J Moor

Lime Trees

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 30 June 2015 and was unannounced.

Lime Trees provides accommodation and personal care for up to six people who have a range of needs including acquired brain injury, learning disability or who may be living with dementia.

The service does not provide nursing care. At the time of our inspection there were six people using the service.

A registered manager was in post at the service. 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.

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

Summary of findings

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People's health needs were managed with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the registered manager encouraged and supported staff to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

Summary of findings

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 safe

Good

There were enough staff with the skills to manage risks and provide people with safe care.

Staff knew how to protect people from abuse or poor practice in order to keep them safe. There were processes in place to listen to and address people's concerns.

Staff followed correct procedures for supporting people with their medicines so that people received their medicines safely and as prescribed.

Is the service effective?
The service was effective.

Good

Staff received the support and training they needed to provide them with the information to carry out their responsibilities effectively.

People's health, social and nutritional needs were met by staff who understood how they preferred to receive care and support.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Is the service caring?
The service was caring.

Good

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were encouraged to be involved in decisions about their care with support and input where necessary from relatives.

Is the service responsive?
The service was responsive.

Good

People's choices were respected and their preferences were taken into account by staff providing care and support.

Staff understood what people liked to do and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain social and family relationships with people who were important to them.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Summary of findings

Is the service well-led?

Good

The service was well led.

The service was run by a competent manager with good leadership skills. and who was committed to providing a service that put people at the centre of what they do.

Staff were valued and they received the support and guidance needed to provide good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Lime Trees

Detailed findings

Background to this inspection

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

This inspection took place on 30 June 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with two people who used the service. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager and three care staff.

We looked at three people's care records and examined information relating to the management of the service such as health and safety records, personnel records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

One person told us that they were safe and staff looked after them.

Relatives who completed surveys as part of the provider's quality monitoring processes said they did not have any concerns about their family member's safety.

Staff had received training in safeguarding adults and all the staff on duty were able to demonstrate that they understood the different types of abuse and knew how to recognise signs of harm. They knew the local authority's role in dealing with safeguarding issues. Staff told us they would raise any concerns with the manager or the provider and were confident any issues they raised would be dealt with promptly. The registered manager had a clear understanding of their responsibility to report any suspicions of abuse to the local authority and also to notify CQC of any concerns that they have identified. The manager gave an example of some safeguarding concerns they identified during the pre-admission assessment process for one person before they moved to the service and they had put processes in place to safeguard the person from potential abuse.

The provider had systems in place for assessing and managing risks. People's care records had risk management plans in place which clearly set out the nature of the risk and identified the likelihood of it occurring. There were clear measures in place to guide staff on the steps to be taken to minimise the risk for the individual. Members of staff were able to explain about individual risks for each person and they understood what support was needed to manage the risk effectively. For example, staff were able to demonstrate an understanding of risks relating to physical health conditions and risks associated with people's behaviours. Staff knew how to support people to reduce the risks to the person and others.

The provider had installed overhead tracking and a hoist to assist someone with mobility needs and staff understood how to use the equipment safely. There were also processes in place to keep people safe in emergency situations. Staff understood what they should do in situations such as a fire or electrical failure.

There was a clear recruitment process in place that kept people safe because relevant checks were carried out as to the suitability of applicants. Following interviews, checks on the successful applicants were carried out which included taking up references and checking that the member of staff was not prohibited from working with people who required care and support.

We saw that all the service had sufficient staff for people to receive the support they required. The registered manager was able to demonstrate how they assessed staffing levels taking into account people's assessed needs. People were supported to go out individually, for example we saw that one person said they wanted to go to the shop and staff supported them to do that. People's needs were attended to promptly.

The provider had systems in place for the safe receipt, storage, administration and recording of medicines. We observed that staff followed appropriate practices when giving people their medicines. They told the person what the medicine was, checked to ensure it was the correct medicine for that person before giving it to them. Medicines were securely stored in a medicines trolley and there was specific storage for controlled drugs, which required an enhanced level of secure storage. Records relating to medicines were completed accurately and stored securely. Where medicines were prescribed on an as required basis written instructions were in place for staff to follow. This meant that staff had clear guidelines about when these particular medicines should be given and when they should not.

