

The Limes Retirement Home Ltd

# The Limes Retirement Home

## Inspection report

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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

The Limes Retirement Home provides accommodation and personal care for up to 26 older people, some living with dementia.

There were 26 people living in the service when we inspected on 26 May 2016. This was an unannounced inspection.

There was a registered manager in post, who was also a provider. 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 procedures and processes in place to ensure the safety of the people who used the service. Risk assessments provided guidance to staff on how risks to people were minimised. There were appropriate arrangements in place to ensure people's medicines were stored and administered safely.

Staff were available when people needed assistance, care and support. Staff recruitment procedures ensured that new staff coming to work in the service were suitable for their role and people were safe. Staff were trained and supported to meet the needs of the people who used the service.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner. People, or their representatives, were involved in making decisions about their care and support.

The service was up to date with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People were provided with personalised care and support which was planned to meet their individual needs. People were provided with the opportunity to participate in activities which interested them. A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was an open and empowering culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

Staff were available to provide assistance to people when needed. The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them and in a safe manner.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

### Is the service responsive?

Good ●

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their individual needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

# The Limes Retirement 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 May 2016, was unannounced and undertaken by one inspector.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people who used the service, three relatives and one visiting health professional. We used the Short Observational Framework for Inspections (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the registered manager and seven members of staff, including care, activities, domestic and catering staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People we spoke with told us that they were safe living in the service. One person said, "It is very safe here." We saw staff ensuring people's safety. For example, when mobilising around the service, staff walked alongside people if they were at risk of falling.

Staff had received training in safeguarding adults from abuse. There was guidance in the service, available for staff, which identified how they could raise safeguarding concerns to the local authority, who are responsible for investigating concerns of abuse. There had been one safeguarding concern received in the last twelve months. As a result the service had taken appropriate action to reduce the risks of similar incidents happening, this included providing staff with updated moving and handling training.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using mobility equipment, falls and pressure ulcers. The risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated. Where people were at risk of developing pressure ulcers records showed that there were systems in place to reduce these risks. This included the use of pressure relieving equipment, repositioning and the administration of prescribed barrier creams.

Risks to people injuring themselves or others were limited because equipment, including electrical, hoists, call bells and the fire safety had been serviced and regularly checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Evacuation plans were also in place for people using the service to ensure that they were supported to evacuate the building safely in an emergency. The water system was regularly checked to reduce the risks of legionella bacteria.

People told us that there were enough staff available to meet their needs. One person said, "The staff are always around if I need help." Staff were attentive to people's needs and requests for assistance were responded to promptly.

The registered manager told us about how they had assessed the staffing numbers needed against the needs of the people using the service. They told us that if people's needs increased or they had identified the need for increased staffing numbers, they were able to put this in place immediately. The minutes of a recent staff meeting showed that there had been increased staff numbers during the morning, which confirmed what the registered manager had told us.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "They [staff] look after my pills and make sure I get them on time." We saw that medicines were

managed safely and were provided to people in a polite and safe manner by staff. Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were kept safely but available to people when they were needed.

## Is the service effective?

### Our findings

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their roles, people's individual needs and how they were met.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. Records in place identified the training that staff had completed and when they were due to attend updated training. We saw that these dates had already been booked ahead. New staff were provided with the opportunity to complete the care certificate during their induction. This is a set of assessed standards that the staff member needed to be aware of and competent in when they started working in care. This showed that the service had kept updated with changes in the requirements of staff development to provide a good quality service to people.

Staff told us that they were supported in their role. Records showed that staff were provided with one to one supervision and staff meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. One staff member told us that they could speak with the registered manager whenever needed and as the service was small they dealt with any issues as they arose.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. They told us how they had made applications, which had not yet been approved, and were considering further applications to ensure that any restrictions were lawful. Staff were provided with training in MCA and DoLS, which was evident in the staff meeting minutes, when staff had received this training. Staff were advised to seek guidance from the management if they had any concerns regarding people's capacity and DoLS.

We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, if they needed assistance with their meals and where they wanted to spend their



time in the service.

Care plans identified people's capacity to make decisions. Records included information which showed that people and/or their representatives, where appropriate, had consented to the care set out in their care plans. Where people lacked the capacity to make their own decisions, this was identified in their records. The registered manager told us that they had received documentation from the local authority to further assess the capacity of people living with dementia and this was in the process of being completed.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, "We always get a choice, the food here is very good." Another person said, "The food is very good."

