New Hope Specialist Care Ltd

The Limes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The Limes is registered to provide accommodation and personal care for up to eight people with Learning Disabilities. At the time of our inspection, there were seven people living at the home.

Our inspection took place on 27 and 28 January 2016 and was unannounced. At our last inspection of the home in November 2014, we found that the provider was not meeting one of the regulations associated with the Health and Social Care Act 2008 which related to there being no effective quality assurance systems in place to check the quality of the service. Following the inspection we asked the provider to make improvements. The provider sent us an action plan outlining the actions they had taken to make the improvements. During this inspection we found that these improvements had not been made.

The home 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.

Quality assurance audits were not completed to ensure the quality of the service. Where areas for improvement had been identified, action was not taken in a timely way.

Notifications that the provider was required to send to us, were not always submitted. This meant that the provider was not meeting legal requirements of their registration with us.

People were given opportunity to provide feedback on the service provided but where comments were made, these were not responded to in a timely manner.

A record of complaints was not held and complaints were not analysed to identify trends.

People were involved in planning their care. However, where people's needs changed, this was not always documented to ensure records remained up to date.

Accidents and incidents were not analysed to identify trends and reduce the risk of incidents reoccurring.

People felt safe. Staff knew how to identify abuse and the actions to take if they suspected someone was at risk of harm.

There were sufficient numbers of staff with the skills and knowledge available to meet people's needs.

People were supported to take their medication independently. Where people required support to do take medication, this was done in a safe way.

People had their rights upheld in line with the Mental Capacity Act 2005.

People were supported to maintain their independence and were encouraged to prepare their own food and drink with staff support. People had access to the kitchen at all times.

People had the healthcare support they required to maintain their health and well-being.

People were supported to maintain their interests and were encouraged to take part in activities daily.

People knew who the registered manager was and felt able to raise concerns with them.

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 was safe.

Staff knew the actions to take if they suspected people were at risk of harm.

There were sufficient amounts of staff on duty to meet people's needs.

Medication was given in a safe way and as prescribed.

Is the service effective?

Good

The service was effective.

Staff received training in order to support them in their role.

People were supported to make decisions in line with the Mental Capacity Act 2005.

People were supported to choose and prepare their own meals. People had sufficient amounts to eat and drink.

People had access to health care support to maintain their good health.

Is the service caring?

Good

The service was caring.

Staff had a kind and caring approach with people.

People were supported to be involved in their care.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records were not always kept up to date when people's needs changed.

Records about complaints were not kept and no analysis of complaints made took place to identify trends.

People were supported to pursue their individual hobbies and interests.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems were not in place to ensure the quality of the service.

The provider had not displayed their most recent inspection rating as required by law.

Feedback given by people was not always responded to in a timely way.

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 27 and 28 January 2016 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the home including notifications sent to us by the provider. Notifications are reports that the provider is required to send to us to inform us of incidents that occur at the home. We also spoke to the local authority for this home to obtain their views on the care provided.

We spoke with four people who live at the home, two relatives, three members of staff, the registered manager and a visiting health professional.

We looked at the care records for three people, six medication records and two staff recruitment files. We also reviewed the accident and incidents log, complaints records, staff training records and the quality assurance audits completed by the registered manager.

Good

Is the service safe?

Our findings

People living at the home told us they felt safe. One person said, "Yes, they do make me feel safe". Another person said, "I like it here". A relative spoken with said, "Yes, they are safe, it's brilliant there".

Staff we spoke with knew how to identify abuse and could explain the actions they would take if they suspected someone was at risk of harm. One staff member told us, "I would talk to my team leader if I suspected abuse; I would also document it and explain to the person that I need to tell someone". We saw that staff had been provided with training in how to protect people from abuse. The registered manager told us how they encourage people to raise concerns with them. The registered manager told us, "I always let people know that they can talk to me. I also go through this in staff meetings". Staff we spoke with confirmed they were supported to raise concerns about people at risk. We saw that one safeguarding incident had occurred at the service and that the registered manager had reported this appropriately to their safeguarding team and to Care Quality Commission.

