First Care Services Limited

The Limes Rest Home

Inspection report

75-79 Cartland Road
Stirchley
Birmingham
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Ratings

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

Overall summary

We inspected this home on 26 and 27 November 2015. This was an unannounced Inspection. The home was registered to provide residential care and accommodation for up to 28 older people. At the time of our inspection 28 people were living at the home.

The registered manager was present during our inspection. 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.

We found that people using this service were safe. People told us they were encouraged to raise any concerns they had and this was confirmed by relatives. We found that staff knew how to recognise when people might be at risk of potential harm and were aware of the registered provider's procedures for reporting any concerns.

Summary of findings

We received positive comments from people using the service and their relatives about the staffing arrangements in the home. Staff followed instructions to minimise known risks to people's health and well-being. Measures had been put into place to ensure risks were managed appropriately.

People were supported by staff who had received training and who had been supported to obtain qualifications. This ensured that the care provided was safe and followed best practice guidelines. Robust recruitment checks were in place to ensure new staff were suitable to work with people using the service.

People told us they received their medicines safely. Staff responsible for administering medicines had received relevant training.

Some staff we spoke with were not knowledgeable of the requirements and their responsibilities in line with the Mental Capacity Act 2005. Some necessary applications to apply for Deprivation of Liberty Safeguards (DoLS) to protect the rights of people had not been submitted to the local supervisory body for authorisation.

People told us they had access to a variety of food and drink which they enjoyed. People were supported to eat and drink sufficient amounts to help them to maintain good health. People told us they were supported to have access to a wide range of health care professionals.

People told us that they were involved in the planning and reviewing of their care. Some care plans we saw did not include people's personal history, individual preferences and interests. They did not reflect people's care and support needs or contain specific information and guidance for staff to enable them to provide individualised care and support.

People told us, or indicated that they were happy living at the home. Some people told us they continued to pursue individual interests and hobbies that they enjoyed. Some people did not have the opportunity to participate in meaningful activities.

People using the service and their relatives knew how to raise complaints. The complaints procedure was displayed in different formats to support people's preferred way of communicating.

Whilst there were systems in place to monitor and improve the quality of the service provided. We found some of the quality audits were not robust enough to identify and address areas of concern in ensuring the home was compliant with the regulations and consistently meeting people's needs.

We recommend that the registered provider's quality assurance arrangements are improved to identify areas of concern, to ensure the home was compliant with the regulations, and consistently meeting people's needs.

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.

People were kept safe from avoidable harm by the actions taken by staff and identified risks were being well managed.

There were sufficient and suitable staff to meet people's individual needs.

Medicines were safely managed to keep people safe.

Good

Is the service effective?
The service was not always effective.

People's choices and rights were not respected and staff did not understand the requirements of the Mental Capacity Act.

Staff had the knowledge and skills they required to meet the needs of the people and were well supported.

People were supported and encouraged to maintain good health and to eat well.

Requires improvement

Is the service caring?
The service was caring.

People were well supported by staff who provided respectful care in a sensitive and dignified manner.

Staff knew how to support people's dignity and ensured that people's privacy was maintained.

Good

Is the service responsive?
The service was not always responsive.

Care plans did not always include people's personal history, individual preferences and interests. People were supported to maintain relationships in line with their wishes.

People told us they were supported to pursue their interests and hobbies within their home and the local communities.

People and their relatives were aware of how to make complaints and share their experiences and concerns.

Requires improvement

Is the service well-led?
The service was not consistently well-led.

Requires improvement

Summary of findings

Whilst there were systems in place to monitor and improve the quality of the service provided, they had not been effective in identifying any areas of concern, compliance with the regulations, and consistently meeting people's needs.

The management team were effective, approachable and accessible.

The Limes Rest Home

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 26 and 27 November 2015 and was unannounced. The visit was undertaken by one inspector and an expert by experience on the first day and the inspector on the second. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we looked at the information we had about this provider. We also spoke with service commissioners (people who purchase care and support from this service on behalf of people who live in this home) to obtain their views.

