

The Limes Care Home Limited

The Limes

Inspection report

85 High Street
Henlow
Bedfordshire
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Tel: 01462811028

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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 ●

Summary of findings

Overall summary

The Limes is a residential care home for up to 28 elderly people with a range of needs catered for.

It is an Edwardian house which has been extended and adapted to provide care and support over three floors. At the time of the inspection 26 people were using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix, on duty to support people with their assessed needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including chiropodist and doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service

well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

People are supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

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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 responsive comprehensive inspection took place on 10 January 2018 and was unannounced.

We carried out this inspection as we had received information of concern about the safe care of people. This had included people looking unkempt, care staff sitting in lounges not supporting people and the home unclean.

The inspection was carried out by two inspectors 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. This expert had experience of caring for elderly people.

Before the inspection we contacted the local authority, we checked the information we held about this service and the service provider.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, medicine administration, general observations and activities.

We spoke with five people who used the service, including one person who was staying for a week, and two visitors. We also spoke with the registered manager, the deputy manager, a team leader, four care staff, a housekeeper, the chef, a GP, a hairdresser and a visiting professional.

We reviewed four people's care records, five medication records, three staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes, oh yes. I can't see anything that would make you feel unsafe." A visitor said, "I can go home now and not worry one jot about [persons name]. They are 100% safe".

Staff we spoke with were aware of the systems in place to protect people. Staff demonstrated an understanding about what constituted abuse and the associated reporting procedures. One member of staff said, "I reported a safeguarding concern to the manager. It was dealt with straight away." All staff were up to date with safeguarding training. This indicated that systems were robust.

Each person had risk assessments in place which minimised restrictions but kept them as safe as possible. Risk assessments were up to date and showed that risks to people were assessed and monitored. For example, everyone's nutritional status was reviewed monthly; as was their risk of developing a pressure ulcer. Key information was highlighted in yellow which helped staff understand people's support needs.

There were enough staff, with varying skills on duty to provide care and support for people. Rotas we looked at showed this to be the case over a number of weeks. The registered manager told us they used agency staff but from the agency run by their relative. She explained that they attended the same training as her staff and the same agency staff worked in the service so they knew people well. A visiting professional said, "The staff are nice, approachable. They know the residents well".

Staff had been recruited using a safe recruitment procedure. Checks included; proof of identity, minimum of two references and Disclosure and Baring Service checks. One member of staff said, "There was a recruitment process. I was asked for two references and a DBS was done." Staff files we looked at confirmed this.

People told us they received their medication as prescribed. We observed the lunch time medicines administration. This was carried out following correct procedures. The team leader told us that medicines were always administered by two members of staff so that it could be checked at every step. We observed this to be so. People who had been prescribed PRN (when required) medication were asked if they needed it.

The team leader was able to explain how medicines were ordered, stored and administered. We carried out a stock check and stock matched records. All staff who administered medicines had regular competency checks. A visiting professional said, "Medication reviews and changes are implemented and any concerns are dealt with."

People were protected by the prevention and control of infection. The home was clean and the provider employed housekeeping staff. There were plentiful supplies of Personal Protective Equipment (PPE) including disposable aprons and gloves, which were used appropriately.

The registered manager told us that they used any incidents, accidents or errors as a learning opportunity. Staff were aware of their responsibility to report any errors, incidents or near misses. When practices changed due to learning this was discussed at team meetings to ensure all staff were aware.

Is the service effective?

Our findings

People's needs had been assessed prior to admission. The deputy manager told us that it was important to assess people's needs correctly to ensure they were suitably placed. Care plans we viewed shows this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed. Appropriate plans were seen that covered topics such as; communication, continence, death and dying, personal care, nutrition and skin care.

People told us they thought the staff were well trained. One person said, "Oh, I think so, yes staff are well trained." A relative said, "Staff are well trained." Staff told us they had received training appropriate to their roles and gave examples. A staff member had completed some training the day before the inspection and said, "The training (for housekeeping staff) covers manual handling, dementia care, health and safety, infection control." The registered manager told us that if staff did not have their training up to date they would not be offered any shifts until it had been completed.

Supervision was regular and included regular competency checks for staff. For example, a senior member of staff had received a medicines competency check and personal care competency check in the last six months. Staff also received an annual appraisal which they said was helpful. One staff member said, "Supervision is regular and my annual appraisal was helpful."

People were supported to maintain a balanced diet and had a choice of food. One person said, "The food is very nice." A relative said, "I've heard the food is good. [persons name] is well fed, gets a good variety, no complaints."

Staff were knowledgeable about people's preferences and this information was recorded in care records. People told us they liked the food and were seen to enjoy their lunch. One person asked for something different, this request was taken to the chef who advised it would take a while to cook it but it would be done. Approx. 20 minutes later we saw the person eating the food they had requested. People's nutritional status was monitored and food and fluid charts instigated when required. A visiting professional told us that people seemed well nourished.

The chef told us they used the local butcher and farm shop for fresh fruit and vegetables. They knew who required a specific diet and people's likes and dislikes.

People were supported to access additional healthcare when required. A relative said "The chiropodist comes, and the doctor. Anything needed gets done." The registered manager told us they were involved in a pilot project with the Clinical Commissioning Group (CCG). They had access every morning via the telephone for medical advice from a nurse. A decision could then be made if they person required a nurse or doctor visit of just over the phone advice. The visiting GP told us this had reduced the number of visits from a GP.

The premises had been adapted with a passenger lift, stair lift and ramping where required to enable people

to access all areas. There was a safe enclosed rear garden. One person kept opening the doors to the garden as they wanted to go out. Staff calmly told them it was wet and cold and they would go out later if it cleared up. We observed later a staff member accompanying the person to go out for a walk.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people had DoLS in place. Staff we spoke with were able to tell us who they were and why they were in place.

