

Lime Lodge Care Ltd

Lime Lodge

Inspection report

575 Nuthall Road
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Nottinghamshire
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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

Lime Lodge is a residential home that provides care for up to nine people, who have a learning disability. At the time of our inspection there were eight people living in the home. At the last inspection, in December 2015, the home was rated Good but with a rating of Requires Improvement for the question, 'Is the service safe?' At this inspection we found the overall rating for the service remained Good, and the rating for the 'Safe' question had improved from Requires Improvement to Good.

People received safe care and processes were in place to reduce the risk of people experiencing avoidable harm. Window restrictors were not in place in two bedrooms on the first floor, which posed a risk to people's safety. This was rectified immediately. Sufficient numbers of staff were in place to meet people's needs, although the induction processes for agency staff members needed reviewing and formalising. Safe medicine management processes were in place and people received their prescribed medicines safely.

The principles of the Mental Capacity Act 2005 (MCA) were adhered to when decisions were made for people who lacked the ability to make specific decisions themselves. People were supported to lead a healthy lifestyle with encouragement to maintain a balanced diet and where needed, to lose weight. Staff were well trained, received regular supervision of their work and felt supported by the registered managers to develop their roles. People's day to day health needs were met.

Staff were kind, caring and showed genuine empathy and compassion when supporting people. People were treated with dignity and respect and their right to privacy was respected. There was a positive and friendly atmosphere within the home with people encouraged to do as much for themselves as possible.

People were able to lead their lives how they wanted and were supported to take part in the activities that were important to them. People's support records were detailed and provided staff with the information needed to support people effectively. People were provided with an 'easy read' complaints process that supported people living with a learning disability. Effective systems were in place to manage any complaints the provider may receive.

The service continued to be well-led. The registered managers were well liked and they carried out their roles in a dedicated and caring manner. People, staff and the management all interacted well which resulted in a positive environment. Staff enjoyed working at the home. Effective auditing processes were in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The rating for this question has changed from Requires Improvement to Good.

People received safe care and processes were in place to reduce the risk of people experiencing avoidable harm.

Window restrictors were not in place in two bedrooms on the first floor, however this was rectified immediately.

Sufficient number of staff were in place to meet people's needs, although the induction processes for agency staff members needed reviewing and formalising.

Safe medicine management processes were in place and people received their prescribed medicines safely.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Lime Lodge

Detailed findings

Background to this inspection

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

This was a comprehensive inspection that was completed by one inspector on 13 October 2017 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During the inspection we spoke with one person living at the home, two members of the support staff and the two registered managers. After the inspection we spoke with one relative.

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

Is the service safe?

Our findings

People received care from staff who understood how to keep them safe and to protect them from experiencing avoidable harm. A person we spoke with said, "I feel safe here, I am happy." A relative said, "I have no worries about [my family member's] safety. They are well looked after."

Processes were in place that ensured if people were at risk of experiencing avoidable harm or abuse, the appropriate authorities were notified. Staff spoken with could explain what they would do if they thought a person was at risk. One member of staff said, "I'd speak with my manager, but if it was about them, I'd call the CQC, safeguarding or the police."

Assessments of the environment in which people lived were carried out to ensure people were provided with a home that was safe. However, during our inspection we noted two bedroom windows on the first floor did not have restrictors in place. Restrictors are used to prevent windows from opening fully, reducing the risk of unauthorised people entering the home, but more importantly, preventing people from falling out of the windows. We raised this with the registered managers. They told us the restrictors were normally in place, however, the two bedrooms had recently been decorated and the restrictors were temporarily removed; but they were not then reinstated when then work was completed. The registered managers acknowledged this should not have happened and after the inspection they notified us to say they had addressed this.

People's health and support needs were regularly reviewed and where risks were identified, detailed risk assessments were completed to ensure the risks to people's safety were reduced. All risk assessments ensured the least restrictive option was always taken resulting in minimal impact on people's freedom.