Providers are required to notify the Care Quality Commission about specific events and incidents

that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with eight of the people who were receiving support and / or care. We used 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 to us.

We spoke with six relatives of people living at the home and spoke at length with two members of care staff, one senior care assistant, one activity co-coordinator, the cook, the laundry assistant and the registered manager. We spoke with two visiting health and social care professionals during the inspection.

We spent time observing day to day life and the support people were offered. We looked at some records including five people's care plans and medication administration records to see if people were receiving the care they needed. We sampled two staff files including the recruitment process. We sampled records about training plans, resident and staff meetings, and sampled the registered providers quality assurance and audit records to see how the registered manager monitored the quality of the service.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at the home. One person told us, "I feel safe day and night." People looked relaxed in the company of the staff and their environment. All of the relatives we spoke with told us people were kept safe at the home.

People told us if they did not feel safe they would tell staff members. One person we spoke with told us, "If I was worried about anything, I would tell the staff." A relative we spoke with told us, "If I had any concerns at all I could approach any of the staff."

We spoke with six members of staff; all had received safeguarding training and were able to identify the types of abuse people receiving care and support were at risk from. Staff understood their responsibility and told us that if they had concerns they would pass this information on to a senior member of staff and were confident this would be responded to appropriately. In addition the registered provider had a whistle-blowing policy and had set up a confidential telephone number for staff to raise concerns outside of the immediate group. Staff we spoke with told us that they were aware of the number and could describe how to raise concerns very confidently. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe.

Potential risks to people who used the service had been assessed and action had been planned and taken to keep people safe, whilst still promoting people's freedom, choice and independence. One person we spoke with told us, "I can go out when I want to, but I wouldn't feel safe going out on my own." A relative we spoke with told us, "Staff manage the risks to [name of relative] well" Staff were aware of risk management plans and ensured they were applied. Staff told us that they were aware of the need to report anything they identified that might affect people's safety and that they had access to information and guidance about risks. One member of staff told us, "We have to make sure we follow risk assessments, they are there to protect the residents and the staff. " During the inspection we observed moving and handling transfers completed with the use of equipment. We saw that staff communicated well with people and as a result the transfers we saw were undertaken safely.

We saw that improvements had been made within the home, flooring had been replaced and bathrooms had been refurbished. We were advised that shower rooms were due to be redecorated. Generally there was a good standard of cleanliness within the home, however we did note that there was a need for a more rigorous clean in one of the communal areas. This was brought to the attention of the registered manager who advised this would be actioned following the inspection.

Staff could consistently describe plans to respond to different types of emergencies. Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents. Records we saw supported this; accident and incident records were clearly recorded and outcomes for people were detailed.

There were sufficient numbers of staff on duty to meet the individual needs of people using the service. A person we spoke with told us, "There is enough staff to help me." Another person told us, "I spend all day in my room and if I need staff I never have to wait long for my buzzer to be answered." A relative we spoke with told us, "There are always plenty of staff when I visit and I tend to visit on different days and times." Staff we spoke with told us that staffing levels were good and that there were enough staff to support people on every shift.

Staff were visible in the communal areas and we observed people being responded to in a timely manner. The registered manager told us that they used a specific staffing level assessment tool to establish their current staffing levels based on dependency levels. This had been updated on a monthly basis. Staff rotas showed that staffing levels had been consistent over the last four weeks prior to our visit.

A member of staff who had recently been recruited told us, "I had to provide references and complete a check with the Disclosure and Barring Service (formerly Criminal Records Bureau) before I could start work." The recruitment records we saw demonstrated that there was a process in place to ensure that staff recruited were suitable to work at the home.

