

Making Space

The Limes 1

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 

Overall summary

The Limes 1 is registered to provide accommodation and nursing care for up to 22 people. There were 19 people living in the home when we visited. Accommodation is provided over two floors. There are communal toilets and bathrooms for people to use. All bedrooms are for single occupancy with some having ensuite facilities. There are communal areas, including lounge areas, a dining room and a large garden area for people and their guests to use.

There was 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.

People told us that they felt safe living at the home. Staff were knowledgeable about the procedures to ensure that

Summary of findings

people were protected from harm. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any concerns. People received their medication as prescribed.

There were sufficient numbers of suitably qualified staff employed at the home. There were effective recruitment procedures in place to ensure that only suitable staff were employed at the home.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and all staff were knowledgeable about when a request for a DoLS application would be required. The registered manager told us that there was an application which has recently been submitted to the relevant local authorities and they were awaiting the outcome.

Staff respected and maintained people's privacy at all times. People were provided with care and support as required and people did not have to wait for long periods of time before having their care needs met. This meant that people's dignity was respected and that their care needs were met in a timely manner.

People's assessed care and support needs were planned and met by staff who had a good understanding of how and when to provide people's care whilst respecting their independence. Care records were detailed and up to date so that staff were provided with guidelines to care for people in the right way.

People were supported to access a range of health care professionals. Examples included appointments with their GP and a chiropodist. Risk assessments were in place to ensure that people could be safely supported at all times.

People were provided with a varied menu and had a range of meals and healthy options to choose from. There was a sufficient quantity of food and drinks and snacks made available to people at all times.

People's care was provided by staff in a respectful, caring, kind and compassionate way. People's hobbies and interests had been identified and staff supported people to take part in their chosen hobbies and or interests to prevent them from becoming socially isolated.

The home had a complaints procedure available for people and their relatives to use and all staff were aware of the procedure. Prompt action was taken to address people's concerns and prevent any potential for recurrence.

There was an open culture within the home and people were freely able to talk and raise any issues with the registered manager and staff team. People, staff and stakeholders were provided with several ways that they could comment on the quality of their care. This included regular contact with the provider, registered manager, staff and completing annual quality assurance surveys.

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 safely supported with taking their prescribed medication. Medication was stored, recorded and managed by staff who were assessed to be competent.

People were cared for by a sufficient number of appropriately trained staff who were knowledgeable about safeguarding procedures.

Only staff who had been deemed to be suitable to work with people living at the service were employed.

Good



Is the service effective?

The service was effective.

People were assisted by staff to make choices. Staff were skilled in meeting people's assessed needs.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

People had access to a regular supply of sufficient quantities of nutritious food and drink. People were supported to eat a balanced diet.

Good



Is the service caring?

The service was caring.

People's care was provided with warmth and compassion and in a way which respected their independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them.

People's privacy and dignity was preserved by the staff at all times.

Good



Is the service responsive?

The service was responsive.

People, including their relatives, were involved in the assessment, planning of their care.

People were supported by staff to pursue their interests and hobbies and to access the local community.

Regular reviews were completed to ensure that people's care needs were being met.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People's independence was promoted and empowered by the staff and registered manager.

Arrangements were in place to ensure that the day to day management tasks and quality of the service was monitored.

There was an open culture within the home and people and staff were able to raise their concerns or issues whenever they wished.

Good



The Limes 1

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 unannounced inspection took place on 19 November 2015 and was carried out by one inspector and an expert 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 our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is

required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people living in the home, three relatives, the registered manager, one member of nursing staff and five care staff. We also observed people's care to assist us in understanding the quality of care that people received. We also spoke with two care managers from the local authority and a local GP who provided regular 'surgery's' in the home.

We looked at five people's care records, quality assurance surveys, staff meeting minutes and medication administration records. We checked records in relation to the management of the service such as health and safety audits and staff recruitment and training records.

Is the service safe?

Our findings

All of the people we spoke with had no concerns about their personal safety. One person said, “Members of staff always talk to me in a kind and caring way and they treat me very well and I feel safe and secure here. They know me well enough to know what I like and don’t like. If I don’t want to do something then I don’t have to.” Another person told us, “I feel safe here because I can always talk with the staff about any of my problems and they will take care of me. Nothing is too much trouble.” A relative also said, “My [family member] is happy living at The Limes and I feel they are in safe hands.”

Staff showed an understanding about safeguarding reporting procedures and their responsibilities in raising any concerns with the local authority to protect people from harm. A person told us, “I do feel safe here and the staff are really very helpful and kind.” One staff member said, “I have recently received training in safeguarding and I would never hesitate in reporting any concerns to my manager.” Another member of staff told us that they were aware of how to raise a safeguarding concern and knew where the safeguarding procedures and information was kept in the home to refer to. Information displayed in the home gave the contact details of the local authority safeguarding team for people, relatives and staff to use if they needed to.