Good

Is the service effective?

Our findings

Newly recruited staff were supported through their induction process by senior staff. They worked their way through workbooks following a sector recognised format. Staff told us that the training was good. A member of staff explained that mandatory training had previously been delivered through a consortium linked to the local authority but that was no longer available and had recently been replaced by both e-learning and face-to-face training from an external training provider. Some training, such as infection control, was delivered using 'distance learning' whereby staff worked through a workbook over a period of two months and then their work was submitted to an external provider to be assessed and marked.

Training around people's specific needs and behaviours was delivered in training sessions by an acquired brain injury charity that the provider worked closely with. Staff said they were able to discuss how best to support individuals. An established member of staff explained how the client group had changed over the years and said that it was both interesting and rewarding learning how to support people with complex needs relating to acquired brain injury. They said that the training they had received from the brain injury charity was excellent and enabled them to understand the condition. They also had had specific training around the needs and behaviours of one person with behaviours that were complex.

Additional training to meet the specific needs of people who lived at the service included dementia and communication for people with mental health needs. Staff were able to demonstrate a good understanding of people's individual needs and how to support them effectively using the knowledge acquired from training.

Staff told us they felt well supported by the registered manager and senior care staff who carried out their face-to-face supervisions. One senior staff said, "It is important to listen to care staff so that they understand their opinions are important. When people are doing a good job they should receive praise."

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected. The registered manager spoke with knowledge and understanding about their responsibilities around MCA and DoLS. Assessments were carried out to ascertain whether people were able to make informed decisions about any aspect of their care and support and where possible, people were involved in the assessment process. Where assessments indicated a person did not have the capacity to make a particular decision, there were procedures in place for others to make a decision in their best interests.

The registered manager spoke with knowledge and understanding about their responsibility to make applications to the local authority for people as required by DoLS guidelines. Staff told us that they had received training around MCA and DoLS and demonstrated that they understood how to put this into practice in the service.

People were encouraged to maintain relationships with family and friends, some people had family that visited regularly. The registered manager said that they had occasional coffee mornings to encourage families and friends to visit and feel welcome.

A health professional who completed a survey as part of the provider's quality monitoring process stated, "This is an excellent care home. They keep me informed. The care is very good and I cannot find fault with anything. Everyone is extremely friendly."

People's health needs were well met and there was input from health professionals including district nursing services, the community matron, physiotherapy services, occupational therapist, dieticians and speech and language therapy services (SALT).

People received food and drink that met their needs and that they enjoyed. One person told us they could choose what they wanted to eat. Food was available as and when people wanted to eat. When people were unable to eat independently or had specific needs around nutrition they had care plans in place which clearly set out their individual needs. When a specific need around nutrition was identified people were referred to the SALT team for assessments and each individual received the necessary support from staff. For example, nutritional assessments were carried out for a person with swallowing difficulties and this identified measures to reduce the risk that included thickening drinks. The person chose not to use

Good

Is the service effective?

the thickener and an MCA was carried out to assess whether the person understood the impact this could have on their health. Advice was taken from health professionals and the person received additional support to enable them to drink fluids that had not been thickened.

Two people had limited movement and were unable to mobilise independently and spent time either resting in bed or on reclining armchairs. Staff were aware of the risks that immobility posed for skin integrity and ensured people were repositioned and their skin was checked daily. Overhead tracking had been installed to assist with moving people who were unable to mobilise and this meant that staff were able to move people safely and effectively with minimal disturbance for the individual.

Good

Is the service caring?

Our findings

Two people told us that staff treated them well. Where people were unable to tell us their views on how they were treated we observed the care people received from staff. Staff were courteous and, when attending to people's needs, they provided care and support in a respectful way that maintained people's dignity. All of the interactions we saw were appropriate, polite and friendly.