We saw that staff could identify risks and manage these to keep people safe. One member of staff we spoke with said, "It is about constantly checking, removing anything unsafe and reporting things". Another staff member told us, "We keep people safe by supporting them to do daily tasks and being mindful". The registered manager told us how they were in the process of supporting a person to take part in a go-karting race. The manager told us how assessments had been carried out alongside the go-karting company and adaptations had been made to the race course to ensure that the person was able to take part in a safe way. We saw that people had risk assessments that were reviewed every three months. Staff we spoke with told us they were kept informed of changes. One staff member told us, "We are left messages in the communication book when there are any changes and we have to sign and say we have read it". We saw that a record of accidents and incidents were kept. The records included details of what was happening before the incident, during the incident and what actions staff took afterwards

We saw that effective recruitment systems were in place. Staff we spoke with confirmed that prior to starting work they were required to provide two references and complete a check with the Disclosure and Barring Service (DBS). The DBS check would show if the person seeking employment had a criminal record or had been barred from working with adults. We saw that for long standing members of staff, the DBS check had been updated periodically and that an annual declaration had been signed confirming that there had been no changes in their criminal record. This minimised the risk of unsuitable people being employed by the service.

People we spoke with felt there were enough staff available to meet their needs. One person told us, "Yes, there is enough [staff], staff come quickly if I need them". Another person told us, "There is enough staff, quite enough". Staff we spoke with also felt there were enough staff. One staff member said, "There is plenty of staff, I don't feel rushed. If something comes out of the blue, the registered manager will step in and help". We saw that there were sufficient numbers of staff available. We saw that where people were going out, staffing levels had been increased to ensure there were appropriate numbers of staff to support people.

People told us they were supported to take their own medication. One person said, "I do my own tablets, staff tell me when the time comes around". People who had staff give them their medication told us they received this on time. Another person said, "I get my tablets at 7pm". We saw that for people who took their own medication, staff reminded them when it was time to do so and monitored this to ensure it was done safely. We saw that where staff gave people their medication, it was given appropriately and safely. Records showed that staff had been observed giving medication by the registered manager to ensure they were competent to do so. Some people living at the home had medications on an 'as and when required' basis. We saw that protocols were in place informing staff of when these medications should be given. We saw that where people had been prescribed creams, there was a guide available for staff informing them of where this should be applied. We looked at six medication records. All of the records kept on medication given matched the amount of tablets available. This meant that medication had been given as prescribed and that accurate records of this were kept.

Good

Is the service effective?

Our findings

Relatives we spoke with felt that staff had the skills required to meet their family member's needs. One relative told us, "As far as I am aware, they [the staff] have the skills". Another relative said, "The staff are great".

Staff we spoke with told us they had received an induction prior to starting work. One member of staff told us, "I had an induction at the office and then about three days of shadowing". Another staff member said, "The induction was a tour of the place, meeting people, going through fire escapes, care plans and the communication book". Staff we spoke with felt that this equipped them for their role.

Staff we spoke with told us they felt that their training supported them in their role. One member of staff told us, "I have done a lot of training in the last year. It has definitely helped". Another member of staff said, "We have done more training recently". Staff told us and records confirmed that training had been provided in a variety of areas and that the training given was based on the needs of the people living at the home. We saw that staff had a good understanding of how to meet people's individual needs.

Staff told us they felt supported in their role and had regular supervisions with their manager to discuss their work and any training needs. One member of staff said, "Supervisions used to be every three months but recently they have gone to every six weeks". The registered manager confirmed that supervisions were every six weeks but that extra supervision would be made available if people requested this. The registered manager told us, "If staff ever say they need to speak to me, we can have another [supervision], the door is always open". Staff we spoke with confirmed this. A member of staff told us, "I feel like I can ask for help if I need more training".

