Making Space

The Limes 2

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 2 is located in a residential area of Brierfield, near to the town centres of Burnley and Nelson. The purpose of the service is to provide accommodation and personal care for up to seven people who have a mental disorder. There are some amenities close by, such as shops and pubs. . Public transport links are nearby and on road parking is permitted.

The last inspection of this location was conducted on 08 January 2014, when all five outcome areas assessed at that time were being met. This inspection was conducted on 04 October 2016 and it was unannounced, which meant that people did not know we were going to visit the home.

A registered manager was in post at the time of our inspection. 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 of the Health and Social Care Act and associated regulations about how the service is run. The deputy manager was in charge of the home on the day of our inspection. However, the registered manager attended the inspection later in the day.

The care planning system was person centred providing clear guidance for staff about people's needs and how these needs were to be best met. The plans of care had been reviewed periodically.

Risks to the health, safety and wellbeing of people who used the service had been appropriately assessed and managed effectively. Where risks were identified these were addressed through robust care planning.

Fire procedures were easily available, so that people were aware of action they needed to take in the event of a fire and records we saw provided good information about how people needed to be assisted from the building, should the need arise.

A range of internal checks were regularly conducted and environmental risk assessments were in place, showing that actions taken to protect people from harm had been recorded.

Records showed that equipment and systems within the home had been serviced in accordance with the manufacturer's recommendations. This helped to protect people from harm. Evidence was available to demonstrate that good infection control protocols were being followed in day-to-day practice.

Records showed that Mental Capacity Assessments had been conducted, in order to determine capacity levels.

The rights of people were protected as the service worked in accordance with the Mental Capacity Act and associated legislation. People's privacy and dignity was consistently respected.

The service had reported any safeguarding concerns to the relevant authorities and suitable arrangements were in place to ensure that sufficient staff were deployed, who had the necessary skills and knowledge to meet people's needs safely. A range of training for staff was provided. However, some areas of learning could have been completed by a higher percentage of the staff team. We have made a recommendation about this.

Recruitment practices adopted by the agency were robust. Appropriate background checks had been conducted, which meant that the safety and well-being of those who used the service was adequately protected.

There were effective systems in place for monitoring the safety and quality of the service. Audits viewed had identified any areas which were in need of improvement and action was taken to address these shortfalls.

Complaints were managed well and people we spoke with were aware of how to raise concerns, should they need to do so. Systems were in place to ensure that any complaints received were responded to in a timely manner and a thorough investigation was conducted.

During the course of our inspection we assessed the management of medications. We found that, in general these were satisfactory. However, we made recommendations in relation to recording of staff competencies, PRN [as and when required] protocols and the processes for the dispensing of medications. The service worked well with a range of community professionals. This helped to ensure that people's health care needs were being appropriately met.

People we spoke with were highly complementary about the staff team. They felt that they were treated in a kind, caring and respectful manner. People expressed their satisfaction about the home and the activities, which they were supported to enjoy.

Regular meetings were held for those who used the service. This enabled people to discuss topics of interest in an open forum and people's views were also gained through processes, such as satisfaction surveys.

We did not find any breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

This service was safe.

There were sufficient numbers of staff on duty and recruitment practices adopted by the home helped to ensure that only suitable staff were appointed to work with this vulnerable client group.

Medications were, in general satisfactory and risks to people's health, safety and well-being were appropriately addressed to ensure that those who stayed at the home were protected from harm.

Safeguarding referrals had been made to the relevant authorities and emergency plans had been generated, so that people were kept safe. Staff members were aware of the procedures to follow should they have concerns about the welfare of those who stayed at the home. Accident and incident records were maintained appropriately.

Is the service effective?

Good

This service was effective.

Records showed that staff received a good induction programme when they started to work at the home. This was followed by a range of training for moist staff members, regular supervision and annual appraisals.

We noted that the principals of the Mental Capacity Act were being followed in order to keep people safe. People who used the service had given their consent to the care and support received, but if they lacked the capacity to do so then someone who had the authority to give consent did so on their behalf.

The premises were well maintained and suitably adapted for those who lived at the home.

People received a well-balanced nutritious diet and they were able to choose what they wanted to eat.

Is the service caring?

Good

This service was caring.

Staff were seen to be kind, caring and respectful of people's needs.

Those who lived at The Limes 2 were supported to be involved in the day to day activities of the home and were enabled to access advocacy services, should they require this.

