

# Methodist Homes The Limes

## Inspection report

Westbury Lane  
Newport Pagnell  
Buckinghamshire  
MK16 8JA

Website: [www.mha.org.uk](http://www.mha.org.uk)

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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

### About the service

The Limes' is a domiciliary service operated by 'Methodist Homes' in a large purpose built complex that includes 'Westbury Grange' care home. The domiciliary support service provided by staff from 'The Limes' enables people to live independently in their own flats within the complex and not as residents within the separately registered and inspected care home. The Limes is a collection of individual and two person flats numbering 50 flats in all. The total capacity of the site is 87 with 37 two bedroom flats. At the time of our inspection nine people were receiving personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People felt safe with staff from the service. Care plans and risk assessments provided guidance for staff to follow to reduce risk to people's safety.

Staff understood how to protect people from the risk of harm and understood potential signs of abuse. People and relatives were involved in assessments of potential risks to safety and in identifying measures to keep them safe. Staff went through a recruitment process so that the provider only employed suitable staff, though the system needed some action to ensure it was fully robust.

People said they received their prescribed medicines. There were a small number of records with gaps in dosages to be supplied, which the registered manager was following up. People were protected from the risk of infections through good staff working practices. Staff numbers were inconsistent. During the inspection staff schedules were reviewed to ensure even staff deployment across the service. Staff undertook induction training that supported them to have the knowledge and skills to do their job well and effectively to meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well. People had developed positive friendly relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People or their representatives were involved and consulted when making changes to how their support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received help to maintain their health and well-being.

People knew how to raise any concerns or make a complaint. The provider had a policy and procedure which involved investigation and solutions to put things right. This provided information about how these would be managed and responded to.

Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to drive improvements in the service though this needed to be made more robust.

People, a relative and staff spoke positively about the management and leadership of the service. People said staff were very friendly and caring, and they had good relationships with them. The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection:

The last rating for this service was good. The inspection report for this inspection was published in November 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our Well led findings below.

# The Limes

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides personal care to people living in their own flats in a supported living complex.

The service had a manager registered with the Care Quality Commission. This means that when a registered manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that there would be staff in the office to support the inspection.

#### What we did before inspection

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included checking any notifications (events which happened in the service that the provider is required to tell us about). We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and one relative about their experience of the care

provided. We also spoke with two members of care staff, the registered manager, the area manager and a paramedic.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from management to validate evidence found, including amended procedures. We received this information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- Staff kept people safe. People and a relative were satisfied that staff took measures to keep people safe. A person said: "I always feel safe when staff are with me."
- Risk assessments were in place for the premises when an issue was identified. Assessments included information about how to reduce potential fire risks.
- Individual risks to people's safety had been assessed. Information was in place for staff to action any issue that needed to be taken to reduce any identified risks.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, reducing and eliminating tripping risks.

Staffing and recruitment

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. Information to risk assess one instance of a potential identified concern was in place though not in detail. The area manager said this would always be carried out in the future. References were in place, checking staff abilities and attitudes.
- There were enough staff to meet people's safety needs. There were no reports of missed calls.
- Staff said there were enough staff attending calls to keep people safe.

Systems and processes to safeguard people from the risk of abuse.

- People confirmed that they felt safe and secure with staff from the service.
- Staff members were trained and knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed.
- The whistleblowing procedure did not have contact details of relevant agencies for staff to contact in the event of an incident. The area manager said this procedure would be amended accordingly.

Using medicines safely

- People said they were prompted by staff to take their medicines when prescribed. Records showed that people had received their medicines, except on a small number of occasions when medicine still had not been recorded. The registered manager said this would be followed up.
- The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines to ensure medicines were safely supplied safely to people.
- Staff were knowledgeable about the procedure to supply people with their medicines. New staff were observed and had to pass a competency test before they were able to supply med to people.

### Preventing and controlling infection

- People told us that they had no concerns about the cleanliness, appearance and standards of hygiene demonstrated by staff. Hygiene standards were described as good, with staff wearing protective equipment when providing personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wear protective equipment and wash their hands thoroughly after completing a task, to prevent infections being passed to people.

### Learning lessons when things go wrong

- The registered manager said that the service was aware of the need to learn if situations had gone wrong. This had included the need to ensure people were safe from the risk of falls.
- This showed action to try to ensure this type of accident was prevented from happening again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support.
- People said their needs were fully met by staff. Timely care had usually been provided to people though there were comments from people and staff that when only one staff member was on duty there could be a substantial delay providing personal care if the staff member was with another person. The area manager said this issue would be reviewed. We received an action plan addressing this.
- Staff said that care and support plans made sure they were able to provide care that met people's needs.
- Staff understood people as individuals.

