Care Quality Commission

Wilton House Limited

Lime Tree Manor Residential Home

Inspection report

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Date of inspection visit:
20 July 2017

Date of publication:
04 October 2017

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?	Requires Improvement

Summary of findings

Overall summary

Lime Tree Manor Residential Home provides care and support for up to 110 older people, some of whom may be living with dementia. At the time of our inspection there were 107 people living at the service.

At the last inspection in March 2015, the service was rated Good.

At this inspection we found the service remained Good.

The service has 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 monitoring systems and processes were used to drive improvements in the service. However the systems in place did not always effectively identify where action needed to be taken.

People felt safe in the service. Staff were knowledgeable with regards to safeguarding peoples and understood their responsibilities to report concerns. There were effective safeguarding procedures in place and staff had received safeguarding training.

Potential risks to people's health, safety and wellbeing had been identified. Personalised risk assessments were in place that gave guidance to staff on how individual risks to people could be minimised. Medicines were stored appropriately, managed safely and audits completed.

There were sufficient numbers of staff on duty to meet people's needs. Staff recruitment was managed safely and robust procedures had been followed to ensure that staff were suitable for the role they had been appointed to prior to commencing work.

Staff were well trained and completed an effective induction programme when they commenced work at the service. Staff were supported in their roles and received regular supervision and appraisals. Staff were positive about the training and support they received.

People were supported to make decisions about their care and support. Decisions made on behalf of people were in line with the principles of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS).

People were supported to make choices in relation to their food and drink and a varied menu was offered. People's health care needs were being met and they received support from health and medical professionals when required.

People and their relatives were complimentary about staff. They told us staff were kind, considerate and respectful. People's privacy and dignity was promoted throughout, their care and consent was gained before any care was provided.

People's needs had been assessed and care plans took account of their individual needs, preferences and choices. Care plans and risk assessments had been regularly reviewed to ensure that they were reflective of people's current needs.

People were encouraged and supported to participate in a range of activities and received relevant information regarding the services available to them.

The service was led by a registered manager who was visible and approachable. People, relatives and staff spoke highly of the registered manager and their ability to manage the service.

People, relatives and staff knew who to raise concerns with and there was an open culture. People and their relatives were asked for their feedback on the service and comments were encouraged.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service was not always well-led. Quality monitoring systems did not always identify area of the service that required improvement. There was a registered manager in post who was visible and approachable. People, relatives and staff spoke highly of the registered manager. There was an open culture amongst the staff team and staff felt management were supportive and approachable. People, their relatives and staff were encouraged to give feedback on the service provided.	**Requires Improvement**

Care Quality Commission

Lime Tree Manor Residential 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 20 July 2017 and was unannounced.

The inspection team consisted of three inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us. We found that no recent concerns had been raised.

During the inspection we spoke with 18 people and four relatives of people who lived at the service and carried out observations of the interactions between staff and people. We also spoke with four senior care staff, eight members of care staff, the assistant manager and the registered manager. The general manager from the provider organisation was also present.

We reviewed the care records and risk assessments of 12 people who lived at the service, and also checked medicines administration records to ensure these were reflective of people's current needs. We also looked at staff recruitment records and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

Good

Is the service safe?

Our findings

People we spoke with said that they felt that they were safe and secure living at the service. One person said, "I feel safe. I suppose it's because I'm well looked after. I have never seen anything untoward here. If I did I would tell the manager." Another person told us, "Yes, I feel very safe. I couldn't be safer even if I was living at home. Everything and everyone is at hand here. No unpleasantness from anyone."

People were safeguarded from the risk of harm by knowledgeable staff. All the members of 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 concerns they would raise. One staff member told us, "I know how to report anything I am worried about." Staff were knowledgeable about how they should report their concerns both internally and externally to local safeguarding authorities and were aware of whistleblowing procedures.

Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. Information on safeguarding and relevant contact details for local authority and CQC were displayed around the service to prompt people, staff and visitors to report their concerns.

There were personalised risk assessments in place for each person who used the service and staff were knowledgeable about risks associated with people's daily living. Staff told us they were mainly allocated to work on the same units to offer people continuity of care. They demonstrated that they knew people well and knew how to mitigate and manage risks to keep people safe. For example, if people had been observed not eating or drinking sufficient amounts, staff discussed this at handovers and monitored and encouraged people to eat and drink. Minutes of the recent staff meeting demonstrated that risks to people were also discussed so that staff were aware of potential concerns. For example, in the July 2017 meeting, staff discussed the recent and pending heat waves and discussions were held regarding keeping people cool, encourage fluids and how to differentiate between heat exhaustion and heat stroke. Other areas were also discussed such as falls management and to ensure people had their call bell within reach at all times.