Records were retained in a confidential manner and people's privacy and dignity was consistently respected.

Those who stayed at the home were supported to maintain their independence, as far as possible and staff members communicated well with those in their care.

Is the service responsive?

Good

This service was responsive.

The plans of care were based on assessments of people's needs and we found them to be up to date, person centred and well written documents, providing the staff team with clear guidance about people's needs and how these needs were to be best met.

Those who stayed at the home were supported to undertake activities of their choice, in accordance with their interests and preferences. Staff supported people to maintain their individuality and to participate in activities specific to them.

Complaints were being well-managed and clear systems were in place for the recording of complaints, so that these could be appropriately monitored and any themes identified at an early stage.

Is the service well-led?

Good

This service was well-led.

The home had developed some good systems for assessing and monitoring the quality of service provided. These included audits and surveys for service users and their relatives.

A wide range of policies and procedures were in place, which provided the staff team with relevant guidance and current legislation in a variety of areas.

Meetings were also held for the staff team, so that important information could be appropriately disseminated and so that

those who worked at the home could discuss any relevant topics in an open forum.

The Limes 2

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 was carried out on 04 October 2016 by one adult social care inspector from the Care Quality Commission.

At the time of our inspection there were seven people who were living at The Limes 2. We were told that three of these people had lived at The Limes 2 for more than thirty years and another for over twenty years. We received positive comments from those people we spoke with.

We spoke with two members of staff and the deputy manager of the home. We also communicated with two relatives. We toured the premises, viewing private accommodation and communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the care files of two people who used the service. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. We also looked at the personnel records of two staff members, which helped us to establish the robustness of the recruitment practices and the level of training provided for the staff team. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

Prior to our inspection we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents and safeguarding incidents. We also looked at the information we had received from other sources, such as the local authority and community professionals involved in the care and support of those who lived at the home.

Good

Is the service safe?

Our findings

A relative of one of the people who lived at the home told us, when asked if she felt her loved one was safe living at The Limes 2, "Yes I think she is very safe. I have no concerns about her safety."

We looked at the care files of three people who used the service. We found that a holistic approach to people's care had been carefully assessed and planned, with identified risks to their health, safety and welfare being managed effectively. These risk assessments were person centred and had been signed by the person who used the service. They covered areas, such as abuse, medications, misuse of appliances, social skills and self-neglect. We found that any identified risks were addressed through robust care planning. Crisis and contingency plans had been developed, as were necessary. This helped to ensure that staff were fully aware of the action needed to support each individual should an emergency arise.

A fire risk assessment had been developed by an external organisation and the procedure to follow in the event of a fire was easily accessible. Fire-fighting equipment had been recently serviced and fire drills were conducted from time to time. A business continuity plan outlined what action staff needed to take in the event of an emergency situation arising, such as gas leak, power failure, flood, fire or utility disruption. This helped to ensure that people were protected from harm.

Each person who used the service had a PEEP in place. A PEEP is a Personal Emergency Evacuation Plan. It is a bespoke plan for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time, in the event of any emergency, such as fire or flood. This assists emergency services to help people to vacate the premises in the best possible way. Those we saw included a 'Walk through of evacuation' scenario had been completed by people who lived at the home. This helped people to evacuate the premises in the safest and most effective way, if the need arose.

Records showed that some internal checks were completed regularly in order to protect people from harm and safety information for staff was readily available. A fire alarm test was conducted once a week, to ensure the system remained operational and in good working order.

Records showed that systems and equipment within the home had been serviced in accordance with the manufacturers' recommendations. This helped to make sure it was fit for use and therefore promoted people's safety.

During the course of our inspection we toured the premises and found the environment to be warm, generally well maintained, clean and hygienic throughout. There were no unpleasant smells and it was clear that a friendly environment was created for those staying at the home. We were provided with evidence to demonstrate that the management team corresponded with the housing scheme to request maintenance work to be carried out when needed.

There was a detailed infection control policy in place, which included a section on good hand hygiene, Personal Protective Equipment [PPE], the management of sharps, the disposal of clinical waste and the

management of blood and bodily fluid spillages. One person we spoke with told us, "I clean my room every week. I want to do this. It keeps me busy." A detailed cleanliness and hygiene policy was in place at the home, which covered infection prevention and control principles, as well as the procedures for risk management. This covered the types of detergents available and when each should be used and a duty of care waste contract was in force. This helped to ensure that staff were fully aware of the correct cleaning protocols.

