

## Limes Fenton Limited

# The Limes

### 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?

Requires Improvement 

## Overall summary

We carried out an unannounced inspection of The Limes on 22 June 2015. The last inspection was carried out on the 08 April 2013 and we found that they were meeting the required standards.

The Limes provides person care for up to people 41 people. People who use the service may have physical disabilities and/or mental health needs such as dementia. At the time of the inspection 37 people used the service.

The Service had a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had systems in place to monitor the service but we saw that some improvements were needed to ensure these were effective.

People's risks were assessed in a way that kept them safe whilst promoting their independence.

# Summary of findings

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's needs in a timely manner, which promoted their wellbeing.

Staff were trained to carry out their role and the provider had safe recruitment procedures that ensured people were supported by suitable staff.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests when they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interests.

People told us that staff were kind and caring. Staff treated people with respect, gave choices and listened to what people wanted.

People's care preferences were recorded throughout their care plans and we saw that people were supported to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure that was available to people and people were aware of this policy.

Staff told us that the registered manager was approachable and led the team well. The registered manager and staff all had clear values and understood their role and what it meant for people.

Feedback was sought from people and their relatives and they were able were encouraged to be involved in the improvement of the service.

# 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. Staff understood how to safeguard people from harm. Staff knew people's risks and supported them to remain independent whilst protecting their safety. There were enough suitable staff available to meet people's needs. Medicines were administered safely.

Good



### Is the service effective?

The service was effective. Staff received training to carry out their role effectively. Staff and the registered manager understood their responsibilities under the Mental Capacity Act 2005. People were supported with their dietary needs and their health was monitored and maintained.

Good



### Is the service caring?

The service was caring. Staff were caring and kind. People were supported by staff who treated them with dignity and respect and people were given choices in their care.

Good



### Is the service responsive?

The service was responsive. People were supported to be involved in hobbies and interests that were important to them. People received individual care that met their personal preferences. There was a complaints procedure available for people.

Good



### Is the service well-led?

The service was not consistently well led. Monitoring of the service was in place but we saw that some improvements were needed to ensure these were effective. Staff and the registered manager had clear values and staff felt supported in their role.

Requires Improvement



# The Limes

## 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 was 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 22 June 2015 and was unannounced.

The inspection team consisted of three inspectors.

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. We reviewed the information included in the PIR along with information we held about the home. We reviewed information that we held about the provider and the service which included notifications that we had received from the provider about events that had happened at the service. For example, serious injuries and safeguarding concerns. We also gained information about the service from local authority commissioners.

We spoke with 16 people, three relatives, eight care staff, the registered manager and the regional manager. We observed care and support in communal areas and also looked around the home.

We viewed seven records about people's care and records that showed how the home was managed. We also viewed nine people's medication records.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and the staff treated them well. One person we spoke with told us staff supported them in a way that made them feel safe. They said, “I’m well looked after and they [the staff] always ask me if I’m okay. I feel safe when they are helping me”. A relative said, “The staff understand my relative’s needs and look after them very well. They monitor them closely and I feel that they are safe here. It’s very good”. Staff we spoke with were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the registered manager about their concerns. We saw that the provider had a safeguarding and whistleblowing policy available and staff we spoke with understood their responsibilities to keep people safe from harm.

People we spoke with told us they were encouraged to be independent and spoke about the equipment they used to help them, such as walking frames and walking sticks. We saw that people were supported to be as independent as possible whilst taking account of their risks. We saw there were risk plans in place for people who were at risk of falling, and manual handling plans for people who were unable to move about themselves. Staff we spoke with were able to identify people’s specific risks and what support they required. The plans we viewed contained clear guidance and matched what the staff had told us needed to be carried out to keep people safe.

We saw that incidents had been recorded by staff, which included details of the incident and what actions had been taken. The registered manager forwarded incidents to the provider on a monthly basis where these were analysed for any trends and actions required. For example; risk assessments had been updated, so that the risk of further occurrences was reduced.

People and relatives we spoke with told us that there were enough staff to support people. One person said, “There are always enough staff to look after me. I can always get help when I need it”. People told us that staff responded to their needs in a timely way. One person said, “If we need anything we just ask. I have a call bell in my room and there is one here too. They [staff] always come when I ring the bell”. We saw that staff responded to people quickly when they needed support and people were not kept waiting for care. We saw that there were enough staff to meet people’s needs in a timely manner and people were not kept waiting when they needed support. A staff member commented, “We have enough staff and if we need more someone will always come in if they’re needed. Staff come in on their days off if they are asked to”.

We saw that the provider had a recruitment policy in place and the registered manager undertook checks on staff before they provided support to people. These checks included references from previous employers and checks which ensured that staff were suitable to provide support to people who used the service.