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us that staff sought their consent before supporting them. One person said, "Staff ask if it is ok before helping me". Another person said, "Staff do ask permission". Staff we spoke with had a good understanding on MCA and DoLS and records showed they had received training in this area. One staff member told us, "If people have the capacity to make a decision, then I would support them to do that". We saw people being supported to make decisions throughout the day, including; what they would like to do, what they wanted to wear and what holidays they would like to take. We saw that no applications had been made to deprive people of their liberty.

People told us they were happy with the meals they were provided with. One person said, "The food is alright. I can choose what to eat". Another person told us, "The food is brilliant". We saw that people sat together and chose what would be included on the menu each week. The choices were made available in a pictorial format to support people to choose the meals to include. People were then supported to go shopping for the ingredients required for that week's menu. We saw that people were supported to prepare their own meals. Each day a person was allocated as cook. This person went round and asked what meal people would like preparing and would then prepare this with support from staff. We saw that this made mealtimes a sociable experience for people and everyone spoke about the meal that had been cooked and complimented that day's cook. Staff were aware of people's dietary requirements and ensured that the person cooking prepared meals that met people's needs. People had constant access to the kitchen and were able to help themselves to drinks and snacks throughout the day. One person told us, "I like making cups of tea for people, I can do this on my own".

People were supported to access the healthcare they needed to maintain their health. One person told us, "I get the doctor out if needed". Another person said, "If I have an appointment at the hospital, the staff come with me". A relative we spoke with said, "If [person] is unwell, they get the GP out and they will call and tell me". Staff told us the actions they would take if they felt someone's healthcare needs had changed. One staff member said, "If someone is unwell, they will tell you. We will then monitor them and call the GP". People told us and we saw records that confirmed that people attended annual well person checks as well as dental and optician appointments.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring. One person told us, "They are nice. I like [staff member] and the boss". Another person said, "Staff are nice. Yes they look after me well". A relative we spoke with also spoke positively about the caring nature of the staff. The relative told us, "Staff are great, I have no problems with them". Staff spoke about people in a caring way. One member of staff told us, "They [people living at the home] are like a second family to me". We saw that staff displayed warmth and had a friendly relationship with people. We saw staff refer to people by their preferred name, discuss their interests and have a laugh and joke with them. This had a positive effect on the people living at the home, who appeared happy in staffs company.

People told us they were involved in their care. One person said, "They [the staff] ask how I want the help". Another person said, "I get to choose what to do each day". We saw that residents meetings were held regularly. This was confirmed by people living at the home. One person said, "We have meetings once a month". We saw that people were encouraged to have input into what is discussed at the meeting. There was a board available for people to comment anonymously about things they would like to discuss in the meeting. We saw that where people had made suggestions, these were acted upon. For example, one person had requested a barbeque be held. We saw that the following month, this had been arranged. We saw that people had been supported to decorate their rooms in the way that they chose and that people took pride in their rooms. The registered manager told us that a post-box had recently been fitted in the reception area of the home so that people could make suggestions anonymously if they chose too. We saw that this box was available for people but had not yet been used.

People told us they were treated with dignity and given privacy. One person said, "The staff knock before they come in [my room]". We saw that people were given privacy when requested. People had keys to their bedroom and we saw staff ask permission before entering their room. Staff could give examples of how the promote peoples dignity. This included; allowing people to open their own mail, ensuring that people's confidential information is kept safe and locked away and covering people up if helping with personal care.

We saw that people were supported to maintain their independence where possible. People were responsible for keeping the home clean and ironing their own clothes. One person told us, "I do the hoovering as we have to keep the place nice and tidy". People told us and records confirmed that people had been supported to attend a training course on how to travel independently. Once they had completed the course, they were then encouraged and supported by staff to go out independently. We saw people do this throughout the day.