People were encouraged to eat independently and staff promoted independence where possible. However, where staff identified that they may need assistance this was offered in a caring manner, for example, by cutting up their meal. People ate at their own pace and were not rushed by staff. Staff were patient and encouraged people to eat. A staff member spoke with a person who was not eating, they said, "Is there something wrong with it? We can put it right...I can get you something else...Try it you might like it." The staff member spoke with the person in a caring manner and listened to what the person said, they explained what was on their plate and then the person tried some and said, "It is nice, I'll eat it." This showed that the staff took action when they identified that the person was not eating their meal.

People were provided with choices of hot drinks throughout the day. There were also jugs of cold drinks available for people in the communal areas and in their bedrooms, for people who chose to spend their time there. This meant that there were drinks available for people to reduce the risks of dehydration.

Staff had a good understanding of people's dietary needs and abilities. Two members of the catering staff were knowledgeable about people's specific dietary requirements and how people were supported to maintain a healthy diet.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person said, "If there is ever a problem, all I have to do is let the staff know and they will call in the doctor." One person's relative said that the staff quickly responded by calling in health professionals if there was a concern about their relative's wellbeing.

The registered manager told us that they had positive relationships with health professionals, including the GPs and district nurses. They said that if an issue arose, they always felt supported by the health professionals in ensuring that people were provided with the health care support they required. A health professional told us that they had a good working relationship with the service who sought and acted on advice where needed to make sure that people were provided with the right care to be healthy. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

## Is the service caring?

### Our findings

People we spoke with told us that the staff were caring and treated them with respect. One person said, "The staff are excellent." Another person said, "They [staff] are all very good, very kind." One person's relative said, "The staff are very kind." A health professional described the service as, "A lovely place," and the staff were, "Friendly and welcoming."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff communicated with people in a caring and respectful manner. They communicated in an effective way by making eye contact with people and listening to what people said. One person had a birthday on the day of our visit and we saw that the staff sang birthday greetings to them several times throughout the day and read the person's cards to them. This made the person laugh and smile.

Staff talked about people in a caring and respectful way. They knew people well and understood people's specific needs, and how they were met.

Staff respected people's privacy by knocking on bedroom doors before entering. People's privacy was further respected by staff who communicated with people discretely, for example when they had asked for assistance to use the toilet.

People's views were listened to and taken into account when their care was planned and reviewed. One person and their relative told us that when they moved into the service they were asked what assistance they needed and felt included in the planning of the person's care. Records showed that people and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for.

People's bedrooms were personalised reflecting their choice and individuality. One person told us that they had brought some items from their previous home when they moved in, which they valued.

People's records included their decisions about their end of life care. The registered manager told us about how they gained people's views, this included meeting with the person, their representatives, where appropriate, and their GP. This ensured that people's views were valued and acted upon.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their needs and their views were listened to and acted on. One person said, "I give here 11 out of 10, it is better than any hotel." Another person said, "I am very lucky to be here." Another commented, "It is very nice here." A health professional told us that people were provided with, "Good care," and that the service had a, "Good reputation."

We saw a letter from a person using the service which stated about Christmas day, "Thank you all so much for the lovely day, as you knew I was not happy when I got up but all on duty were very kind and took me under their wings..." This showed that the staff had responded to the person's feelings in a caring manner to try to reduce their feelings of unhappiness.

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes, diverse needs, and how these needs were met. Staff moved around the service to make sure that people were not left without interaction for long periods of time. This resulted in people showing signs of wellbeing.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. If any changes in people's needs were identified these were included in the records. This showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in, both individual and group activities. This included outings in the services' mini bus, one person said, "We go out, all over the place." Another person said, "There are things to do, get plenty of entertainment...and we sit and chat." Another listed the activities that they particularly enjoyed, "Barbecue, cream teas, all the relatives can come and the hairdresser sings. Have a drive round in the mini bus." They pointed to the staff member who co-ordinated the activities and said, "[Staff member] is a good old sport."

During our inspection we saw people participating in various activities, this included seven people in a bible reading with two visitors. The registered manager told us that people from a local place of worship attended the service each week to do this. People were offered the opportunity to participate regardless of their religion. The registered manager told us that this had proved to be positive with people taking part in small groups. People also played a game with a balloon, which they passed to each other. This was a popular activity with people laughing and getting ready for the balloon coming their way. One person said, "This keeps us moving, a good exercise." The staff member who undertook the activity demonstrated good understanding of people and their abilities and all people were involved. For example, when the balloon was passed to one person with sight loss, the staff member said, "It's coming....now." This allowed the person to fully participate in the activity. In the afternoon people played a game of bingo, which people told us that they enjoyed. One person showed us the prizes that they had won in previous games.