Staff were seen to seek consent from people about their daily routines. Staff spoke about how they supported people make decisions and about the importance of offering people choice. People, family members and healthcare professionals were involved in decisions about their care in order to make best interest decisions. One person had support from an independent advocate.

Is the service caring?

Our findings

People told us they liked living at The Limes and the staff were kind to them. Observations showed that people were treated with kindness, respect and compassion. For example during the morning staff encouraged people to have their hair done by the hairdresser. They spoke to people kindly and complimented them on how their hair looked when it had been done. The Hairdresser commented, "I am always impressed with the staff. Nothing is too much trouble." One person said, "Staff are always kind and caring. Always." Another said, "Staff? They're beautiful." We asked if anyone was ever unkind and they replied, "No!" in an emphatic tone. A relative said, "There's good banter here."

Staff demonstrated concern for people and an awareness of their needs. One member of staff told us, "People get good care. For example [Person] is unsteady on their feet. We watch them and make sure they do not go without their frame." Staff regularly checked that people were comfortable and blankets were offered to ensure they were warm. We observed on person worrying about their wife who did not live at the service, we later saw them in the office being assisted to use the phone to call them.

Staff did not appear rushed and had time to sit with people and spend time with them. One staff member said, "There are enough staff, six staff is enough." Rotas we saw showed there was adequate numbers of staff with varying skills to provide care and support for people as assessed. The deputy manager told us that they worked at least one staff member over their assessed needs to enable flexibility and if a staff member called in sick they would not be short staffed.

There was a large notice board in the entrance hall with a variety of information displayed to keep people and their relatives informed. These included; Staff photographs and names, safeguarding information, advocacy services, forthcoming events, complaints procedure and emergency procedure.

We observed people's privacy and dignity being respected. Staff knocked on people's doors and let them know they were going in. one person said; "They knock and wait." Staff used people's preferred name and spoke with them in a respectful way.

Staff responded in a timely way when people were in pain, for example, we observed and heard a staff member asking a resident in their room if they were alright. The resident complained of pain and the staff member was patient and kind, offering to take the resident to the toilet and asking if help was needed. People were encouraged to be as independent as they could be with assistance when required.

We saw visitors come and go throughout the day; all were made to feel welcome. One person said, "My relatives are welcome. They get a cup of tea." A visitor said, "I'm always very, very welcome. It's an open house. I can make a cup of tea."

Is the service responsive?

Our findings

Within people's care plans we saw that they or a representative had been involved in writing them. People we spoke with were not able to tell us if they had been involved, however, we saw that some people had signed them. One visitor said, "They asked about male and female staff (caring for their relative). I was not concerned about it." Another relative said "Yes, the care plan is reviewed, updated and I sign it."

Care plans were up to date and relevant to people's needs. They covered topics such as dementia, physical health, mobility, personal care, skin integrity, communication, and safeguarding. There was some life history information in people's care plans and staff were familiar with this. For example, one person liked to clean up after mealtime and staff explained this person had once worked in a school kitchen. We observed this person after lunch cleaning the sink in the dining area, tidying up and making sure everything was clean and tidy.

The provider employed a dedicated activity staff member. On the day of our inspection they were assisting people to visit the hairdresser, in the afternoon they set up a game of skittles. The activities log showed that people engaged in a range of activities such as singing, dancing, crafts and that outside entertainment was regularly arranged. There were photographs around the home of people enjoying various activities.

The service had its own vehicle and people were supported to access the community regularly. For example, a number of Christmas excursions had been arranged and some people had been to a local pub the day before our inspection. One person told us, "We do get out a bit. I enjoy the trips." Staff said that people who tended to stay in their rooms were not left out and had one to one time.

The provider had a complaints policy and procedure. One person said they would speak to the senior or the manager if they had a complaint. A relative said, "I would talk to the senior carer or manager and expect a good response." Another relative said, "If I have any concerns I can tell [name of registered manager] and it's dealt with." There had been no formal complaints since the last inspection.

The registered manager told us that if it was the person's and relatives wishes, they would try to care for people at the end of their life. They told us people they had been able to support with the assistance of the district nursing team and regular GP input. We saw complimentary thank you cards from relatives thanking staff for the care of their relative at the end of their life.

Is the service well-led?

Our findings

The registered manager was aware of the day to day culture of the service as they were on site daily and worked alongside staff. On the day of our inspection we observed them assist with the serving and clearing of lunch. People told us the registered manager was available at any time.

One staff member said, "She is very supportive, firm but fair and puts the residents at the centre of everything she does." A relative said, "I always go to [registered managers name] and things get put right." Another relative said, "The home is always nice and clean. It's comforting. There is no strict regime." and then added, "They are very flexible and amenable." A visiting professional said, "The home is well managed. Residents have high levels of dementia, so it's quite challenging."

There was a registered manager in post who was aware of their registration requirements. 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.

Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis. Data was kept confidential. Files were kept in the office and accessed only by people who needed them.

Staff told us they had been supported to raise concerns or issues and felt able to do so if required.

The registered manager had recently sent out an annual questionnaire. This had been sent to people who used the service and their families. We looked at a number of the returned questionnaires. The majority were very satisfied or satisfied. Some comments included; 'always a warm caring atmosphere,' '[name of person] receives wonderful care and support and, always a warm caring atmosphere, efficiently run.' Where a relative had an issue the registered manager sent a letter and they had met to discuss this. The issue had been resolved to their satisfaction.

A number of quality audits had been carried out, these included; maintenance checks, health and safety checks and falls management.

The registered manager told us they worked in partnership with other agencies. These included the local authority and multi-disciplinary teams to assist in supporting people. When required, information was shared with these agencies on a need to know basis to assist with supporting people.