The Limes Care Home Limited

The Limes

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

This inspection took place on 12 May 2015 and was unannounced. When we last inspected the service in July 2013, we found that the provider was meeting all their legal requirements in the areas that we looked at.

The Limes provides care and support for up to 28 people with a range of physical and mental health needs. At the time of our inspection there were 18 people living at the home.

The home has a registered manager as is required by the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. The registered manager of the home is also the nominated individual for the registered provider. The nominated individual is the person who is contacted by the CQC should there be anything that is needed to be discussed with the provider.

During our inspection we found that people were safe at the home. Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments

Summary of findings

connected to the running of the home. These were reviewed regularly. Accidents and incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the number of occurrences. There were effective processes in place to manage people's medicines and referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being.

There were enough skilled, qualified staff to provide for people's needs. Recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. They were trained and supported by way of supervisions, appraisals and regular audits of the way in which they delivered care.

People had been involved in determining their care needs and the way in which their care was to be delivered. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had plenty of choice of good nutritious food that they liked and which respected their cultural and religious preferences. Their weight was monitored and appropriate referrals were made to the dietician.

Staff were kind and considerate. They treated people with dignity and respect and assisted people to maintain their interests and hobbies whilst encouraging them to be as independent as possible.

People and their relatives had been involved in deciding what care they were to receive and how this was to be given. Relatives were involved in the regular review of people's care needs and were kept informed of any changes to a person's health or well-being.

There was an up to date complaints policy in place and a notice about the complaints system was on display in the entrance of the home. There were a number of other information leaflets on the notice boards around the home which included information about the service.

There was a very friendly, family atmosphere about the home. There was an open culture and staff were supported by the managers. Staff were aware of the visions and values of the provider. People, relatives and staff were able to make suggestions as to how the service was provided and developed. There was an effective quality assurance system in place.

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.

Staff were aware of the safeguarding process and appropriate referrals had been made to the local authority.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled, qualified staff to provide for people's needs.

Good

Is the service effective?
The service was effective.

Staff were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had a good choice of nutritious food and drink.

Good

Is the service caring?
The service was caring.

Staff were kind and caring.

Staff promoted people's dignity and treated them with respect.

Good

Is the service responsive?
The service was responsive.

People's care plans were reviewed and amended as their needs changed.

People were supported to follow their interests and hobbies and a wide range of activities were available.

There was an effective complaints policy in place.

Good

Is the service well-led?
The service was well-led.

There was a registered manager in place who was supported by an assistant manager and a deputy manager, both of whom were visible and approachable.

People, relatives and staff were encouraged to identify ways in which the service provided could be improved.

There was an effective quality assurance system in place.

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 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 12 May 2015 and was unannounced. The inspection team was made up of three inspectors.

Before the inspection we reviewed the information available to us about the home, such as notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed information about the home that had been provided by staff and members of the public.

During the inspection we spoke with two people and one relative of a person who lived at the home, two care workers, the cook, the deputy manager, the assistant manager and the administrator. We spoke with a district nurse who was attending one of the people who lived at the home. We carried out observations of the interactions between staff and the people who lived at the home and also carried out observations using the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and risk assessments for three people, checked medicines administration and reviewed how complaints were managed. We also looked at three staff records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People who lived at the home and the relative we spoke with told us that they felt safe or their relative was safe and secure living at the home. One person told us, “I feel quite safe. Nothing’s ever upset me.” The relative said, “They have pretty good security. There are no nasty trippy hazards. I have no issues with the safety in relation to [relative].”

We saw that there was a current safeguarding policy, and information about safeguarding was displayed on a noticeboard in entrance hall. The staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. One member of staff said, “I would go to the manager straight away and if I was unhappy with their response I would contact the [council].” Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these. This demonstrated that the provider had arrangements in place to protect people from harm.

There were personalised risk assessments in place for each person who lived at the home. The actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. These included the identification of triggers for behaviour that had a negative impact on others or put others at risk and steps that staff should take to defuse the situation and keep people safe. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them. Where people were at risk of falls this was highlighted in the risk assessments and care plans were reviewed regularly to enable staff to take steps to reduce the risks.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people’s risk assessments, their daily records and by talking about people’s experiences, moods and behaviour at shift handovers. One member of staff said, “We discuss any issues and actions taken to rectify them at handovers. All team members are present.”

The manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of portable electrical equipment. There was an Emergency Information Noticeboard that provided information to people and staff as to the actions they should take in the event of an emergency and the relevant contact numbers. The service also had a Continuity plan in case of an emergency, which included information of the arrangements that had been made for major incidents such as the loss of all power or water supply.