We were told that one member of the staff team had been identified as health and safety champion and another as infection control champion. This helped to ensure that any new information or changes in legislation in these areas was accessed by the champions and then disseminated amongst the staff team, in order to keep the workforce up to date with current guidelines.

During the course of our inspection we assessed the management of medicines. Records showed that daily counts of medications were conducted. This helped to reduce the possibility of medication errors and helped to identify short timeframes, should there be any discrepancies. A full pharmacy inspection was conducted each year by the supplying pharmacist and an internal audit was done every three months. Medicines were stored safely and records showed that those staff responsible for administering medication had received training in the management of medicines. This helped to ensure that medicines were being managed appropriately.

The deputy manager told us that staff competencies were assessed in relation to medications, but that these were not recorded. It is recommended that the medicine competency checks for staff be recorded. This will provide an audit trail to demonstrate that staff are being assessed and monitored for continuation of personal competency in the area of medicines management.

Medication Administration Records (MARs) showed that medications received into the home were recorded and that MAR charts were completed appropriately. However, there were no formal protocols for 'as and when required' [PRN] medicines, such as paracetamol. It is recommended that clear protocols be developed, so that those administering medications are aware of when to give PRN medicines. For example the deputy manager was fully aware of when one person would need paracetamol. She told us this was given for headache or cold symptoms, but this guidance for staff was not recorded.

We observed a medicine round and found that although this was performed in a safe manner, the process reinforced institutionalised ways. The deputy manager who was administering medications dispensed them from the office, with the door open and shouted each person to come to the office in turn for their medications. We did not find this represented a holistic approach to person centred care around medications. However, we are aware that some of those who live at The Limes 2 have been in care environments for many years and changes in daily routines may unsettle their accustomed every day patterns. It is recommended that the management of medication administration be reviewed and where possible a more person centred approach be adopted.

We checked the number of tablets remaining in a boxed medication for one person who lived at the home and found that these were correct, although the calculation on the MAR chart did not correspond. Care should be taken to ensure that calculations on the MAR charts are accurate. This will provide a clearer medication audit trail.
We noted that there were sufficient numbers of staff on duty to provide the care and support which people needed. Everyone we spoke with felt that there were enough staff on duty to meet people's needs. The duty rotas we saw corresponded with the number of staff on duty on the day of our inspection. We were told about the emergency on call rota, should additional staff be required to attend the home in the event of an

emergency situation. This helped to safeguard those who lived at The Limes 2.

During the course of our inspection we looked at the personnel files of two staff members. We found that robust recruitment practices had been adopted by the home. References had been obtained and Disclosure and Barring Services [DBS] checks had been conducted before people started to work at the home. DBS checks allow managers to establish if any prospective employees have a criminal record or if they have received any cautions, to enable employers to make a decision about appointing them.

One newly appointed member of staff told us about the recruitment process and their induction programme. They said that they 'shadowed' a more experienced member of staff for a week, when they first started to work at The Limes 2. They felt that their recruitment and induction were thorough and they gave some good examples of subsequent training, which they had completed. These modules included health and safety, moving and handling, first aid, dementia awareness, safeguarding vulnerable people, mental health and first aid. This person also told us that learning in respect of the Mental Capacity Act and the Deprivation of Liberty Safeguards was arranged. On the day of our inspection we saw a more experienced member of staff providing a new employee with relevant information.

Staff members were aware of the procedures to follow should they have concerns about the welfare of those who lived at the home. One member of staff said, "People are kept safe here." We were told that the front door was locked at 9pm, in order to reduce the possibility of intruders. However, people were able to stay out later than this if they wished to do so. We were told that one person usually was out later than 9pm, but that they had a door key to access the home on their return and the night care worker, who was a 'sleep in' stayed up until they returned, in order to ensure their safety.

We saw that a missing person's policy was in place, which provided staff with clear guidance about action they needed to take should someone fail to return to the home within the agreed time frame. A loan worker policy and risk management action plan was also in place, particularly for those staff members who were assigned 'sleep in' duties. Accident and incident records were maintained appropriately in line with data protection guidelines.