We saw a member of staff preparing and administering medication to people; this was undertaken safely, and in a dignified and sensitive way. We saw staff explaining to people what medication they were taking and staff asked people if they needed their 'as required' pain relief

Good

Is the service safe?

medication. People were encouraged to assist in their own administration which promoted their independence. One person told us, “My medication is given to me regularly and the staff never miss giving it to me. I think that is why I am feeling better within myself.” A relative we spoke with told us, “I was worried when my relative was on their own and was not taking medication properly. I feel confident now that they have it every day.” We looked at the systems for managing medicines and found systems were effective in ensuring that medicines had been administered as prescribed. Staff told us they were aware of how medicines should be administered; however medicine protocols were not in place for medicines that had been prescribed for “use as needed” (PRN). This meant some medicines could be at risk of being administered incorrectly or inconsistently. Improvements to reduce some of the risks of errors were actioned before we left the service.

Staff told us they had received training to administer medication and that competency assessments had been conducted to ensure they were able to administer medicines safely. The home had recently had a medication audit by their supplying pharmacist and had received positive comments.

Requires improvement

Is the service effective?

Our findings

We spent time talking with people about how the skills and abilities of staff ensured that their care and support needs were met. A person living at the home told us, "Staff know how to look after me and help me a lot, I'm confident they know what they are doing." A relative we spoke with told us, "Staff seem confident and they know [name of relative] well." A new member of staff told us "I also did some shadowing where I observed [more experienced staff] before I was left on my own. I'm still learning now." The registered manager told us that any new staff recruited had to complete the care certificate, which was a key part of the provider's induction process for new staff.

Staff rotas we saw demonstrated that the registered manager had ensured there was a mix of skills and abilities amongst the staff on each shift. Staff we spoke with told us that there was a variety of training offered to them that they were expected to complete and some leading to qualifications in care. They spoke positively about the quality and content of the training offered to them. The registered manager told us that medication administration competency was checked and that there were plans to introduce care observations to check staff competency in practice. All the staff we spoke with told us they had received regular supervision and felt well supported.

We saw and staff told us that they received handovers from senior staff before they started each shift in the home and said communication was good within the team. Staff told us that the handovers ensured that they were kept up to date with how to meet peoples' specific care needs.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible.

Staff did seek consent from people before attending to their daily needs, however staff did not demonstrate that they fully understood how to protect and promote people's human rights. One person's care plan showed that consent had been given by their family in relation to a decision about the person's care, support and treatment, which may have an impact on their liberty and rights. Some care records for people who lack the mental capacity to make decisions did not show evidence of consent or decisions being made in their best interest in line with legislation. The registered manager told us that all care plans were in the process of being reviewed in line with MCA guidelines.

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 procedure for this in care homes are called the Deprivation of Liberty Safeguards (DoLS)). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with had limited knowledge about their responsibilities to promote people's rights in relation to the DoLS and had not received any training. Records and discussions with the registered manager identified that one necessary application to the local supervisory body for authority to apply a restriction had been completed. Whilst the registered manager had identified that a number of other applications were necessary these had not been submitted as required after a telephone discussion with a Local Authority employee. Following discussion at the inspection the registered manager advised that all necessary applications would be submitted and that all staff would receive the required training.

People told us that they were receiving food appropriate to their needs and which reflected their wishes. A person living at the home told us, "The food is of good quality and enough." People's dietary needs and preferences due to religious or cultural needs were met.

We observed lunch being served in the dining room. We saw that the interactions between staff and the people they were supporting were positive and people were supported with their meals in a sensitive and dignified manner. People seemed to enjoy their meals and had enough time to eat at their own pace.

One person we spoke with told us, "I have a choice of what I want to eat and where I eat it. I don't like the dining room it's too noisy, so I prefer to sit in a quieter area on my own." A relative we spoke with told us, "I always ask [name of relative] what they have had to eat and if it was nice, they always seem complimentary." Where people had support

Requires improvement

Is the service effective?

needs in respect of their nutrition and/or swallowing risk assessments, care plans were in place. All of the staff we spoke with had a good knowledge of individual people's dietary and hydration needs.