The registered manager told us that people would be supported to access advocacy services if they required this. The registered manager could give us an example of a time they supported a person to access an advocate. No one at the home currently required this service.

Requires Improvement

Is the service responsive?

Our findings

We spoke with the registered manager who told us that no complaints had been received. However, a relative we spoke with told us they had made a complaint and we saw that another complaint had been made by a member of the public. This information was not kept within the complaints log and no analysis of this had taken place. This meant that the complaint was not recorded appropriately. We saw that the complaint from the member of the public had been investigated by the registered manager and appropriate action taken as a result. The registered manager told us they had not thought about putting the details of the concern raised with the complaint's records as it related to a staff disciplinary and so had been kept with the staff member's personnel file.

Relatives we spoke with had not been informed about how to make complaints. One relative said, "No-one told me how to complain, I would like to know actually". Another relative told us they had previously made a complaint to the provider but that when they were not happy with the response and tried to escalate the complaint, they never received any further communication from the provider. The relative explained how this had left them to reluctant to complain in future. The relative told us, "I have no confidence in them". We did not see any record of this complaint held at the home.

People living at the home knew how to make complaints. One person said, "If I wasn't happy with something, I would tell the boss. She would sort it out". Another person said, "I would tell the manager or any members of staff [if I had a complaint]". Staff we spoke with knew the action to take to support people to complain. One staff member said, "If I could resolve it, then I would or I would write it down and pass it on to a colleague". We saw that information about how to make complaints was displayed in a way that was accessible to people and that they could understand.

People told us that they were involved in planning and reviewing their care. One person told us, "Oh yes, [staff member] goes through the blue book with me". We saw that the 'blue book' was where details about the person's support was recorded. Staff we spoke with also confirmed that they reviewed people's care with them. One member of staff said, "I sit with [person], we go through the care plan and read it, chat about it and I ask what they think about it". However, records we looked at did not demonstrate that people had been involved in their care planning and did not always have details about people's preferences and likes and dislikes. This meant that people's involvement in planning their care was not always reflected in the care plans to make them individual to the person.

People told us that they felt staff knew them well. One person said, "Staff know all about me". Another person said, "Staff know a lot about me". A relative we spoke with said that staff knew their relative well. The relative said, "They know [person] well. They are really good". Staff we spoke with had a good knowledge about people's likes and dislikes and how they liked their care to be delivered.

People told us they were supported to take part in activities they enjoyed. One person said, "There's plenty to do, we can go any place". We saw that people were supported to pursue their individual interests and people were encouraged to take part in activities. One person told us how they used to go car racing with a

relative and how much they enjoyed this. We saw that staff were in the process of supporting the person to take up this activity again. We saw another person visiting the local allotments where they grow their own vegetables and others went shopping to buy items for themselves. We saw that people were supported to work if they chose too. One person volunteered at a local library. We saw that holidays were arranged for people annually and that people were supported to choose where they would go. One person told us, "We went to Majorca last year, we had a speedboat, it was great, really fun".

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in November 2014, the provider was found to be in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 due to there being a lack of effective quality assurance systems in place to check the quality of the service. Following that inspection, the provider sent us an action plan detailing what actions they would take in response to this. We checked to see if this action had been taken. We saw that a monthly audit had been undertaken by an area manager twice, in November 2015 and January 2016. The registered manager told us that audits had been carried out monthly following their last inspection but that this was not recorded until November 2015. In the action plan sent following the previous inspection, the provider had laid out plans to ensure that audits were completed. The provider had failed to complete their action plan. This meant that the provider had not taken the appropriate action to ensure that systems were in place to assess, monitor and improve the quality and safety of the service as required by law.

We saw that the registered manager had completed a weekly health and safety check of the home. Where maintenance work had been identified, these were not actioned in a timely manner. We saw that some faults were reported in the health and safety check for the previous eight weeks but no action had been taken to resolve these. A relative we spoke with told us they had reported the faults to the provider in October 2015 as they had concerns about the security of the building. This meant that where areas for improvement had been identified that may put people using the service at risk, these were not rectified.