Accidents and incidents were reported to the deputy manager. We saw that they kept a record of all incidents, and where required, people’s care plans and risk assessments had been updated. The records were reviewed by the deputy manager to identify any possible trends to enable appropriate action to be taken to reduce the risk of an accident or incident re-occurring. When people suffered a fall this was recorded in the incident and accident log and the reasons for falls were analysed to identify appropriate actions to be taken to reduce the occurrence of them.

There were enough qualified, skilled and experienced staff to meet people's needs. One person told us there was always staff available to help them. They told us, “There is always plenty of them floating around. There is certainly plenty of them.” The relative we spoke with said, “There is enough staff by or large. At times they are busier than at others.” The deputy manager told us that absences were covered by their own agency staff who were trained at The Limes and had the requisite skills to care for the people who lived there. There was a very visible staff presence around the home throughout the period of our inspection. Records of a staff meeting held on 27 March 2015 showed that the staff were comfortable with the ratio of staff to people who used the service.

We looked at the recruitment files for three staff that had recently started work at the home. We found that there were robust recruitment procedures in place. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work. However for one of the three members of staff a full employment history had not been obtained and there were discrepancies within their file. Although these had been investigated to the assistant manager’s satisfaction, there was no record within the file to explain these or the rationale for the decisions which had been made.

Good

Is the service safe?

There were effective processes in place for the management and administration of people's medicines. We reviewed the Medicine Administration Records (MAR) for five people, covering the period of 20 April 2015 to 12 May 2015. We saw medicine was given at the correct time.

Each person's medicine record held a photograph and details of any allergies. Separate records were kept for PRN medicines. Theses' are medicines which are used 'as and when' required. There was a policy available for staff to refer to should the need arise. Controlled drugs were kept safe in a lockable cabinet in the medication room. These drugs required two signatures one from the staff member administrating the medication and one from another staff member who witness the medication being administered.

Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturers guidelines. For example, in April 2015, a local pharmacy carried out an audit and found that there were no concerns or actions required for the provider. The deputy manager as well as the assistant manager also carried out regular audits of medicines so that that all medicines were accounted for. These processes helped to ensure that medicine errors were minimised and that people received their medicines safely and at the right time.

Good

Is the service effective?

Our findings

People told us that staff had the skills that were required to care for them. The most recent survey of people and their relatives asked for feedback about the knowledge of the care staff. One response said, "The carers appear to be very good."

Staff told us that there was a mandatory training programme in place and that they had the training they required for their roles. They told us this was provided in a number of ways, by e-learning, distance learning books and face to face training and this was supported by records we checked. One member of staff told us they were completing additional training about how to care for people who were living with dementia. They explained to us how this had changed the way in which they delivered care and communicated with the people who lived at the home. We saw that they used the techniques they had learned as they interacted with people.

Staff also told us that they received regular supervision and felt supported in their roles. One member of staff told us, "I have supervision monthly and discuss how I am getting on and any training I want to do." Records showed that supervision meetings with staff were held with the deputy manager who maintained a schedule to enable them to quickly follow up on any that were missed for any reason, such as unexpected absence. Staff also had annual appraisal meetings with the deputy manager at which developmental opportunities were discussed. This meant that staff were supported to enable them to provide care to a good standard.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Although not all staff had received training on the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards, we saw evidence that these were followed in the delivery of care. We saw that best interest decisions had been made on behalf of people following meetings with relatives and healthcare professionals and were documented within their care plans. Authorisations of deprivation of liberty were in place for people who lived in the home as they could not leave unaccompanied and were under continuous supervision. We saw that an authorisation had been sought and granted for one person who had a history of absconding from the home and was at risk of harm if they were not accompanied when outside of the home.

The relative we spoke with told us that when there were changes to the care that was to be provided they were consulted and their consent gained. They said, "Every time they do a care plan update I come in and sign it off." People told us that staff always asked for their consent before delivering any care. One person told us, "They leave it up to you. They don't push." Staff told us of ways in which they gained consent from people before providing care. One told us, "I talk it through with them. I say what I am planning to do and ask them if it is alright to go ahead." They went on to explain how they communicated with people who could not verbalise their wishes. They explained that they used non-verbal methods of communication by using gestures, pictures and showing people items to gain consent and give them choices. Our observations confirmed that these methods were used effectively to gain consent and understand people's needs.

People told us that they had plenty of choice of good, nutritious food that they liked. One person told us, "The food is very good. There is a choice and you just choose the one you want." Another person said, "The food is very nice." The relative also told us that the food was very good and that their relative's medical condition was managed by diet. In response to the most recent satisfaction survey one relative had commented, "It's nice to see that [relative] can have other than the menu sometimes." We saw people were offered hot and cold drinks throughout the day along with a variety of snacks.