People living at the home had a range of health conditions. People were supported to stay healthy and access support and advice from healthcare professionals when this was required. One person living at the home told us, "I've felt much better health wise since being here." Another person we spoke with told us, "Doctors, district nurses and other health professionals come in to those who need it". A relative we spoke with told us, "I am always kept in the loop of what is happening with my relative. [Name of relative] has recently had a health scare; the staff immediately called the doctor and then informed me." We spoke with two visiting health professionals on the day of the inspection who gave us positive comments about the care given to people and the leadership at the home.

Good

Is the service caring?

Our findings

People we spoke with told us staff were kind, caring and helpful and this was confirmed by their relatives. One person told us, “Staff are lovely, we have the best people working here.” A relative we spoke with told us, “Staff are caring and friendly and support my mom as an individual.”

People we spoke with told us their relatives were welcomed to visit at any time. A person we spoke with told us, “My visitors can come and see me anytime”. A relative supported this and told us, “I can come and see [name of relative] when I want to, I’m always welcomed by staff.”

We observed positive and respectful interactions between people and staff. Some people were able to talk to staff and explain what they wanted and how they were feeling. Other people needed staff to interpret and understand the person’s own communication style .One person we spoke with told us, “The staff speak to me when supporting me with care, we have a laugh and they treat me with respect.”

We saw that staff responded to people’s needs in a timely and dignified way. We observed examples of staff acting in caring and thoughtful ways. A relative we spoke with told us, “My relative is a strong character and knows exactly what they want to do. They love living at ‘The Limes’ and they think the world of the staff.”

During the inspection we observed staff supporting people with personal care needs in a way that maintained their privacy and dignity. We observed transfers and moving and handling techniques and people being supported during meal times. These were completed in a dignified manner as people were not rushed by the staff supporting them. Staff communicated well with people, explaining what they were doing and reassuring the person during the tasks in a kind way. Staff helped people to understand how and why people were supported in the way they were.

People told us they were able to choose what they wanted to do. A person living at the home told us, “I like to either watch television or listen to my radio and I eat all my meals in my room, it’s just what I prefer to do.” Opportunities were available for people to take part in everyday living skills. We observed one person setting the tables for meal times. One person we spoke with told us, “I help out in the laundry, it is something that I really enjoy doing.”

A person we spoke with told us, “There is nothing that I don’t like about living here.” Visitors we spoke with were pleased with the support and care their relative received and praised the staff. One relative told us, “I’m very pleased with the care provided and they keep us well aware of what is going on.”

Requires improvement

Is the service responsive?

Our findings

Care plans we saw did not include people's personal history, individual preferences and interests. They did not reflect people's personal expressions of how they liked their care and support needs to be met. They did not contain specific information and guidance for staff to enable them to provide individualised care and support. Staff that we spoke with told us they enjoyed supporting people and they could describe people's health and personal care preferences. We were told that staff had not always been able to obtain information about people's lives prior to living in the home which would have helped them to provide more personalised care. At times people had care that was not personalised to them for example we observed that all of the people were drinking from plastic beakers which not everyone had been assessed as needing. This did not give people individual choice and the plastic beakers in use were not respectful of people's age.

People told us they were not sure that they had been involved in the planning of their care. However, one person told us, "I don't remember the initial care plan but we do have regular review meetings where my daughter attends with me." Another person told us "I go out most weeks with my friend; it is what I like to do." People told us they were able to get up and go to bed when they wanted and that they could have as many showers as they wanted to. Staff we spoke with were able to describe people's religious observances and how this affected their choices. Visitors we spoke with told us that they were asked to contribute towards their relative's care plans and had participated in their care reviews. They told us that they were pleased with the support and care their relatives received and praised the staff. One relative told us, "I have been involved in my [name of relative] care package and it is reviewed often." Another relative told us, "My [name of relative] needs are reviewed as their needs change."

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. People told us about the activities that they took part in. One person we spoke with told us, "I go out to the library and take a packed lunch with me." Another person told us, "I have chosen some clothes using a computer." We observed some activities being offered on the day of the inspection. Some people were looking at reminiscence cards and talking about life in the war years. One person told us, "Sometimes I do get bored sitting here all day." We discussed this with the registered manager who told us they would look at the time allocated for activities, to ensure that they were meaningful and individualised to anyone wanting to participate in them.