One community professional told us of a safeguarding referral that had been made earlier in the year and although this was not substantiated, a number of recommendations had been made, which were seen to have been implemented following advice during the investigation. One member of staff told us about the process for managing people's money, where they needed support with this. People's monies were retained safely within the home and any transactions were signed by the individual and two members of staff. This helped to ensure that people's finances were safeguarded. We overheard a member of staff telling one person who lived at The Limes 2 that he needed new bed sheets, but that he would need to go to buy them with a member of staff, as staff were not allowed to spend his money without his agreement.

We looked at the personal allowance records of two people who lived at The Limes 2. We found that clear records were maintained and that people's monies were safeguarded. One person who lived at the home was able to manage their own finances and she was supported to do so. The cash we checked corresponded with the records we saw.

Good

Is the service effective?

Our findings

One person who lived at the home was eager to show us their bedroom and they were clearly proud of their personal environment. They expressed their satisfaction about the meals served. They commented, "We are able to choose what we eat and the food is always good." The relative of one person who lived at the home told us, "They [those who lived at the home] have a nicely cooked evening meal." And "The staff are great. They know each person well."

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. We checked whether the service was working within the principles of the Mental Capacity Act.

A detailed policy was in place at the home in relation to the MCA and Deprivation of Liberty Safeguards [DoLS], which clearly covered the five principals of the MCA. Records showed that mental capacity assessments had been completed by the local authority for each person whose file we looked at. These were decision specific and indicated in which areas people lacked the capacity to make certain judgements. This was confirmed as accurate by one member of staff.

We were told that no-one who lived at the home was having their liberty deprived and this was evident from our observations throughout the course of the day. We saw that where someone had been granted authority to act on behalf of a person who lived at the home, then the relevant documents from the Office of the Public Guardian had been retained on their care file.

We saw that people's care files included consent to receive various aspects of care and support, such as, the sharing of information, medication administration and the taking of photographs.

An employee handbook and general social care codes of conduct were issued to all new staff. These contained relevant information, which helped those appointed to understand what was expected of them whilst working at The Limes 2. It also provided them with important policies and procedures, such as disciplinary and grievance policies. This helped to ensure that new staff were supported to do the job for which they were employed. We found that return to work interviews for staff were held following periods of sickness or absence. This enabled the employee to discuss any concerns about returning to work with their line manager and for action plans to be developed, if necessary.

Staff personnel files showed that induction programmes for new staff members were in accordance with the nationally recognised care certificate and that this information was provided within the first week of

employment. This was confirmed as being accurate by staff members we spoke with.

Staff personnel records showed that new employees received a six month probationary period. This helped to ensure they were suitable for the position for which they had been appointed and that they wished to continue as a permanent employee.

We noted that care files viewed contained some good information about the medications people were prescribed, so that the staff team were fully aware of the reason specific medications were administered and how to recognise any side effects.

Records showed that employees received regular supervision sessions. This enabled staff to discuss their work performance and training needs with their managers and also allowed them to highlight any areas of concern or difficulties experienced, so that any issues could be addressed promptly. The registered manager told us that annual appraisals were to be introduced in the near future.

We spoke with a member of staff who had worked at the home for several years. He felt that sufficient training was provided and he gave some good examples of learning modules, which he had completed, including a three day first aid course, conflict management, breakaway techniques, level 3 in health and social care, medications, infection control, food hygiene, abuse, safeguarding and confidentiality.

We established that a new dashboard system for staff training had recently been introduced, which provided training through an online training academy. This showed there were eight care staff employed at The Limes 2, including two bank staff. A wide range of training programmes were available for those who worked at the home, including modules, such as first aid at work, information governance, food safety, infection control, administration of medications level 2 and level 3, conflict management and break away techniques, safeguarding, fire safety, moving and handling, health and safety, Mental Capacity Act and Deprivation of Liberty Safeguards, dementia awareness and learning disabilities. Some learning modules were supported by knowledge checks, which helped to demonstrate that staff had learned from the training provided.

Written feedback was obtained from staff members following learning and development and personal development plans had been designed. However, although a good percentage of staff had completed most of the training modules, the training matrix showed that few staff had completed training in some areas. For example, there were only two of the eight members of care staff appointed showing as having completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards and only 50% had completed safeguarding training. Therefore, it is recommended that all staff employed receive training in all relevant areas to ensure a well trained work force. Certificates of training for staff were available for us to see.