We saw that accidents and incidents were recorded. However, the log of incidents was not analysed to identify trends and take action to minimise the risk of the incident reoccurring. We spoke with the registered manager about this who told us that this had been identified as an area to be addressed. We saw one audit carried out by a service manager for the provider that had recommended that an audit of accidents and incidents was carried out, although this had not yet been implemented. We also saw that complaints made were investigated but not audited to identify trends and make improvements to the service and reduce the risk of harm to people.

We saw that where people's needs had changed, this was not always recorded in the person's records. We saw that care plans were reviewed every three months. For one person, we saw that there had been a change in their needs but that this had not been recorded in their care plan. The staff we spoke with were aware of this change. However, the care plan had been reviewed since the change in needs had occurred but the information had not been updated. This meant that the systems in place for reviewing people's care records was not always effective.

We saw that the registered manager had sought feedback from relatives via questionnaires. However, we saw that where people had made comments in their feedback, this had not been acted upon in a timely way. We saw that a few respondents had commented that they would like to have more involvement in their family member's care. We asked the registered manager about the action taken in response to the feedback. They told us and we saw that letters had been sent out inviting people to a review. However, this was not done in a timely way and the action was not taken until five months after the feedback was provided. We

saw that feedback was sought from people living at the home at meetings. We saw that suggestions made in the meetings had been acted on by the registered manager.

The provider did not have a clear oversight of the service as the lack of quality assurance audits or analysis of incidents and complaints meant that issues had not been identified. Where issues had been raised by the registered manager or in feedback from relatives, the provider failed to be proactive in dealing effectively with these risks as they arose.

This is a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

At our last inspection in November 2014 we rated the service as Requires Improvement. The provider was required to display this rating of their overall performance. This should be both on any website operated by the provider in relation to the home and one sign should be displayed conspicuously in a place which is accessible to people who live at the home. We were unable to see the rating displayed at the home or on the provider's website: the registered manager confirmed that they had previously displayed this rating but as the document kept falling from the noticeboard, it had been taken down and not replaced. The registered manager confirmed their performance rating was not displayed on their website.

This is a breach of Regulation 20A HSCA 2008 (Regulated Activities) Regulations 2014.

The service manager told us about an incident where the people living at the home had to stay in temporary accommodation for two nights due to a leak at the home which made it unsafe for people to remain there. The provider had not notified us of this incident. This meant that the provider was not meeting the legal requirements of their registration with us. Providers have a legal responsibility to inform us of all incidents that prevent the provider from carrying out a regulated activity for longer than a period of 24 hours.

People told us they knew who the registered manager was. One person told us, "[Registered manager's name] is the manager, I see her in the week and the weekend, she helps me if I have a problem". Another person said, "I like [registered manager's name]". Relatives also spoke positively about the manager. One relative said, "The manager does try to do all she can, she is approachable". We saw that the registered manager was visible throughout the day and had a good relationship with people living at the home.

Staff we spoke with felt supported by their manager and felt confident to raise concerns. One member of staff told us, "I do feel supported, if I have an issue, I go to her, she is always available". Another staff member said, "The manager and seniors are fab, I know if there's anything I'm unsure of I can ask". Staff we spoke with knew how to whistle-blow and felt confident to do this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had not displayed their performance rating at the service or on their website. One sign should be displayed conspicuously in a place which is accessible to people who live at the home. Ratings should also be displayed in any website owned by the provider in relation to the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that systems were in place to assess, monitor and improve the quality of the service provided. Where areas for improvement were identified, the provider failed to act upon their own audit findings in a timely way in order mitigate the risks and ensure the welfare, health and safety of service users. The provider had not acted on feedback given by people in order to improve the services provided.

The enforcement action we took:

Warning notice