People had been supported to maintain relationships with the people that mattered to them. One person living at the home told us, "My family come and visit me a lot." We observed a person living at the home using modern technology to communicate with their family who live in another part of the world. We could see how much this meant to the person and we spoke with the relative who told us, "I am able to skype [internet video call] my [name of relative], it is really good that we can still have that link." Another relative we spoke with told us, "I come and visit every week, and it is what my [name of relative] would want me to do, its quality time together."

People and their relatives knew how to complain and were confident their concerns would be addressed. A person we spoke with told us, "If I have any moans I would just tell the staff." Another person told us, "If I had any complaints, I would only have to tell one of the carer's and it would be sorted."

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was available in different formats to meet the communication needs of people living in the home. Records identified one complaint had been received during the past twelve months. The complaint had been dealt with promptly and in line with the provider's complaints procedure.The registered manager told us there were plans in place to start recording and reviewing all minor concerns so they could identify and monitor trends and identify any improvements needed to the service.

Requires improvement

Is the service well-led?

Our findings

People living at the home told us they had not been asked to complete feedback surveys about how the service is managed. One person told us, "I have not been asked to complete any feedback surveys." The registered manager confirmed that there were plans to support people to complete surveys for the future. Whilst there were means for people to express their views and experiences of life at the home during residents meetings, we found that not all views had been used or recognised. For example, one person living at the home had requested a specific activity. There was no written evidence that this had been addressed or responded to. Relatives we spoke with told us they had been asked for feedback about how the home was managed through the completion of surveys. We saw that the registered manager had analysed the feedback to identify how many relatives were satisfied with the service provided. Staff told us that team meetings were held regularly and were always well attended. Staff told us that they had not been asked to complete staff surveys. This was discussed further with the registered manager who told us that surveys had been sent out but none had been returned .There were plans in place to look at alternative ways to consult with staff to ensure that any concerns and feedback raised were used to ensure improvements could be made.

Whilst there were systems in place to monitor the quality of the home we found some of the quality audits were not robust enough to identify and address areas of concern. Assessments of people's capacity to make decisions when there were concerns about their ability and determination of their best interests had not always been undertaken. The registered manager had systems in place to review trends and themes in order to measure the quality of care. **We recommend that the registered provider's quality assurance arrangements are improved to identify any areas of concern and to ensure the home was compliant with the regulations.**

People spoke positively about the registered manager and their relatives supported this. Feedback was consistently good; some people knew the manager by their name and spoke very highly of them and told us they could approach them at all times. A person we spoke with told us, "The manager is [name of manager]; I can go and see her when I want to." People we spoke with told us the manager's spent time talking to them and knew them well. One relative told us, "The managers are very approachable, their doors are always open." A member of staff we spoke with told us, "Managers spend a lot of time on the floor and not just behind a desk."

The culture of the service supported people and staff to speak up if they wanted to. Information about raising concerns was clearly displayed around the home which was accessible in different formats to meet people's individual communication needs. Staff we spoke with were knowledgeable about how to raise concerns and told us that the registered manager encouraged them to tell the truth and own up to any mistakes. They were able to describe their roles and responsibilities and knew what was expected from them.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our discussions with the registered manager showed that they were aware of changes to regulations and were clear about what these meant for the service.

The registered provider had an overt surveillance CCTV system fitted within the establishment. The registered manager told us it was primarily used to enhance the security and safety of premises and property and to protect the safety of people. The surveillance was fitted overlooking the front door and surrounding external areas within the property. We further explored the purpose and the initial assessment for the system. We saw signage at the entrance of the property to advise people, staff and visitors of CCTV. The registered manager told us consultation meetings had not been held with people and staff to ensure consent was sought for the use of the surveillance. The registered manager told us there were plans to revisit policies and procedures to ensure the organisation followed guidelines for legal use of surveillance.