Wilton House Limited

Lime Tree Manor Residential Home

Inspection report

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Date of inspection visit: 27 March 2015
Date of publication: 18/05/2015

Ratings

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

Overall summary

This unannounced inspection was carried out on the 27 March 2015.

Lime Tree Manor Residential Home provides accommodation and personal care for up to 110 older people. At the time of the inspection there were 103 people living in the home.

The service has a registered manager in post. 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.

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Summary of findings

The provider had effective recruitment processes in place, and there were sufficient numbers of staff employed and were deployed effectively on a day to day basis.

People were protected from avoidable risks and staff were aware of their duty of care to the people. Staff were trained to recognise and respond to signs of abuse. Risk assessments were carried out and reviewed regularly.

There were sufficient staff on duty to ensure the safety and welfare of people. Staff were appropriately allocated to ensure a good skills mix.

Medication was administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support, and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a variety of choices available on the menus and people were supported to have sufficient food and drinks to meet their dietary needs.

People were supported to access other health and social care professionals when required. People were supported to continue their relationships with their family members and friends.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

People were involved in the decisions about their care and their care plans provided information on how to assist and support them in meeting their needs. The care plans were reviewed and updated regularly.

The home was managed in an inclusive manner that invited from people, their relatives and staff.to have an input to how the home was run and managed.

The home had systems in place to assess, review and evaluate the quality of service provision.

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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 and their relatives told us that the home was safe.

Medicines were managed safely.

Staff were trained to appropriately meet people's needs. There were enough staff to provide the support people needed.

Safeguarding and whistleblowing guidance enabled the staff to raise concerns when people were at risk of abuse.

Good

Is the service effective?
The service was effective.

Staff had an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat sufficient and nutritious food and drink.

People had timely access to appropriate health care support.

The staff had received regular training, supervision to enable them to effectively meet the needs of the people they supported.

Good

Is the service caring?
The service was caring.

The staff respected people's wishes and choices and promoted their privacy and dignity.

We observed positive and respectful interactions between the staff and people who used the service.

The staff we spoke with demonstrated that they knew the people they

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and reviewed in a timely manner, and they were supported to follow their interests or hobbies.

Care plans were up to date and contained clear information to assist staff to care for people.

Care was delivered in an individualised manner.

There was a complaints process in place for people to use.

Good

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

The quality systems in place recognised areas for improvement.

Good

Summary of findings

People were enabled to routinely share their experiences of the service and the provider used this information to further improve on the service.

The staff were well motivated and felt that their views were listened to and respected.

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.

The inspection took place on 27 March 2015, and was unannounced. The inspection team consisted of two inspectors.

During our inspection we carried out observations and used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us due to their complex needs.

We reviewed information we held about the service and this included a review of the previous report for this service and a review of the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with seven people who used the service, three relatives, six care staff, the manager and the area manager. We also observed how care was being provided in communal areas of the home.

We looked at the care records for eight people who used the service and reviewed the provider's recruitment processes. We also looked at the training information for all the staff employed by the service, and information on how the service was managed.

Good

Is the service safe?

Our findings

During this inspection we found that the people who used the service were kept safe from avoidable harm. People told us. “Of course it’s safe here, if not I would find somewhere else to live.” Another said. “The staff keep me safe and protected here”. The home was proactive in recognising and where possible reducing risk to the people. The home had the appropriate equipment in place to move people safely. We saw the staff assist people to move about the home in a manner that protected them from injury and was safe for both the staff member and the person.

The staff demonstrated that they were able to identify concerns and were clear that they were responsible for people’s safety. All the staff we spoke with understood the signs of abuse to look out for. One staff member said, “I have been trained to recognise the signs of abuse and who to report my concerns to.” Staff knew the process for reporting potential abuse including informing the local authority. The manager was aware of her responsibilities in promoting the safety of people, and our records showed that accidents and incidents had been reported to the CQC and the local authority appropriately. Another member of the care staff said, “We have a lot of training that reminds us of our responsibility to keep people safe and what we have to do.”