People were supported by a consistent team of staff that ensured people received care and support from staff who knew them well. Measures were in place that ensured staff were recruited safely. Although a formal assessment of people's level of dependency was not carried out, the registered managers assured us that they understood people's needs well and extra staff would immediately be put in place if people's needs changed. A flexible team of staff was in place, who regularly covered sickness and holidays. Where staff were unable to cover these shifts agency staff were used. Records showed wherever possible the same agency staff members were used to ensure people received support from staff who knew them well. We were told by the registered manager that when agency staff attended the home for the first time they were shown around the home, directed to the fire escapes and informed of any immediate risks to people's safety. However, there was no formalised process for recording this and risked inconsistent information being given. The registered manager told us they would implement a formalised process immediately.

People received their prescribed medicines when they needed them. Records showed there were medicine management systems in place to protect people from the risks associated with medicines. This included; photographs of each person to aid identification to prevent medicines being given to the wrong person and detailed records showing when a person had taken or refused to take their medicines. Records showed the home had recently received a medicines audit from the local clinical commissioning group. Whilst the home had done well in most areas a small number improvements were needed. The registered manager assured

us they were in the process of making these improvements.

Is the service effective?

Our findings

People received care and support from staff who were well trained. One person living at the home said, "They know what they are doing and they know what I like and what I don't like." Staff received regular supervision of their work and were encouraged and supported to obtain external qualifications such as diplomas (previously known as NVQs) in adult social care. Staff felt supported by the registered managers. All staff completed the Care Certificate as part of their induction when they commenced working at the home. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The staff we spoke with told us they felt they had the skills they needed to carry out their role effectively.

People were supported by staff to make as many decisions for themselves as they were able to. People were encouraged to choose their own food, clothes and what they wanted to do each day. Where people were unable to make these and more complex decisions such as managing their medicines and finances; the principles of the Mental Capacity Act 2005 (MCA) were always followed. This ensured decisions were made in people's best interests. Staff spoke knowledgeably about how they supported people to make decisions for themselves and we observed staff doing so during the inspection.

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 are called the Deprivation of Liberty Safeguards (DoLS). We saw authorised restrictions were in place for one person which prevented them accessing the community alone. Applications to the authorising body had been made for six other people living at them home but these had not yet been assessed.

People were supported to maintain a healthy and balanced diet. Those at risk of not eating and drinking enough received the support they needed both from staff and external professionals such as dieticians. Records showed one person had been assessed and was overweight. They were supported by staff to address this by planning healthier meals, to exercise more which resulted in a steady weight loss of a stone and a half in six months. Others had also been supported to lead healthier lives and to lose weight where needed.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Where referrals to external professionals were needed these were made in a timely manner. These referrals included speech and language therapists and falls specialists. A healthcare professional spoken with prior to the inspection told us staff acted on the advice they gave when discussing people's support needs.

Is the service caring?

Our findings

People and staff got on well and had developed warm and friendly relationships. There was a calm atmosphere at the home and one person we spoke with said, "They [staff] are nice to me."

Staff sat and talked with people about the things that were important to them. Whilst people had varying levels of ability to communicate verbally, staff adapted their approach effectively. We observed staff use short sentences and words specific to each person. We noted people's support records contained detailed communication support plans and when we observed staff engaging with people, they did so in accordance with the plans.

People were supported to take some control of their own lives. For example, we saw one person was asked if they wished to help a member of staff with the food shopping. The person said, "Yes and also asked if they could bring a portable speaker with them. The staff member agreed and the person responded positively to this. The person's support records showed that music was very important to this person. This clearly showed that people's views and opinions were respected and staff treated people as individuals.

People's support records were person centred and contained detailed information about how they liked to be supported. A variety of easy read and personalised plans were in place to support people with being able to understand the support plans that were in place for them. Staff had used colourful card, photos and pictures to help people to communicate what was important to them. For example, we saw pictures of people's favourite food, drink, shops and the medicine they were taking, all presented in a way that people were able to understand. We also saw easy read information had also been used to communicate to people what would happen at a visit to their GP. This simple yet effective method ensured people were actively involved with planning their care and were provided in a format which made it easier for them to understand.