People’s individual risk assessments had been completed and updated. These risk assessments included behaviours that challenge, mental health needs and nutritional needs. During our inspection we observed staff supporting people safely in accordance with their risk assessments. An example included assisting a person who experienced anxieties when accessing the community. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

People told us that, “Staff give me my tablets when I need them and I can have painkillers when needed.” This meant that people were safely provided with the support they needed with their prescribed medication.

We observed nursing staff safely administering people’s medication in a careful and unhurried manner and completed the medication administration record (MAR) chart as required. We saw that only nursing staff and care staff who had received medication training administered medication at the home. Each person’s MAR contained a photograph and details of any allergies identified. The records showed that medication had been administered as prescribed. We checked the stock levels of a sample of medication and found them to be correct. Monthly audits were carried out regarding the administration of medication and any errors were identified and followed up with nurses and care staff. We saw that competency checks regarding medication administration were in place and the registered manager told us that where any performance issues were identified additional training would be given.

People told us, and we saw that there were sufficient numbers of staff available. The registered manager told us staffing levels were monitored on an ongoing basis and that additional staff would be brought in if a particular care and support need was identified. For example, when a person needed additional one to one support to assist them with their anxiety. One person said, “There are always staff available to help me with what I need.” We observed throughout the inspection that staff were readily available to support people and answered their queries cheerfully and promptly.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. Information provided in staff recruitment records showed that appropriate checks, including criminal record checks and references, had been carried out before staff commenced working in the home. This showed us that the provider had only employed staff who were suitable to work with people living at the home.

There were fire and personal emergency evacuation plans in place for each person living in the home to make sure they were assisted safely whenever there was a need to evacuate the premises. Records of fire safety checks, water temperatures, refrigerator and food temperature checks had been completed. This helped ensure that the home was a safe place to live, visit and work in.

Is the service effective?

Our findings

One person told us, “The staff look after us really well here and I feel that they [staff] know me well and help me with what I need”. A relative said, “The staff do their best to help my [family member] and they treat [family member] very well.”

Staff told us they had regular supervision and ongoing support. One staff member said, “There is lots of good training and we get refreshers throughout the year.” The training record showed training that staff had completed and forthcoming dates for training sessions. Examples of training included; manual handling, infection control, safeguarding adults, fire safety and health and safety. Staff we spoke with also confirmed they had received mental health awareness training to aid their understanding in meeting people’s needs. This ensured that staff were kept up to date with any changes in current care practice. Staff we spoke with said that they received induction training when they had commenced working in the home to ensure that they were aware of their responsibilities.

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).

Records showed and staff confirmed that they received MCA and DoLS training. The registered manager told us that they aware of who to contact in the local authority should they need to do so. We saw that an application had been submitted to the local authority for one person and they were waiting for the outcome. The correspondence with the local authority regarding this application was held in the person’s care plan documents.

A number of communal areas, a well laid out garden with various seating and people’s bedroom were available for people to use if they wished to entertain and meet their

guests. A newly installed smoking area had been provided in the garden, with seating, for people to use. There was a vegetable area in the garden which people were encouraged to be involved in with assistance from the gardener who maintained the garden areas.

Lunch time was seen to be a sociable occasion, with lots of interaction between the staff and people having their lunch in the dining room. People told us they had the opportunity to have an alternative choice if they did not like the menu option. Menu choices were displayed in the dining room. One person said, “The food is brilliant here and if you don’t like something they (kitchen staff) will always make an effort to find you something you will enjoy.”

The meals were served from a serving hatch. People were asked to confirm what they had ordered for lunch or were reminded by staff if they were unable to remember. People were asked whether they would like gravy poured prior to their meal being delivered to the table. Each plate was placed on a serving tray and covered with a lid and the tray was taken to each person in turn. People were reminded that the plate was hot as it was placed in front of them.

Staff explained that people were asked, about menu choices in the resident’s meetings and on a one-to-one basis. People told us that they had enjoyed their lunch and the drinks provided on the table. One person said, “There is always plenty of food to eat and there are drinks available all the time.” Another person said, “I do some cooking for special occasions when I like to cook sausage rolls, and mince pies at Christmas.” The food provided was seen by everyone as very good, wholesome and tasty.

We saw that the cook regularly spoke with people living in the home to gather views about the meals and to ensure that individual preferences and favourites were included. Drinks and snacks were available to people throughout the day. People were able to choose where they ate their meals. One person said, “I like my breakfast in my bedroom and I normally like toast which someone [staff] brings to me with a cup of tea.”