We saw staff sat and chatted to people, discussing what they fancied for tea and generally making social conversations. People who were unable to communicate verbally smiled and showed by their facial expressions that they enjoyed the interactions with staff. Staff understood how each person communicated and what their facial expressions and gestures meant. We saw that staff sat down with people and spoke gently to them, trying to get their attention. They gave people as much time as they needed to make decisions.

One person told us they enjoyed it when their family came to visit. Staff knew that this was important for the person so they chatted to them about their family and talked about when they were next coming to visit.

We saw a number of small exchanges between staff and people that showed us that it was important to staff that people felt valued. Staff smiled at people, touched their hand when talking to them or just sat with them. During lunch members of staff gently encouraged people to eat and we saw kind and caring support being given when people needed assistance.

Staff were able to demonstrate a good understanding of how to diffuse the escalating behaviours displayed by one person in a caring manner. Staff told us they had had specific training on techniques to use that helped the person to be calm and relaxed. We saw that staff did this in a gentle and caring way.

Good

Is the service responsive?

Our findings

People were asked what they would like to do and offered people choices and alternatives, for example whether they wanted to listen to music or watch television. Staff sat with one person to give them a manicure and paint their nails. They showed the person a range of polishes and helped them choose the one they preferred. It was evident the person was enjoying the experience as they smiled and looked at their hands.

One person told staff they wanted to go out and staff discussed with them where and when they wanted to go. The person wanted to go out straight away and said what they wanted to buy so staff supported them to do this.

People's care plans were well organised and looked at the whole person and all aspects of the person's care and support needs were interlinked. For example, one person who was living with dementia had care plans relating to different areas of need such as mobility, nutrition and communication. Each care plan identified the specific care need, looked at what the goals were for the person and there were clear actions for how staff should support the person with this aspect of their care. The care plans were cross referenced so that staff understood the impact of the person's dementia on other areas of need.

Staff knew people well and were involved in updating people's care plans to reflect their changing needs. Staff on duty spoke with confidence and a clear understanding of people's likes, dislikes and preferences. We saw input from relatives at care plan meetings and people were supported to have input into decisions about their care where they were able or chose to get involved.

Staff understood people's emotional and mental health needs and were able to explain how acquired brain injury had affected the person's moods and emotional well-being. They knew the specific support individuals needed to reduce their anxiety and were able to give examples of how to approach situations where people were becoming upset or anxious. Staff also understood what to avoid saying or doing that might raise the person's anxieties.

The provider had a process in place to deal with concerns and complaints. Not everyone had the capacity to make formal complaints but we saw that staff listened to people and gave them the time they needed to respond and talk about any concerns. The registered manager told us that they listened to people and dealt with minor concerns promptly. They said they used any concerns or complaints as a way of improving the service.

Good

Is the service well-led?

Our findings

The registered manager was a visible presence at the service; the office door was kept open and people were welcome to come in for a chat or just to sit down.

Staff said they felt that the registered manager and provider appreciated the work they do. A member of care staff who had worked at the service for a number of years told us, “Everything is good. I definitely feel valued.” Staff said that the registered manager always thanked them at the end of the shift for doing a good job and this made them feel they had performed their role well.

Staff morale was good and one member of staff said, “We work well as a team. If anyone goes sick or is on holiday we pull together to help out and cover shifts.” Staff felt well supported and all the staff on duty were positive about how the service was managed and they felt the service was well led by the registered manager.

The registered manager carried out an wide range of audits to monitor the quality of the service. These audits included areas relating to health and safety such as fire systems, emergency lighting and electrical appliances. Records relating to auditing and monitoring the service were clearly recorded.

People’s care records were well maintained and contained a good standard of information. The registered manager was able to demonstrate that records were reviewed, assessed and updated according to changes in people’s needs. Care plans and care records kept safely in the staff office when not in use. People could be confident that information held by the service about them was confidential.

As part of the provider’s quality assurance systems they sent questionnaires to relatives, friends and health or social care professionals to seek feedback to improve the quality of the service. The responses in the most recent survey which was carried out in January 2015 were positive in all areas including the way staff provided care and the leadership and management of the service.