We saw that the risk to people was identified and where possible reduced or eliminated. Risk assessments were personalised and were reviewed monthly or when there was a change in the person’s needs. We saw these included identifying falls risks, assisting people to move safely, the risk of developing pressure areas and ensuring people had good nutrition. The staff we spoke with were aware of their responsibility to keep risk assessments up to date and to report any changes so that the risk assessment was updated to ensure the person’s safety. For example, when a weight loss was identified pressure relieving equipment and nutritional supplements were considered. One person told us that they had been shown how to safely use their Zimmer frame to prevent them “Getting a bad back, or in my case making my back worse”. Another said. “There are always staff around if you get into a bit of bother and if not you call them.” We saw that the people who were cared for in bed had their call bells close by.

There were emergency plans in place should the home need to be evacuated and staff were aware of what to do in the event of a fire. There was an ongoing maintenance plan to ensure the continued good upkeep of the building.

The staff on duty were skilled in caring for the people and there was sufficient staff on duty to care for people in a safe manner. Staffing levels had been calculated using a recognised staffing tool based on the dependency levels of people in the home. We saw that there was enough staff on duty and we saw that people’s requests for assistance were responded to in a timely manner.

There was a robust recruitment process in place to ensure that staff who worked at the home were of good character and were suitable to work with people who needed to be protected from harm or abuse. Staff confirmed that they did not take up employment until the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service [DBS] certificates had been obtained. The staff records we looked at showed a clear audit trail of the recruitment processes including interview questions and the checks carried out

Medicine was administered by senior staff who were trained to do so and their competency was checked on a regular basis. We saw that medication was ordered, stored and recorded appropriately. We observed staff administering medication and saw that when people were offered their medication staff explained what it was for and gave the person time to take it at their own pace. We were told, “If I need a painkiller I only have to ask”. Another person said, “I feel safe now that the staff are responsible for my medication. It used to worry me that I would forget to take it.” A review of records showed that when medication was refused, clear and detailed records were kept on the MAR chart. If a person continued to refuse their medication, their GP was contacted so the person’s health could be assessed and monitored. Variable doses had been correctly recorded and the back of the MAR chart was used to record additional information in respect of medication prescribed to be given as required (PRN).

Good

Is the service effective?

Our findings

People told us that they were very well cared for. Our observations supported this. We saw that the staff were skilled in caring for people. One person said. "The staff know me so well, they are like my family." Another said. "They know what I want almost before I do". A third person said "By golly they know what they are doing I am so lucky to be here."

Staff had received training so that they could care for people well. New staff had an appropriate induction period where they were supported by more experienced staff. Staff told us. "We have so much training. Nearly every week we have the opportunity to learn more." Another member of staff said. "We learn in different ways, sometimes in-house and sometimes on-line." A new member of staff told us. "All the staff are so helpful. I could ask anyone anything." Staff training included assisting people to move safely, care of people who are living with dementia, keeping people safe and end of life care.

A review of records and discussions with staff showed that they were supported to care for people. They received regular supervision and appraisals to enable them to carry out their role effectively. All staff told us they receiving supervision. One person said, "Supervision is good. It gives me a chance to think about what I do and if I need any more training. Records we reviewed supported this.

We saw staff routinely got people's consent to care throughout the inspection. This included if they wanted to take part in an activity or to move around the home. Care plans were drawn up with the person or their representative so that staff knew how people wanted to be cared for.

Where people did not have the capacity to consent to their care or treatment, we saw that mental capacity assessments had been completed and a decision made to provide care or treatment in the person's best interest. This was in line with the requirements of the Mental Capacity Act 2005 (MCA). Thirty seven authorisations in accordance with the Deprivation of Liberty Safeguards (DoLS) had been applied for. All of the staff had been trained in the MCA and DoLS, all had a good understanding of their roles in relation to this. Best interest decisions had been taken for people who no longer had mental capacity. Documentation showed that these decisions had been made with the person's representative and their GP. For example one person was having their medication administered covertly. This means that it was given to the person hidden in their food. We saw that appropriate steps had been taken to ensure that this was in their best interests and was to promote their health and welfare.