Staff told us that care plans and the associated risk assessments were reviewed monthly which ensured that the level of risk to people was still appropriate and that any actions taken to reduce the risk of harm to people .This included support with regard to personal care, medicines, nutrition and hydration, pressure care, skin integrity and mobility. Records that we reviewed confirmed this.

There were sufficient staff on duty to meet people's needs at all times. One member of staff told us, "We definitely have enough staff. We can always ask the seniors and management to help if we need it." Another member of staff told us, "We work as a team and there is enough staff. We have some days when we are busy but we can always ask staff from other units to help."

We observed that staff were readily available to meet the needs of people who used the service and we saw there was a visible staff presence. The registered manager planned the staff rota in accordance with the number of people who lived and their assessed level of need. A review of past rotas showed that staffing

levels were consistent and were reflective of the needs of people and the demands on the service.

We looked at the recruitment files for staff. The provider organisation had robust recruitment and selection procedures in place and relevant pre-employment checks had been completed for all staff. These checks included Disclosure and Barring Service checks (DBS), two written references and evidence of their identity. This enabled the registered manager to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

People's medicines were managed safely. There were effective processes in place for the management and administration of medicines and there was a current medicines policy available for staff to refer to should the need arise. Throughout the inspection we saw that staff were efficient when they administered medicines to people and completed this in a timely manner. All staff who administered medicines had the appropriate training and their competency was regularly assessed.

We reviewed records that related to how people's medicines were managed and saw that they had been completed accurately. People's medication administration records (MAR) were complete with no gaps or omissions, and were people refused their medicines the reason for this was recorded on the rear of the MAR for staff to review. When we counted medicines for people, the amounts corresponded with the records kept in most cases, however we found two discrepancies on one unit which the registered manager investigated and resolved.

Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines. We saw that systems were in place for the safe receipt and disposal of medicines, and daily temperature checks were taken of both the fridge temperature and the room where medicines were stored. However, the temperatures of the medicines room was consistently noted as being at 25 degrees, which is the upper limit for the safe storage of medicines.

Good

Is the service effective?

Our findings

Staff were knowledgeable and had the skills required to care for people who used the service. One member of staff told us, "We have regular training. We do the theory and then we are shown how to do it in practice. It is very good." Another staff member told us, "We have all the training we need and it is regular."

Newly employed staff undertook a robust induction which included a period of shadowing an experienced staff member, followed by an assessment of their skills and abilities by the registered manager, before they worked unsupervised. There was an ongoing training programme in place and in addition, staff were enrolled on a nationally recognised qualification in care. The staff we spoke with were confident that the training provided gave them the skills they required for their roles.

Staff told us they felt supported by their managers and they had regular supervisions where they could discuss any training needs or development opportunities. One staff member said, "This was my first job as a carer and I learned a lot here. The managers are very supportive and approachable. I have regular supervisions as well." Staff we spoke with confirmed that they had received an appraisal. Records showed that staff received regular supervisions and that appraisals had taken place or were planned in line with the provider policy.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. We found that staff were knowledgeable about the principles of the MCA and they followed best interest processes to help ensure that the way people received care and support was in their best interest. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people and were documented within their care plans.

People's consent was sought and we found that staff were respectful and listened to people's voice regarding the care and treatment they received. One person told us, "The girls are very respectful. They always ask permission before they do anything, I can't fault them." Our observations confirmed that staff obtained people's consent before they assisted them with personal care, supported them to move position or join an activity. Where people refused, we saw that their decisions were respected. Records confirmed that people, or their relatives where appropriate, had given their written consent to the care being provided.

People were supported to have a varied and balanced diet at the service. The menu we viewed offered people a variety of meals, in line with their dietary preferences and taking into consideration any cultural requirements. Members of care staff were aware of people's dietary needs and this information was documented in the care plans and risk assessments.

People were offered several drinks and snacks throughout the day and staff monitored people's nutritional

intake. People were weighed regularly and where a weight loss was identified staff involved the person's GP and a dietician to ensure they had specialist advice in meeting people's nutritional needs. Staff also monitored people's fluid intake. However, there was no optimum fluid intake recorded for each person which meant it was difficult to ensure people received adequate amounts of fluids per day. Fluid charts were not totalled to reflect how much people drank over a 24 hour period and also after 7pm the fluid charts were not completed to evidence how much people had drank in the evenings or during the night. These observations were shared with the registered manager who confirmed they would address this issue with all members of staff.

At meal times the dining room was fully occupied by people who visibly enjoyed the social experience of eating together. People were heard singing and conversing amongst each other or with staff. Staff were attentive and supported people discreetly by cutting their food, where required or when people needed to be encouraged to eat their meals.