People told us they were supported by staff to take their medicines. One person said, “I know what my tablets are for. They [the staff], bring them to me and ask me if I want anything”. We observed staff administering medicines to people in a dignified way and staff explained what the medicine was for. The staff member responsible for administering medicines stayed with people until they had been taken. We saw that Medication Administration Records (MAR’s) were completed after people had taken their medicines. Staff were trained in the safe administration of medicines and new staff whose role included medicine administration undertook shadowing of an experienced member of staff before administering medicines to people.

# Is the service effective?

## Our findings

Staff we spoke with told us they received an induction when they were first employed at the service. One staff member said, “I had a really good induction the best I’ve ever had, and I shadowed other staff for about two weeks, until I was confident to provide care on my own. The manager and senior staff have been really helpful I can go to them at any time”. Staff confirmed they had received training to meet people’s needs, which included mandatory and other training relevant to the needs of the people they supported. One staff said, “I’ve been put forward for my vocational training (care diploma), I’m really pleased about that”. The records we viewed confirmed this.

We observed staff talking to people in a patient manner and in a way that met their understanding and communication needs. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA sets out the requirements that ensure, where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. Staff explained how they supported people to understand decisions that needed to be made. One member of staff said, “Some people can’t always decide immediately, but if you’re patient and give them encouragement and explain clearly they can”.

Staff explained where specific decisions had been made in people’s best interests. For example, one person lacked capacity to understand why they needed their medicines and had refused their medicines in tablet form. We saw that a mental capacity assessment had been carried out and this person’s medicines were provided in liquid form and they were able to take them this way.

The registered manager had a good understanding of their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS) to ensure that people were not unlawfully restricted. The Deprivation of Liberty Safeguards are for people who cannot make a decision about the way they are being treated or cared for and where other people need to make this decision for them. The registered

manager had considered a DoLS application for one person and although this had not been authorised at the time of the inspection there was guidance for staff to follow when supporting this person in their best interests. Staff we spoke with were aware that this person maybe being deprived of their liberty and how they needed to support this person in the least restrictive way.

People we spoke with were happy with the food and they were given choices. One person said, “I’m just going to see what’s on the menu. They write it on the board each day”. Another person said, “I don’t fancy the choices today, so I’m having a jacket potato”. We saw that people were able to choose what they wanted to eat and meals were presented in an appetising way. We saw that staff members sat at the table with people and ate their lunch, engaging and interacting throughout the meal. We saw people had been encouraged to write down their comments about the food choices they received. The comments included; “The puddings are great” and “Really wonderful meal today”.

Staff we spoke with had a good knowledge of people’s dietary needs and how they should be supported to eat a nutritionally balanced diet. They told us, “We have a number of ‘special diets’ such as gluten free, sugar free, fork mash and finger foods. We can provide vegetarian diets as well. We monitor how much people eat and drink if needed and keep an eye on their weight. If there are any problems we report it”. The records we viewed showed that people’s nutritional needs were assessed and monitored regularly.

People told us their health needs were met and they had access to health professionals. One person said, “I can always see a doctor if I need one”. We saw that people had been referred to other professionals where concerns had been identified, such as dieticians, tissue viability nurses and consultants. Staff told us how they responded to people’s health needs and if there was a deterioration in their health how this was managed. The records we saw showed that the provider had responded by organising specialised equipment where staff had identified a person’s skin condition had deteriorated.

# Is the service caring?

## Our findings

People we spoke with told us that the staff treated them in a kind and caring manner. One person said, “Staff are lovely and anything you want we can have”. Another person said, “I have been here about a year. I am pleased with everything. There is nothing I could say that was wrong with the place at all. The staff are excellent”. We saw that staff gave people time when they were providing support and showed care and compassion. For example; we saw staff bending down to talk to people face to face and asking how people were feeling. We saw that people were comfortable with staff and staff understood people’s communication needs and showed patience giving people time to communicate their needs. Staff we spoke with were enthusiastic about their role and told us that they ensured people received a good standard of care by making people feel cared for and comfortable.

People told us that they were happy with the care provided and they were able to make choices in the way their care was delivered. One person said, “I choose when I get up and go to bed. I can also choose if I want to be involved with the activities, sometimes I don’t feel like it and staff leave me to do what I want”. Staff we spoke with explained how they ensured people were given choices and they

respected their wishes. We saw that staff gave people choices throughout the day. People were given time to make a choice and staff listened to people’s wishes and acted on them.

People and their relatives told us staff treated them with respect and were dignified when supporting them with their personal care. One person said, “All the staff treat me well, they talk to me and I feel happy with the way my care is carried out”. One relative said, “Staff treat my relative with dignity and they are always well dressed and clean”. We observed staff treating people with dignity and respect throughout the day. For example, we saw staff knocking on doors who waited for a response before entering and staff spoke with people in a dignified way. We saw that people were able to move around the service independently and could access their rooms if they wanted to have their own privacy. Staff told us that they ensured that they were sensitive to people’s privacy when they gave personal care and ensured that people felt comfortable when they were providing support.