We saw that people enjoyed their food and that there was a variety of food available. The lunch menu offered two choices with other options available should people have changed their minds or forgotten what they had ordered. We saw that jugs of drinks were available in all communal areas and that staff encouraged and supported people to take fluids outside of meal and snack times. Staff recorded fluid and food intakes and were aware of the amount of fluid a person at risk of dehydration should be offered and were therefore aware of when to call medical assistance. We saw that where food supplements were prescribed these were provided and recorded in line with the prescription. One person told us that their favourite food is jacket potatoes with cheese and butter and that they can have it whenever they want and said, "Oh they do it so well it's delicious".

We observed good interactions between staff and people using the service at lunchtime. Staff ensured that lunch was a social occasion. People could choose where they took their meals and most choose to use one of the dining rooms. At lunchtime we observed staff supporting people to be as independent as possible and we saw the use of aids such as specialist cutlery or plate guards. All the tables had been nicely set and condiments were available. One person said, "The food is always good." Another said, "Very good food here." A third said, "I love going to lunch as I get a chance to catch up with my friends".

Staff were aware of people's eating habits and knew how to tempt them to eat. We saw that people were assisted to eat at their own pace and in a manner that promoted their dignity and allowed them to have optimum nutrition. People were offered fortified drinks as appropriate. Wine was available to those who wanted it.

The provider used a Malnutrition Universal Screening Tool (MUST) to regularly monitor if people were at risk of not eating or drinking enough. Records showed that where people were deemed to be at risk of not eating and drinking enough, the provider monitored how much they ate and drank on a daily basis, and their weight was

Good

Is the service effective?

checked regularly. Where necessary, appropriate referrals had been made to the dietetics service and treatment plans were in place so that people received the care necessary for them to maintain good health and wellbeing.

People had access to health care professionals. We saw that their physical and mental health needs were promoted. People who were at the end of their life had access to professionals from the local hospice and the district and McMillan nurses to ensure their end of life was comfortable and where possible pain free. People had access to dentist, opticians and GPs. We saw that advice was sought from continence support nurses to ensure people maintained their independence for as long as possible. A member of staff said, “If I am a bit worried about anyone I ask the advice of the district nurse.” Staff told us that any of them would call a GP if a person needed to be visited, although it was usually a senior member of staff who did this. A GP visited the home twice a week for routine appointments

Good

Is the service caring?

Our findings

All of the people we spoke with told us that they were well cared for and that staff were very kind and compassionate. We saw people were treated with dignity and that their privacy was promoted. People confirmed that staff were very careful to ensure their care was delivered in a manner that promoted their dignity and privacy. One person told us, “The staff are all kind and caring I love it here the staff are so kind and gentle.” Another said. “The night staff are really nice they peep in during the night to check I am ok. This makes me relax and I know I sleep better”. A visitor told us. “The staff are all wonderful, they have been so accommodating to [relative] and the family.

The staff we spoke with were knowledgeable about the people they supported and what was important to them. We saw they interacted with the people in a caring manner. They had good communication skills and saw that they focused on the person rather than on the task they were completing. We saw them interrupt tasks they were completing to assist the people they were caring for. For example call bells were answered as soon as they rang.

Staff were skilled in caring for people. We observed interactions that were kind and gentle. We saw that staff made eye contact with the person, didn’t rush the person and ensured they understood what the person wanted to say before they left them. We saw and people confirmed that they felt listened to and that their confidentiality was respected.

We saw that people’s dignity was promoted. Staff knocked and waited for permission before they entered a person’s room. When assisting people to walk, staff walked side by side with them and allowed the person to set the pace of walking. This promoted the independence and skills of the people staff were assisting. Screens and curtains were used appropriately to preserve and promote people’s dignity.

Good

Is the service responsive?

Our findings

We saw that people were supported to be in control of their lives and that they were occupied and were encouraged to follow their interests. One person who used the service said, “I am happy here the care is good.” Another person said, “I feel better now I live here.” A visitor confirmed there had been an improvement in their relative’s physical and mental condition since moving to Lime Tree Manor.