We observed people having their lunch time meal. The home had two dining rooms and one was used to accommodate people who used a wheelchair. Staff told us that, where appropriate, people were encouraged to use this particular dining room as it provided more space to enable them to be comfortable in a wheelchair around the table.

We saw people were supported appropriately during lunch time. Lunch was very relaxed. For example music was played in the background and staff chatted with people. People who were able to get up from the table walked around and staff interacted positively with them

Good

Is the service effective?

throughout. We observed people being offered choices of food and being supported to make decisions. We noted that staff were patient with people when assisting them to eat their food.

We spoke with the cook who told us that all food was home cooked and people were given at least two choices at each of the meals. People had been asked for their likes and dislikes in respect of food and drink and the menus had been planned taking their preferences into account. People were asked during the morning which of the choices they wanted for their main meal but the cook told us that people were able to change their mind and could have an alternative meal if they did not want either of the choices available. Vegetarian options were available and cultural diet choices were catered for. The cook was aware of people's dietary needs and who required special diets for health reasons, such as low sugar or fortified diets. We saw that the provider used plenty of fresh vegetables and fruit was available for people to help themselves.

People's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their food and fluid intake that provided detailed information on what they had consumed. If people were identified as at risk of weight loss their food was fortified and they were referred to the dietician or GP.

People told us that they were assisted to access other healthcare professionals to maintain their health and well-being. The relative we spoke with said, "They are good when [relative] has to go to hospital. They always go with [relative] and stay and get [relative] back." Records confirmed that people had been assisted to see a variety of healthcare professionals and other professionals to promote their well-being, including their GP, district nurse, optician and chiropodist. When visits had been made to people by healthcare professionals the reason for these and the actions taken had been recorded to enable the staff to monitor the person's health more closely. Records showed that referrals had been made to relevant healthcare professionals, such as occupational therapists and the local mental health team.

We spoke with a district nurse who was visiting the service on the day of our inspection. They told us that the home always reported any concerns and had made arrangements for them to visit the home to see people via the 'one call' system. This is a call system used that ensures that the service is always able to speak with a district nurse. We were told that the service always followed their advice and where necessary regularly recorded people's fluid intake and kept records of turning charts and put in place appropriate equipment such as pressure mattresses.

Good

Is the service caring?

Our findings

The person and the relative we spoke with told us that the staff were kind and considerate. We were told, "The staff are very friendly. If you want anything you only have to ask. You can't ask for more." The relative said, "I love it. I come often and at different times but have never yet come in and felt there was any kind of issue." In response to the most recent satisfaction survey one relative had written, "All the staff seem very caring in their attitudes." Another relative had commented, "The staff are always polite, helpful and dedicated."

Positive, caring relationships had developed between people who used the service and the staff. Staff we spoke with were aware of the life histories of people who lived at the home and were knowledgeable about their likes, dislikes, hobbies and interests. They had been able to gain information on these from the lifestyle profiles, 'This is Me', within people's care records and through talking with people and their relatives. The lifestyle profiles had been developed in discussion with the people and their relatives to give as full a picture of the person as possible. This information enabled staff to provide care in a way that was appropriate to the person. One staff member told us, "I ask the families what they enjoy."

We observed the interaction between staff and people who lived at the home and found this to be friendly and caring. Staff told us that they also used body language and other non-verbal forms of communication, such as facial expressions, to understand people's needs, such as looking uncomfortable when they may require personal care. One member of staff told us, "I talk to them and use signs to check. Sometimes I use pictures to ask them what they want."

People told us that the staff protected their dignity and treated them with respect. One person told us, "They treat us nicely." In response to a recent satisfaction survey one relative had commented, "[Relative] is always clean and tidy." We observed that people were dressed nicely and appeared well groomed.

Staff members were able to describe ways in which people's dignity was preserved, such as, in communal areas, asking quietly if they require personal care, ensuring that doors and curtains were closed when providing personal care and covering people when helping them to wash. One member of staff told us, "I treat them the way they should be treated, as family as it were." Staff explained that all information held about the people who lived at the home was confidential and would not be discussed outside of the home to protect people's privacy.

People were encouraged to be as independent as possible. One person told us, "They let you do it yourself if you can." A staff member told us, "I always encourage them to do things for themselves." Another member of staff said, "I encourage them to do it themselves by saying things like, "You wash your face and I'll do your back."

There were a number of information leaflets on the notice boards around the home which included information about the service, safeguarding, the complaints policy and fire evacuation instructions.

The relative we spoke with told us they were free to visit at any time during the day and evening. They told us that they visited at varying times and were always made to feel welcome.