The cook explained that during the evening ‘Andy’s Café’ was run from the kitchen which enabled people to choose hot food cooked to order, such as burgers, beans on toast, jacket potatoes etc. One person had asked for plenty of onions to go with their burgers and the cook was busy cutting these up for them in preparation for the evening meal.

Is the service effective?

People spoke about ‘takeaway’ nights which were organised so that people could sample different styles of cuisine from around the world. People we spoke with told us that they enjoyed the takeaway nights and choices were discussed in the resident’s meetings.

People’s dietary needs were monitored and the registered manager told us that where any concerns were identified advice from the person’s GP and a dietician were sought where necessary. Nutritional assessments were recorded along with monthly weight records. This demonstrated to us that the staff monitored and understood what helped to maintain a person’s health, care and support needs.

Any significant events that had occurred during the person’s day were documented which included appointments with health care professionals such as GPs, psychiatrist, chiropodist, dentist and optician. One person said, “I do have good access to my GP and the staff take me to see the doctor when I need.” A relative told us that the

staff always kept them informed of any health care issues affecting their family member. This showed that people were assisted with their health care which was monitored and appropriate referrals and actions were taken when necessary.

.A local GP we spoke with was positive about the care and support provided. They told us that the registered manager and nursing staff were knowledgeable and provided good quality information to them when required. The GP also told us that they visited the home weekly and that people were able to meet with them in private regarding any healthcare issues or concerns. This showed us that people’s healthcare and support needs were well monitored, coordinated and effectively responded to by staff at the home. Other healthcare professionals we spoke with were positive about the care and support being provided at the home

Is the service caring?

Our findings

People said that they felt they were treated as individuals. One person said, "I feel that they know me and the things that I like and dislike." People also said that staff were very caring and sensitive in the way that care and support was provided. One person said, "The staff are very caring kind and reassured me when they accompanied me when I went to visit my relative." Another person said, "The staff assist me to go shopping when I want to go and today we went out and bought some Christmas cards."

A relative said, "Whenever I visit we are always made to feel very welcome." One member of staff described the home as, "Having a friendly family atmosphere." Another member of staff said "I really love my job and we work well together to support people." Throughout our visit we saw positive interactions between the staff and the people using the service. One person told us, "The staff arranged a surprise visit from my daughter and she stayed in the area for 10 days. I went over to sleep at her place where she was staying for some of the nights. They (staff) were very kind to make all those arrangements."

Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. One relative told us that they were involved in discussions and decisions about their family member's care. Another relative told us that, "The staff are very good in letting me know how things are and they are always good at keeping me informed."

We observed staff interactions with people and found they spoke to people and supported them in a warm, kind and dignified manner which promoted people's independence at all times. Staff engaged meaningfully with people. For example, they participated and helped with a craft activity in the dining room.

Staff knocked on people's bedroom and bathroom doors and waited for a reply before entering. One person said, "My room is very comfortable and I have a lock on the door.

I get up and go to bed when I want." Another person said, "They (staff) always knock on my bedroom door before entering, even if it's partially open." Relatives that we spoke with were very positive about the care their family member received and one relative said, "The staff are all very supportive and caring." Another relative said, "They [staff] always keep me aware of anything that affects or could affect my [family member]. The care is good and they give my [family member] a lot of help."

. Requests people made for assistance were responded to quickly and gently by staff. Small amounts of money were held for people in the office. We observed that when people requested money to make purchases this was made available to them by staff as soon as possible. One person told us, "I have no concerns and the staff treat me very well and make sure I have everything I need."

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed and assisted and prompted with any personal care they needed in private. One person said, "I do have problems dressing myself and I call the staff by pressing this button and they always come very quickly and help me."

We observed that staff positively engaged with people throughout the day and enquired whether they had everything they needed. One relative told us that, "There is a good atmosphere and the staff are kind and helpful."

People were able to see their friends and relatives without any restrictions. One person said, "My daughters can come in at any time to visit me and they get on really well with the staff." A relative told us that, "The staff are always welcoming whenever I visit."

The registered manager told us that people were provided with information as to how they could access advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes

Is the service responsive?

Our findings

People told us, and we found from records reviewed, that an initial assessment of their care and support needs had been completed prior to them coming to live at the home. People had signed their care plans where possible as an agreement to the care provided. This ensured as much as possible, that each person's needs were able to be met and agreed with individually.

Care plans were person centred and written in detail and had been amended and updated as people's care needs changed. There was sufficient information for staff to be able to provide the care. Examples included assistance with; mental health support needs, mobility, personal care, day and night time routines, nutrition and continence.