We saw that people’s needs had been assessed before admission and a continuous assessment process was in place. The care plans were easy to read and detailed. The care plans demonstrated the goal the person wanted to achieve and the action staff need to take to assist the person achieve their goal. This ensured that staff had the information to support people effectively. People told us that their preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. Short term care plans were used when someone was acutely ill to support their recovery and where possible to prevent if happening again. We saw they were used for conditions as urine infections. We saw that when ‘do not resuscitate’ forms were used they were completed in consultation with, and signed by the appropriate professionals. People confirmed that getting up and going to bed was at times that suited them. We saw that people were involved in drawing up their care plans and they or their representative had signed to say the plan represented their care needs and wishes.

Concerns were identified and responded to. Incidents were people had fallen were scrutinised and action taken such as referrals to falls clinics or a referral for physiotherapy.

Throughout our inspection we noted the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. People who used the service told us they had the opportunity to make choices for example, one person said, “I decide when I am ready for bed”. Staff described how they offered people choices about that they wore by holding up two garments if they were not able to respond verbally.

People were assisted to pursue their hobbies and interests. For example one person we spoke with told us that they were supported to get their favourite books on tape. Another said that they were supported to buy items they needed on line. We saw that the service provided a variety of planned activities including religious services, clothes sales and ‘knit and natter mornings’. One person said, “There is always something arranged every afternoon.” People told us that they had chosen the music we heard playing throughout the inspection.

People felt listened to and they were encouraged to share their experiences. The home had many ways of consulting people on how the home was run, these included residents and relatives meetings.

There was a complaints system in place and the details on how to make a complaint was available in communal areas of the home. We saw that the manager kept a record of complaints made and that these were investigated and responded to. We saw that these included minor complaints such as one person’s tea being cold on one occasion. All the people we spoke with told us that they found the manager easy to talk to and if they had a problem they would talk to her. At the time of the inspection there were no outstanding complaints in the home. We saw that the home had many complements on the care provided.

Good

Is the service well-led?

Our findings

The people who used the service told us that it was well managed. They said that they knew the manager and that she was always “about somewhere.” There was a management structure in place to support staff. Staff said that the structure worked well and they knew their role and responsibilities within it. One member of staff told us, “I could go to the manager about anything”

Another said, “There is unity of staff the manager is great and many of us have worked here for more than 10 years.” A third member of staff said, “The staff are like one big happy family” A new member of staff said, “I have a lot to learn and the manager and deputy are good and helpful.”

The manager promoted a personalised culture within the home by leading by example. Staff confirmed that morale was good and they felt well supported by the manager who was fair and would listen to them about any issues they were having. They told us that on a day to day basis the needs and wishes of the people were central to how the home was managed.

We saw that the manager knew the needs of the people. The visitors to the home told us that the manager was usually available and was easy to talk to. There were systems in place to capture and act on people’s views in order to provide individualised care. These included an ‘open door’ policy by the manager and the deputy manager, regular reviews of care and welfare of people and the input from people who used the service and their relatives through meetings and formal questionnaires. We saw that the results of these were very positive. For example 88 out of 90 people responded to the most recent questionnaire and we saw that the results were very positive.

The manager had a quality monitoring system in place. This was used to drive improvements in the care of people. For example the administration of medication was reviewed twice daily. This ensured that if a mistake had been made it could be rectified before any risk was caused people.

There were effective audits in place, these included audits of care plans, risk assessments and of how people were assisted to move safely. We saw that care plans provided staff with clear information to enable them to support people in the manner they wanted. These care plans were reviewed monthly or sooner if the person’s conditions changed.

Incidents and accidents were recorded and investigated to enable the home to learn from them and to minimise the risks to people. For example if a person fell more than once they were referred to a falls clinic or for physiotherapy this ensured they were as safe as possible while still promoting their independence.

Staff told us that they felt empowered to raise issues and told us that whistle blowing had been covered in training. Information on who to call was available throughout the home should they need to. They felt that there would be no need to use it as any of the management team would respond to their concerns; however should this change, they would have no hesitation in using it.

People told us that any issue they raised were taken seriously and investigated. Because the manager was available and listened to concerns, these were sorted out straight away.