People were treated with dignity and respect. Staff were empathetic and respectful when discussing people's needs with us and with each other. People's support records were treated respectfully. A person living at the home praised the approach of staff by knowing when they wanted to be alone and protected their privacy at all times.

People were encouraged to do as much for themselves as they were able to and detailed care and support plans were in place to guide staff on each person's ability to carry out 'daily living' tasks. People were encouraged to do things for themselves. We observed the lunchtime meal and people were provided with adapted plates that enabled them to eat independently of staff support.

Is the service responsive?

Our findings

People received care and support that met their individual needs. Prior to admission detailed assessments were carried out to ensure that people were able to receive the care and support needed to keep them safe and to help them to lead fulfilling lives. Once these assessments were completed and people came to live at the home, support plans were put in place to inform staff how to support people in line with their individual preferences and needs.

Staff spoke knowledgeably about people's individual needs and used people's life history, likes and dislikes and personal choices to help each person lead an active and meaningful life. We saw one person had a keen interest in shopping. They had their own shopping trolley which they liked to use and staff involved them fully with buying food for their housemates as well as items for themselves. This, along with many other examples noted during the inspection, showed staff supported people to lead person centred lives.

An equality, diversity and human rights policy was in place. This policy explained how people should expect to be treated by staff. Staff spoke confidently about how they ensured people's human rights and diverse backgrounds were respected. One staff member gave an example where a person's background and preferences were taken into account when meals were prepared for them. They understood how to support the person in the way in which they preferred.

People were supported to lead active lives and were able to incorporate their chosen hobbies and activities regularly into their lives. One person was supported to visit a local community group to meet and engage with others in the community, others were supported to do activities that were important to them, including accessing local amenities to enable them to feel part of their local community. One person's support records stated visiting local shops was important to them and records showed they regularly did so.

People were provided with the information they needed if they wished to make a complaint. The format of the complaints procedure was presented in a way which enabled people with communication needs to understand and to act on. We noted complaints which had been received had been handled in line with the provider's formal complaints procedure. During the inspection we noted the details for the local ombudsman (LO) were not included on the easy read or formal complaints policy. The LO are the final stage for complaints about adult social care providers when a person is not satisfied with the way a complaint has been handled and/or responded to. After the inspection we were forwarded revised versions of these documents which now included this information.

Is the service well-led?

Our findings

People were supported to give their views about how they would like the home to develop and improve. Regular individual meetings were held with people to support them with giving their feedback. The registered manager told us that meetings were held individually and not collectively as the communication needs of each person varied widely. They told us they felt the individualised approach was more effective for people. Although an annual survey was not currently in place, relatives and professionals were encouraged to give their feedback via a suggestion box. The registered manager told us they used this feedback to make improvements where needed. The registered manager did state that upon reflection they would implement an annual survey to enable the provider to assess feedback for the year as a whole rather than acting on more randomly obtained feedback.

Staff spoke positively and passionately about their role which contributed to a positive atmosphere and open culture within the home. One staff member said, "I love it here. I love being able to make a difference to people's lives." Staff were provided with a code of conduct and staff handbook which explained to them what was expected of them when supporting people. This included ensuring the provider's values and principles were adhered to at all times.

Regular team meetings were held giving staff the opportunity to provide feedback on how the service could improve. Meetings were also held with team leaders to ensure they were aware of any changes to policies or procedures, enabling them to discuss this with their teams. The staff we spoke with were aware of the provider's whistleblowing policy and told us they felt comfortable in challenging poor practice if they needed to.

Two registered managers were in place at the home. We discussed their roles with them. Both explained how they contributed to the effective management of the home and it was clear both understood their responsibilities in relation to their registration with the CQC. This included a good knowledge of the incidents, such as an allegation of abuse, that must be forwarded to the CQC.

The person we spoke with, the staff and relatives all spoke highly of the registered managers. The person said, "They are good to me. They are helping me to move. They have made sure I'm calm about the move." This person was soon to move to a support living setting to continue their progress to independent living.

Quality assurance systems were in place to help drive continued improvements at the home. Audits included regular reviews of the environment, people's care records and medicines. These audits identified areas that were performing well, but also helped the provider identify areas that required some improvement.