We saw that the provider did not have any restrictions in place as to when people could visit. A relative we spoke with told us that they visited every day and spent as much time as they wished with their relative. Relatives were also encouraged to stay and have a meal if they wanted to.

# Is the service responsive?

## Our findings

People told us that they were supported to undertake hobbies and interests that were important to them. One person said, "I like to watch sport and although I enjoy being in the lounge with other people, I can go to my bedroom to watch particular sporting events on TV". People were enthusiastic about the events that were held within the service. For example; a pet therapy session had been held and the person we spoke with had been delighted when a Shetland pony had been brought into the home. The person said another pet therapy event was arranged the day after our inspection. We saw plans that showed people had been involved in hobbies and interests that were important to them and saw that people were able to participate in one to one chats with staff throughout the inspection. We spoke with the activities coordinator who told us they were completing life histories to establish people's past interests as a guide to possible current activities to be held. The co-ordinator was able to work on varied days which included some evening and weekends when special events took place, which provided an opportunity for people to visit places within the community.

We saw that people's preferences and interests were detailed throughout the support plans. There was a life history for people recorded, which meant that staff were aware about people past lives that may reflect on what they liked and disliked. The information viewed painted a clear picture of each individual person and included how

staff needed to respond to people's physical and emotional needs. For example; we saw that people were asked if they minded whether they received support from a male or female member of staff. One person had stated that they did not want a male member of staff; this person told us their wishes had been respected and this was detailed in the care plan.

People and their relatives told us that they were involved in reviews of care. One person said, "I have a meeting and I am asked whether I am happy with the care I have. I am very happy and I've told them [the registered manager] this". We saw evidence of reviews that had been undertaken by the person's key worker (named staff member), which showed involvement of people and their relatives. These contained details of any changes to their health and wellbeing. We saw that where anything had been raised at a review this had been acted on.

People who used the service and relatives we spoke with told us they knew the procedure to complain and they would inform the manager if they had any concerns. One person said, "I don't have any complaints, but if I did I'd be the first one to say. I can honestly say they do listen to you". A relative told us, "I find the staff are very approachable and I would raise any concern I had with them". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. Complaints that had been received were recorded in a log and we saw that complaints had been investigated and a response had been sent to the complainant which included any actions taken.



# Is the service well-led?

## Our findings

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people. Action plans were implemented where improvements were needed at the service and then forwarded to the provider on a monthly basis. However, we found that some improvements were needed to ensure that the audits were effective. For example; we found that an infection control audit had been completed but the records were inconsistent and it was not always clear whether actions had been completed or were outstanding. We also found that there was a weekly medicine audit carried out by senior care staff which had raised concerns that stock did not balance. Action had been taken to discuss with staff who handle medicines but we found that some of the stock still did not balance on the day of the inspection. This meant that the provider needed to make improvements to the way that the service was monitored.

People told us they were asked their views about the service on a regular basis. For example; people were asked to write down comments about the food in a 'blue book'. One person said, "The cook comes to talk to us about the things we've said. He'll change things if we ask". We saw that relatives had been involved in providing feedback about the service. Questionnaires had been completed by people and their relatives and we saw that these had been collated by the provider, which ensured that if there were any concerns raised, action had been taken to make improvements. For example; there had been concerns raised about a lack of activities at the service and a member of staff had been employed to undertake the organisation and provision of activities.

Staff we spoke with were positive about their role and how they made a positive impact to people's lives. One staff member said "We work well as a team and get on well individually. We all have the same aim, to provide good care and support for everyone here". Another staff member

said, "It is important that people receive good care and we all want people to be happy and feel that they can come to us if they are not". The provider had clear aims and objectives of the service and these mirrored what staff told us their values were. For example, staff told us that it was important that people receive a good quality of care and this was written in the provider's mission statement.

Staff told us that the registered manager was approachable and took action if any concerns had been raised. One staff member said, "The management are very supportive and approachable. This is the best place I've worked. We have staff meetings every couple of months". Another staff member said, "I had a supervision about eight weeks after I first started and then again about three months later. I must be due for another one, they are really helpful". We saw that issues were discussed in supervision and staff told us that they found supervisions helpful and gave them the opportunity to make suggestions about the service. Supervision provides staff with the opportunity to speak with a senior staff member about their role, their training and about people's care.

Staff meetings were held regularly and staff told us that these were an opportunity to raise any concerns that they had. One staff member said, "The meetings are good and we are all able to raise any issues as the manager always listens and will make any improvements where we make suggestions to change things". We saw that actions had been recorded and updated when they were completed. The registered manager told us that the meetings were also an opportunity to make sure that staff were aware of any changes in procedures.

There was a registered manager in place at the service who understood their responsibilities and role. The registered manager told us that they were fully supported by the provider and they were able to raise any issues which were considered and implemented where appropriate. We saw that the regional manager regularly visited the service and gave support to the registered manager when required.