There were several pets in the service, which the registered manager told us had been requested by people. These included fish, birds, a cat, chickens and a pot-bellied pig. People told us that they liked having these. One person asked us, "Have you been out to see the pig and chickens yet? Oh they are lovely." The registered manager brought their dog into the service, which was received positively by people. People had time to give the dog a cuddle and stroke, who happily accepted the fuss. One person told us, "I've got a dog, when he comes in it reminds me of my dog." There were areas in the grounds that had raised flower beds, which enabled people to participate in gardening if they chose to.

People told us that they could have visitors when they wanted them. One person said that their relatives often visited and they particularly liked their grandchildren's visits. One person's relative said, "We were told we could come in at any time, they [staff] always offer a cup of tea." This meant that the risks of people becoming lonely or isolated were reduced.

People told us that they knew how to make a complaint and that their concerns and complaints were addressed. One person's relative commented that they had not made a formal complaint but, "Any concerns, they sort it out and keep us updated."

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. The minutes from resident and relative meetings and notices in the service reminded people about how they could make a complaint. The registered manager was also available to discuss any concerns or suggestions. Records of complaints showed that they were responded to and addressed in a timely manner and used to improve the service. For example, advising staff on the expectations of their role.

## Is the service well-led?

### Our findings

There was an open culture in the service. We saw that the registered manager knew the people who used the service and they responded to them positively. For example by smiling and talking with them. One person pointed to the registered manager and said, "[Registered manager] is very good, gets things sorted." Another person described the registered manager as, "Very nice, comes round for a chat." One person's relative commented that their relative would speak out if any problems, "They [registered manager] always acts [on any issues]." Another person's relative told us how the registered manager had provided information on dementia and how this affected their relative, which they found useful.

People were involved in developing the service and were provided with the opportunity to share their views. This included satisfaction questionnaires and meetings. Minutes of the meetings showed that people's comments were valued and acted upon to improve people's experiences. The registered manager showed us areas in the service which had been improved on as a result of comments made by the people using the service. This included colourful artwork on walls, a quiet room where people could entertain their visitor's in private and more pets. There was a comments book in the entrance hall to the service where people could share their views about the service. It was noted that all of these were positive, for example, "Very good happy atmosphere, also good organisation throughout," and, "[Person] would not have had better care."

The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. Since our last inspection of 19 May 2014, the registered manager told us about the improvements they had made in the service. This included installing new boilers, redecoration and refurbishment of the inside of the service and improvements in the grounds. There were further ongoing plans in place, for example an extension of the communal living area.

An individual had been employed by the service, as required, to assist in updates on changes in regulation and the care industry training requirements. The registered manager told us that this worked well, and because the registered manager was also a provider, this had given them additional support. This showed that the service continued to improve. The registered manager also attended sessions and was a member of a leadership qualities framework with other providers and registered managers which kept them up to date with best practice. They told us that they had recently taken up an offer from the local authority to assess the care they provided. They showed us the information that had been provided and the documentation that they were planning to introduce to further improve the service. For example, following a suggestion to place signage on people's bedroom doors to enable them to recognise the location of their bedroom. The registered manager showed us a document which indicated that each person was asked for their views about this and if they wanted the signage on their doors. This showed that the registered manager took feedback and suggestions seriously and used them to develop the service and also included people who used the service in decisions.

Staff told us that they felt supported and listened to. One staff member said, "I can't fault [registered manager], had got me on my diploma and is very helpful." The registered manager and a staff member told us how the staff communication book had been positive with picking up any issues promptly and

addressing them. The registered manager monitored this daily and took action where needed. For example, providing moving and handling equipment when a person's needs had changed.

Staff understood their roles and responsibilities in providing good quality and safe care to people. A staff member told us how the domestic team rotated the deep cleaning of each bedroom to ensure that all were clean and well maintained. People and visitors comments on the good hygiene in the service. Regular checks on the hygiene in the service were undertaken. Staff were provided with the opportunity to share their views about the service in meetings. The staff also discussed people's wellbeing and if there were any changes in their care needs. This provided staff with the opportunity to suggest actions that would improve people's wellbeing.

The service's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls, infection control and care records. Incidents and accidents were analysed and checked for any trends and patterns. Actions were taken to minimise any risks identified. For example, staff were advised on the importance of ensuring that records were completed to evidence when people had been given their prescribed creams and lotions. This demonstrated that the service was committed to providing high quality, safe, and effective care for people.