to support people safely and effectively. We saw the training for some staff was up to date, but we did identify a number of staff who had not completed training or required refresher training in some key areas such as moving and handling and autism awareness. At the time of the inspection training courses for these staff members had not been booked. However, since the inspection we have been informed by the registered manager that this has now been rectified and all staff will be completing training where gaps or refresher training have been identified. One staff member said, "I have done lots of training such as medicines, health and safety and food safety. I have also completed by Level 2 NVQ [now referred to as diplomas] in adult social care. It really boosts your confidence when you are well trained." All staff had regular supervision and appraisal. The staff we spoke with told us they felt supported by the registered manager to carry out their role effectively.

People were supported to maintain a healthy, balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. Where people were at risk of dehydration or from eating and drinking too much or little, monitoring of their consumption was recorded. We did note that the total amount people consumed each day was not always recorded which could make it difficult to monitor people's on-going progress.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. The two professionals we spoke with after the inspection spoke positively about the support people received with their day to day and health and care needs. Changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals.

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person we spoke with said, "The staff are nice. I am well looked after." A relative said, "The staff seem really nice. They are nice and relaxed with [my family member]." A health and social professional told us they had found the staff welcoming and caring.

We observed staff engaging with people in meaningful conversation. They also offered people choices and respected their wishes. For example, we observed people make a variety of choices for their lunchtime meal and staff respected each person's wishes. A person we spoke with said, "I can choose the time I want my dinner and I can choose what I want to eat. The staff listen to me." There was a calm and relaxed atmosphere at the home, with people and staff comfortable in each other's company. People's views and opinions were respected and staff treated people as individuals.

People's care records contained detailed information about their daily routines and staff spoken with could explain how they supported people. These records showed people, where able, or other appropriate people such as relatives had been involved with decisions about the care and support provided.

People were treated with dignity and respect. We observed staff speak respectfully and discreetly with people when discussing personal matters such as their personal care needs. People's privacy was respected by staff. We saw one person was asked if they would like to join in with an activity, they told them they did not and wished to be alone. Staff respected this person's wishes.

Staff were able to explain what they would do if they felt a person was becoming anxious or unsettled. They told us they felt confident to be able to support people in a caring and dignified way. People were encouraged to do as much for themselves as they were able to. People were supported to eat independently and detailed care planning records were in place which gave staff guidance on each person's level of ability to perform tasks around the home as well supporting themselves with personal care.

Is the service responsive?

Our findings

People received care and support that met their individual needs. A range of assessments and care planning documents were in place that had been completed prior to the person coming to live at the home. These had been completed with input of each person where able, and with relatives where appropriate. Each of the records were regularly reviewed to ensure they met people's current needs. A health care professional told us staff responded positively when they had given them guidance on supporting a person living at the home.

Staff were knowledgeable about people's individual needs and spoke confidently about the support they provided. Staff knew people's life history, personal preferences and likes and dislikes and we saw them use this information when supporting people. One staff member said, "We try to plan people's days to ensure they get the care and support they need but also to do as much as they want to do."

People were supported to follow their interests and take part in social activities. We saw people take part in activities within the home such as, arts and craft and games. Staff encouraged a person to take part in their favourite game and the person responded positively to this. The activities were planned in line with people's interests which contributed to the calm and relaxed atmosphere during the activity. People also led active lives outside of the home. People attended a variety of events within the local community such as a local disco. One person also told us they were pleased that staff were supporting them with gaining the confidence to live on their own.

A person we spoke with told us they felt confident enough to make a complaint if they needed to. They said, "If I'm not happy I will tell them [staff]." Relatives knew how to make a complaint if they needed to and were confident that their concerns would be acted on and responded to appropriately. One relative said, "I've had no complaints at all, but I know they would deal with it straight away if I did." A complaints policy was in place. This was provided in an easy read format designed to support people with varying communication needs to understand. However, we noted the details for external agencies such as the local ombudsman and the local authority were not included should people wish to speak to external agencies about their concerns. The registered manager could explain what action they would take if they received a complaint, but to date they told us they had not received any.

Is the service well-led?

Our findings

Staff spoke positively and passionately about their role which contributed to a positive atmosphere and open culture within the home. One staff member said, "I like my job. I like to be able to help improve the quality of people's lives." Staff felt able to contribute to the development of the service, they felt confident to provide feedback and to challenge areas where they felt improvement were needed. The provider had ensured that forums such as staff meetings and regular supervisions were provided for staff to enable them to give their views. A staff member said, "I can talk about and raise any issues that I want to." The staff we spoke with were also aware of the provider's whistleblowing policy and told us they felt comfortable in challenging poor practice if they needed to.

The person we spoke with told us they felt their views were welcomed by the staff and the registered manager and were confident that if they suggested areas for improvement, changes would be made. A relative agreed, they said, "They keep me updated with any changes, but they also ask my views. It's nice to be included."

The person we spoke with, relatives, staff and professionals all spoke positively about the registered manager. They were described as approachable, friendly and listened to and acted on their views. Quality assurance systems were in place to help drive improvements, although a more thorough approach to ensuring all training was up to date was needed. Other audits included regular reviews of the environment, people's care records and medicines. These audits identified areas that were performing well, but also helped the provider identify areas that required some improvement.