Staff support: induction, training, skills and experience

- People said staff had been well trained to do their jobs so they knew what they were doing when providing them with personal care.
- People were supported by staff who had received ongoing relevant training. Staff said that training was of a good quality. If staff requested more training, they said management would arrange this for them.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people. They took part in extensive shadowing by experienced staff to show them how to effectively meet people's needs.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- Nobody had concerns about nutrition or hydration issues. People who had meals or snacks prepared were involved in discussions about what they want to eat and drink. Everyone said staff left drinks for people before they left, if that is what they wanted. This kept people hydrated.
- Staff were aware of people's dietary requirements. A person said, "Staff always give me what I need." They had relevant information in care plans to ensure food was safe for people to eat.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on meeting their health and social needs.
- A person told us that when they needed additional equipment, management had made a referral to the relevant agency to obtain the equipment.

Supporting people to live healthier lives, access healthcare services and support

- A person said, "Staff remind me about health appointments."
- A paramedic told us that the service worked well with them in getting people healthcare support when people needed it.
- People's health and wellbeing was supported by staff. Records of people's care showed this happened. For example, staff contacted health professionals when needed. People and relatives said that staff assisted with healthcare needs.
- A relative told us that they would be notified if a relative was poorly and needed medical help.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA. We found that it was.

- Care records showed people's capacity to make decisions, and mental capacity assessments had been carried out. A care plan stated that despite a person being diagnosed as having dementia, they were able to make decisions for their daily routines, without staff taking over.
- Staff said that no person had restrictions placed on their ability to make decisions.
- People were able to consent to their care. Care plans contained signed statements that people consented to personal care being provided to them.
- People said staff asked their consent in providing personal care to them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At the last inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- People and the relative spoke very positively of the care staff. A person said, "Staff are excellent. They listen, are very friendly and always do what is needed."
- People said all their wishes were respected by staff and management and they did not have any specific cultural wishes.
- The provider's statement of purpose included information on ensuring people were not discriminated due to issues such as race, religion and sexual orientation. This gave a positive message to people using the service that they would be well treated and supported. The area manager said that the assessment procedure would be reviewed to include people's partners to make this process more inclusive for same sex partners.

Supporting people to express their views and be involved in making decisions about their care

- People told us that they had been involved in care planning at the beginning of their involvement with the service. They agreed that care plans reflected their needs.
- People confirmed that they had been consulted about whether the personal care provided still met people's needs. This was also included in care plans.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy and dignity. Staff gave examples of how they did this in practice such as covering people when they were provided with personal care.
- People said staff ensured people always chose their own lifestyles, such as for food and clothes. Staff were aware of the need to ask and follow people's choices.
- People also said staff supported people to be as independent as possible. One person said they were able to do their own personal care and staff gave them encouragement to do this.
- Staff provided examples of how they encouraged people to do as much as they could for themselves, such as people being able to take their own medicines.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said staff provided care that met their individual needs. Staff always responded to requests made.
- Care plans had information about people's preferences and their life histories. Detail about hobbies and interests was missing in some care plans. The registered manager said this would be followed up. Staff will then have comprehensive information about people's individual backgrounds.
- People said their changing needs were reflected in their care plans. They were appreciative of the activities offered in the supportive living complex which staff supported them to attend.
- Staff members were aware of people's daily routines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs.
- People's communication needs were met. Large print documents are made available for people with reading difficulties. People with hearing difficulties benefit from hearing loop technology and a loudspeaker system plus visual alarm systems for alarm and doorbell sounding.

Improving care quality in response to complaints or concerns

- No one said they had cause to complain. People said when they approached staff or management for any concerns they had, these had been quickly dealt with.
- No complaints had been received since the last inspection. A system was in place to resolve issues.
- There was a complaints procedure in the service user's guide which set out how complaints would be investigated. The procedure implied that CQC would investigate complaints. CQC has no legal authority to do this. Contact details for other agencies were not included. The procedure was amended after the inspection to include these details.

End of life care and support

- End of life information was available in care plans. People's detailed wishes and detailed preferences were not included. The registered manager said this issue would be followed up.
- Staff training on end of life care had been put in place to aim to ensure the personal care provided met

people's needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager ensured people were involved with their care. Staff knew of the need to treat people as individuals and respect their wishes. The registered manager was committed to make sure people received care that met their needs and preferences.
- Staff spoke positively of management support to them. They told us management were always available if they had any concerns or queries.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people informed of action that had been taken following incidents, in line with the duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.
- There were no incidents of this type recorded at the time of the inspection. This was confirmed by the registered manager.

Continuous learning and improving care

- The registered manager sought ways to make improvements to the care and support provided, to achieve the best possible quality of life for people. This included reviews of people's needs to ensure they were met, holding meetings with people and conducting regular surveys. There were reviews of the service so that people had the best care possible. A small number of action points had emerged from the surveys though there was no evidence these had been acted on. The area manager said an action plan would be put into place for the future.
- The registered manager kept up-to-date with good practice by using relevant professional websites.

Working in partnership with others

- The service worked with health and social care professionals to ensure people's needs were met. People were also referred to other services to ensure their needs were met, for example, the occupational therapy department and the falls clinic.
- People said they were supported to use local services if this is what they wanted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place, registered with CQC.
- Quality audits were carried out to improve the service. This included checking the personal care provided by staff.
- People and staff were very positive about the management and leadership of the service.
- There was a reliable staff team who said they took pride in providing care and support to people using the service.