People were supported to maintain their health and well-being and were assisted to access health care services, when needed. One person told us, "They are quick at calling out the doctor. I had an infection and they called the doctor and I was prescribed antibiotics. Another time I was feeling dizzy and they called again for me." Another person told us, "They are very good in here. I just saw the optician last week." Records confirmed that people had been seen by a variety of healthcare professionals including the GP and district nurse. Referrals had also been made to other professionals, such as dietitians and physiotherapists.

Good

Is the service caring?

Our findings

People told us that staff were kind and considerate and were complimentary about the care they received. One person told us, "The care I received here is 100%. Each and everyone has their own personality and they know ours. It's like belonging to one big family." Another person said, "The care here is very good. You couldn't get any better than her [staff], she is brilliant. They all are. It's a very hard job to do and these girls do it from their heart." A third person told us, "The girls are brilliant. Whatever you ask them to do; they will do it with a smile."

We observed positive interactions between staff and people who lived the service and found this to be caring, friendly and respectful. One relative told us, "Since [family member] came here [they] have been treated with kindness and compassion." Another relative told us, "It is excellent here. Staff couldn't be more helpful." Staff talked to people in a calm manner and supported them with patience. We observed members of staff used each person's preferred name, and took the time to answer people's questions and promptly responded to requests for assistance.

People we observed appeared comfortable and relaxed in the company of staff. One member of staff told us, "This is a lovely home for people. I would be happy for my [family member] to be cared for here. I always put my heart in everything I do and all the staff here is good." Staff knew people well and understood their preferences. We heard staff talked to people and the way people responded suggested that they had a close relationship and they knew each other well. The detailed information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met.

The promotion of people's privacy and dignity was observed throughout the day. One person told us, "They are all very respectful. They always wear gloves and ask me if it is ok for them to undress me." Another person told us, "They always knock my door before entering." One member of staff told us, "We always remember that we are coming to work in someone's home. I always make sure that I am considerate of everyone's privacy and ensure during personal care that people are protected." Staff members were able to describe ways in which people's dignity was preserved such as making sure they offered assistance with personal care to people in a discreet manner and ensuring that doors were closed when they provided care in bathrooms or in people's bedrooms. We observed members of staff closed people's bedroom doors if they were asleep or when they received personal care. Where bedroom doors were left open we saw that people who remained in bed were covered and other people were seated comfortably in their chairs. All of the bedrooms and communal areas seen were clean and tidy and had a homely feel.

There were a number of information posters displayed within the entrance hallway which included information about the service and the provider organisation, safeguarding, the complaints procedure, fire safety notices and the activities available to people. We also saw the monthly information from local groups and charitable organisations that provide services to older people and people living with dementia. This meant that people and their relatives received information on the services that were available to them.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt involved when they decided what care they were to receive and how this was to be given. One person told us, "I have been here two years. It's the general ambience and the staff I liked. I looked at two or three homes before deciding to move here." Another person told us, "I have been to the odd meeting but the manager walks round all the time if I need to say anything I would. They listen." A relative told us, "I am fully involved in decisions and kept informed."

Records showed that pre-admission assessments were undertaken to establish whether the service could provide the care people needed. The care plans followed a standard template which included information on their personal background, their individual preferences along with their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people. We found that the care plan reflected people's individual needs and had been updated regularly with changes as they occurred.

People's likes, dislikes and preferences of how care was to be carried out were assessed at the time of admission and reviewed on a regular basis. One person told us, "They've soon got to know me. I have a care plan which is kept in the office and it's reviewed every so often. We have meetings every six months or so." Another person told us, "You are treated as an individual because they know your preferences. It's the little things." A relative told us, "We sorted all the care plan out when [Name of relative] first came in. Her care and comfort was put first, and still is." Staff that we spoke with demonstrated a good knowledge of what was important to people who lived at the service and this enabled them to provide care in a way that was appropriate to the person. Each care file included individuals care plans for areas of the person's life which included personal hygiene, mobility, nutrition, communication and pressure care. People's care plans were reviewed regularly which ensured their choices and views were recorded and remained relevant.

People told us that they took part in various activities. One person told us, "I always attend the activities especially the old sing songs; we get quite a few singers in. The activity lady is very good. You can go up to her with any request and she will go out of her way to help."

Activities were provided by activity co-ordinators and the care staff on duty. Members of staff we spoke with were able to describe the different activities that people enjoyed such as knitting, dominoes, card games or craft activities. One member of staff told us, "We get to know people really well from working with them and their families which includes their past jobs or interests not just what care they need from us now."

There was an activity programme available so people and their relatives knew the activities that were being offered or any future events that were planned. During our inspection we saw the activity coordinator spent time in 1:1 conversations with people during the morning and a number of people enjoyed a group game of bingo in the afternoon. We also saw staff supported people to attend appointments with the hairdresser who was present on the day.