One person said, "They [staff] ask me how I want things done and I feel involved." Care plans included information about people's preferences, including how they wanted to be addressed and what was important to them. Guidelines were in place for staff regarding assisting and prompting people with their personal care needs along with details of people's daily routines.

Daily records showed that people made choices about their care to ensure that their care and support needs were met. One person said, "I do have times when I am anxious and the staff here help me through it with kindness and support to help me feel better."

Staff had access to shift handover information to ensure that any changes to people's care were noted and acted upon. People could be confident that their care was provided and based upon the most up to date information.

People said the planned activities in the home were good and varied and that they were supported to take part in interests that were important to them throughout the day.

Examples included board games, gardening, art and crafts, shopping trips, meals at the local pubs and restaurants, computer games and walks in the local village and trips to the local towns. One person said, "I do take part in group activities when I can and the staff always ask me if I'd like to take part in something."

People told us they had enjoyed the trips out. One person said, "I do go out, but not a lot because I prefer it that way. The times that I do go out were quite good and we went to Hunstanton and Great Yarmouth for example." Another person said, "I'm quite happy to go out to events rather than staying here because it's a change of scene and more healthy." We saw that three people had recently gone on a trip to the Newmarket Races. People also had access to and used music playing facilities, television and DVD's in the communal areas and could spend time in their own bedroom whenever they wished.

We spoke with a member of staff who took the lead in coordinating activities in the home and also produced a three-monthly newsletter to celebrate events that people had been involved in and to also provide information regarding forthcoming events. People we spoke with confirmed they had seen the newsletters.

There was a complaints policy available so that people could make a complaint including timescales and the response they should expect. People and relatives we spoke with told us that any concerns they had raised were dealt with to their satisfaction by the registered manager and staff at the home. One person said, "The manager and staff are attentive and check that we are okay during the day." A relative also confirmed that if they had ever needed to raise an issue or a concern it always promptly dealt with by the staff and the registered manager. A relative said, "If I had to raise a concern I would be confident that they would sort things out straight away for [family member]."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. People and relatives we spoke with told us they knew who the registered manager was and that they frequently saw them around the home and regularly spoke with them during the day. One person said, “I do see the manager every morning and she says hello and asks how I am. I do feel that I could talk to her about anything because she is friendly and open.” Another person said, “The staff here know me very well and they know I have a history of being worried about a lot of things. They do try to reassure me a lot and put me at ease because of how I always feel. I think when the staff know you have problems then they let other [staff] know for when they are on duty”

People were encouraged to have their say. People we spoke with were aware of and had attended the Resident’s Meetings and that they were able to discuss a range of issues such as; activities, day trips, meals and forthcoming events in the home. Minutes and outcomes of these meetings were kept. Minutes from the resident’s meetings showed tasks that had been achieved such as trips out and meal choices in the home. This showed that staff and the registered manager positively and proactively responded to people’s voices

Arrangements were in place to ensure that the day to day management tasks were being completed including staffing, housekeeping tasks, care planning and liaison with healthcare professionals.

There was an open team work culture and staff told us they enjoyed their work and caring and supporting people who lived at the home. Staff told us that they were confident that if ever they identified or suspected poor standards of care or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff said that they felt confident that they would be supported by the registered manager if they raised concerns. One staff member said, “We are a good team. If there was any bad practice this would be reported to the manager and acted upon without any hesitation or delay.”

Staff told us that they had been supported and mentored by a more experienced member of staff when they commenced working in the home. They said they found this to be very helpful and reassuring. Members of staff we spoke with were enthusiastic about their work and the range of support that they provided to people. One member of staff told us, “I love my job and working here it’s like a big family and everyone works very well together as a team.”

All staff we spoke with told us that they felt very well supported by the registered manager, senior staff and their colleagues. Staff said they could raise any issues with the registered manager and senior staff at any time. They told us that they found the registered manager to be approachable and supportive and that they were readily available to them for any advice or guidance. Staff told us that their suggestions for improvements were always considered and that they felt valued and listened to by the provider and registered manager.

There were audits completed in relation to medication administration, care planning and staff training. The registered manager also received regular visits from an operations manager who completed regular audits which included care planning, staffing and training, repairs and refurbishments and any action identified was recorded including timescales for completion. This was then followed up at the net visit. This demonstrated to us that the management tasks in the home were well coordinated and monitored.

People told us that they felt confident that staff knew how to provide care in the way that they preferred. One person told us that, “I am very happy living here.” People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. This included regular resident’s meetings, one to one meetings, staff meetings for both day and night staff and annual surveys. We saw the minutes of the resident and staff meetings. We also saw a copy of the summary of the 2015 annual survey that had been carried. The analysis indicated that people were satisfied with the care and support being provided in the home. No areas for further development had been raised in the surveys.