Good

Is the service responsive?

Our findings

People and their relatives told us that they had been involved in deciding what care they were to receive and how this was to be given. They had been visited by one of the managers who had assessed whether the provider could provide the care they needed before they moved into the home. The care plans followed a standard template which included information on their personal history, their individual preferences and their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people with specific needs. One record we looked at showed that the person disliked being alone. During the inspection we noted that although this person was being cared for in bed their room was off the lounge and the door was left open so they were able to see other people.

We saw evidence that relatives were involved in the regular review of people's care needs and were kept informed of any changes to a person's health or well-being. The relative we spoke with told us, "I am involved. The next review is due in October. I have had calls about my [relative] and they keep me updated." They went on to tell us about how the provider had made changes as their relative's needs had changed, which had included the provision of a different bed and the purchase of a larger hoist to assist with their transfers.

The relative told us that people were supported to maintain their interests and hobbies but sometimes changes to people's health had meant that they were no longer able to undertake tasks they used to enjoy. The relative told us, "They make use of the grounds and facilities. They try to make food with people, they play skittles and take people up the pub. They've been on outings. [Relative] went to Woburn Abbey." During our inspection we noted that staff were assisting people with a range of activities. One staff member was observed assisting someone to read the newspaper and a number of staff were involved in a communal game of bingo where they helped people to mark their cards and handed around chocolates. Staff told us that they had time to sit with people and talk about their lives. The home was visited fortnightly by representatives of the local church and people attended services at the church whenever they wished. People were also accompanied to local shops.

We saw that the service had developed a fun club that people could use. This included musical instruments and internet connected computers for people to use. The deputy manager told us that a minibus was due for delivery and this would enable people to have more trips out. There were also noticeboards around the home that displayed photographs of the various events and outings that had taken place which were used to remind people and prompt conversations.

There was an up to date complaints policy in place and a notice about the complaints system was on display in the entrance of the home, however, people told us that they had no complaints and there was no record of any complaint having been received within the last year. One person told us, "I am very happy. If there is anything you go to them and they would deal with it." The relative told us, "If I had any concern I would go to [deputy manager] who would sort it."

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Good

Is the service well-led?

Our findings

The registered manager was supported by an assistant manager and a deputy manager. At the time of our inspection the registered manager was on leave and the service was being run by the assistant and deputy managers.

We noted that there was a very friendly, family atmosphere about the home. The person we spoke with said, “We are country people. It is a very friendly atmosphere.” The relative told us, “I like the joint. It is a home. It is not supposed to be a facility.” During our inspection we saw that the assistant manager and the deputy manager walked around the home and spoke with people to find out how they were and involved them in what they were doing.

Staff told us that there was a very open culture and they would be supported by the managers if they raised any issues. One member of staff told us, “It is a very friendly atmosphere, open and accommodating. What you see is what you get.” They were aware of their roles and responsibilities and were able to tell us of the visions and values of the provider. One member of staff said, “It is to improve the quality of life for the people who live here. Clients have dignity, are treated as individuals and are able to follow their religious beliefs.”

People and their relatives were invited to attend meetings and discuss ways in which the service could be developed. One relative told us, “If I am asked I come along.” They went on to say that they had discussed the décor in the main lounge which had been pained a pale blue. They had suggested that this made the room feel cold and a warmer colour would give a better atmosphere. The provider had subsequently repainted the room. The relative told us that they had also been involved in tasting of foods that were to be included in a new menu along with people who lived at the home. Only those foods that people had liked had been included. Minutes of the meetings held with relatives and people showed that they were able to discuss food, the care provided, hygiene, activities and the environment.

The deputy manager showed us local satisfaction survey forms that had been sent to relatives of people who lived at the home. All of the responses were good and contained positive comments about the service. Although the survey had asked for people to identify any areas for improvement in the service none of the responses contained any suggestions for improvements that could be made.

Staff were also encouraged to attend meetings at which they could discuss ways in which the services could be improved. We saw that at recent meetings they had discussed the staff to resident ratio, service developments, including the opening of the fun club, the Mental Capacity Act 2005 and staff were updated on the continuity plan, the arrangements in place should an emergency occur.

The assistant and deputy managers carried out regular audits to check on the quality of the service provided. These included audits of infection control, medicines management and health and safety. In addition the deputy manager carried out regular audits of the delivery of care by individual members of staff. We saw that where areas for improvement had been identified these were followed up at supervision and checked at the next audit.

We noted that people’s records were stored securely within the office shared by the deputy manager and the service administrator. We were told that this office was not normally left unattended but would be locked if it was to be so. This meant that the confidential records about people could only be accessed by those authorised to do so.