People we spoke with were aware of the complaints procedure and who they could raise concerns with. One

person we spoke to told us, "I'd ask any staff if I had a problem but I have no complaints." Another person told us, "I have no worries at all but the manager and staff are all approachable with any concerns." A relative told us, "I have no complaints and would be happy to complain if necessary. The manager has told me a number of times to please let her know if we have any complaints or suggestions."

There was an up to date complaints policy in place and information posters detailing the complaints procedure displayed around the service. Formal complaints that had been reported to the registered manager were investigated and responded to appropriately. We saw that people were encouraged to report their 'grumbles' as well as any significant concerns they may have. The registered manager thoroughly investigated each concern raised and reported their findings to the person or relative raising the concern. We also saw that every complaint responded to also had areas of learning that were discussed with staff. Where formal complaints were received, we also saw these were reported to the general manager from the provider organisation who monitored the progress and outcome of each complaint raised as part of their monitoring.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the service who was supported by a deputy 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.

There were systems in place that monitored the quality of the service. Audits across key areas included medicines, care plans and health and safety were completed. Where shortfalls were identified, an action plan was developed. However, some of these systems were not always effective in identifying where improvements were required. For example, the registered manager and deputy manager reviewed people's care plans regularly which were also checked on a monthly basis by the general manager. However, none of these reviews by the management team had identified that people's daily records such as food, fluid or repositioning charts had been completed retrospectively.

We also found that the medicine auditing systems were not always effective in identifying potential issues. For example, we found that the medicine storage rooms were warm and the temperature reached a constant 25 degrees which meant that certain medicines could have been affected by the higher temperature. We also found on one unit that medicines records could not be reconciled with amounts stated on the MAR charts.

In addition we found that, although care plans were personalised and detailed, there were some inconsistencies between the sections of the care plans and it was difficult to locate some information. For example, for one person we found that there were inconsistencies between the care plan and associated risk assessment in relation to their skin integrity and pressure care. Although the inconsistencies had no impact on the care people received due to staff being knowledgeable, ensuring that they met people's needs and the involvement of professionals in their care where required; it was felt that these recording issues could potentially give inaccurate information.

The registered manager had completed two surveys to capture the views of people who used the service, staff, relatives and professionals with regard to the quality of care provided. In December 2016 the service undertook their own survey which demonstrated clearly that people overwhelmingly felt safe with the care provided and clearly indicated it met their needs. This survey was underpinned by an external survey completed that corroborated these findings with no significant areas of improvement identified. The local authority had also recently visited the home and reviewed the quality of care provided and had given the service a rating of excellent.

We noted that there was a relaxed and welcoming atmosphere within the service. People knew who the registered manager was and confirmed that they were visible in the service. One person told us, "I do know the manager. They always ask me how I am." Another person told us, "The [registered] manager is very good. I always see them around."

Relatives had confidence in the registered manager and found them to be open and approachable. A relative told us, "The registered manager is lovely and [they] encourage us all if we are not happy or have any concerns we must tell [them]." Another relative told us, "The manager and staff are all approachable and ready to help. I couldn't fault them." All of the relatives we spoke with said they would be comfortable about approaching the registered manager with any questions, concerns or issues they may have and knew that they would be listened to.

Staff were very complimentary about the registered manager and how the service was run. One member of staff told us, "I only planned to work here for six months and [number of years] later I am still here. I think this is a very good place to work in and the registered manager is very approachable." Another staff member said, "I like working here because there is just permanent staff. We work as a team and the managers are all very good. I don't have to make appointments to see the [registered manager] I can always knock on their door." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued by the registered manager. We found staff to be motivated and committed to providing the best possible care and were positive about the changes that the registered manager had made since being in post.

During our inspection we saw that the registered manager had a good rapport with people and staff. They spoke with people and staff to find out how they were and were actively involved in the running of the service. They took the time to ensure they were available to support the wellbeing of people who used the service responded in a positive, supportive manner when approached by the care staff on duty.

Staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with the management team. Members of staff we spoke with confirmed that they were given the opportunity to request any topics for discussion at meetings. One member of staff said, "Issues are listened to and depending on what it is, the manager deals with them. I do feel that we [staff] are treated very well."

People and their relatives were able to raise any issues they may have with regard to the service through regular meetings held with the management team. Minutes of these meetings demonstrated that issues such as food, activities, staffing and care planning were discussed.

There were robust arrangements for the management and storage of data and documents. We saw that records were stored securely within the computerised system with password protection and within the registered manager's office or in locked cupboards. This meant that confidential records about people and members of staff could only be accessed by those authorised to do so.