The premises were well maintained and suitably adapted for those who stayed at the home. We noted that one page profiles of the staff team were displayed on a notice board within the home. This covered areas, such as 'What is important to me', 'What people like and admire about me' and 'How best to support me.' This provided people who lived at the home with some information about the staff who were providing the care and support.

People received a well- balanced nutritious diet and were able to choose what they wanted to eat. Nutritional risk assessments were in place, if appropriate and clear nutritional guidance was provided for staff within the plans of care, in accordance with medical conditions, family history and specific risk factors. We observed fresh fruit was available in the communal areas of the home, so that people could help themselves to a piece of fruit, if they wished to do so.

Good

Is the service caring?

Our findings

One person, who lived at the home, told us, "The staff are just great. They are lovely." A family member of one of the people who lived at the home told us, "The care and consideration provided by the staff is outstanding." And, "They [Those who lived at the home] all have a key worker. The name of my relative's key worker is [name removed]."

There were seven people who lived at the home at the time of our inspection. We spoke with three of them, who all provided us with positive feedback about the level of service they received and the caring attitude of the staff team.

We noted that a key worker system was in place at the home. This provided those who lived at The Limes 2 with a point of contact and enabled people to develop good relationships with staff members. We observed that people appeared comfortable and relaxed in their surroundings with their dignity being respected. We observed staff members knocking on people's bedroom doors and asking politely if they could enter. This helped to ensure privacy was promoted for those who lived at The Limes 2.

Staff were seen to approach people in a kind and respectful manner. They helped people to be fully involved in daily activities and supported them to maintain a good quality of life. It was evident from our observations that staff knew people well and were knowledgeable regarding people's needs and preferences. Good guidance was provided for the staff team, in relation to people's care and support and how to promote people's independence.

It was pleasing to see that an intimate care policy was in place, which covered a wide range of examples of the provision of intimate care, such as continence care and bathing and showering.

We noted a range of information leaflets were available in the reception of the home, including advice about the use of the local advocacy services. During our inspection we overheard a member of staff arranging an independent advocate to support one person with their finances. An advocate is an independent person, who will help people to make specific decisions, which will be in their best interests. This demonstrated that people's best interests were considered and that they were supported to access services relevant to their needs.

The care file of one person who lived at the home showed they had expressed their wishes following death, in relation to their preferred funeral arrangements and that relevant financial preparations had been made.

Good

Is the service responsive?

Our findings

The care files we looked at were well written; person centred documents and they contained a detailed assessment of people's needs. It was evident that information had been gathered from a variety of sources about what people required. These records showed that those who lived at the home had been involved in planning their own care and support. A good description of what was important to people had been included. For example one care file read, in the section, 'What is important to me, 'Spending time with my mum twice a week. Going out for the day and having a meal.' We established that this person had gone to visit her mum on the day of our inspection and that she was supported to use the same taxi driver to take her to her mother's house and then to return her to The Limes 2. This helped to develop her confidence and to promote her independence. The care files we saw also covered areas, such as, 'What do I need?', 'What needs to happen?' and 'How will it happen?' These specific areas incorporated people's physical health, personal belongings and personal space, healthy eating, activities, oral health, making decisions, safety and mental health.

A core assessment profile for each of the people whose care files we looked at had been developed. These were very detailed person centred documents and included a pen picture of each person. There was an emergency 'grab sheet' outlining basic personal information and physical appearance for missing persons, which had been reviewed and updated each year. The care files provided clear guidance for staff about people's needs and how these needs were to be best met. The plans of care had been reviewed periodically and any changes in circumstances had been recorded clearly. Records showed that those who lived at the home had been involved in planning their own care and support.

Records showed that assessments had been conducted within a risk management framework and any identified risks were integrated into the care planning system, with strategies implemented in order to minimise the possibility of harm. A key worker's monthly report covered areas, such as medication, appointments, health concerns, personal care, activities, accidents, complaints, nutrition and what went well. This helped the staff team to be fully aware of any changes in people's circumstances, so that appropriate support could be provided.

Evidence was available to show that the service worked effectively with external professionals, such as community health care workers and social workers. This helped to ensure that the health and social care needs of people were being appropriately met.

Staff members who we spoke with were able to easily discuss the needs of those in their care and how these needs were to be best met.

One person who lived at the home stated, "The meals are good. We help ourselves to whatever we want at breakfast and lunch, but we sit down to eat together at dinner. On Sunday we have a full roast, which is always good." We observed one person ask a staff member for a bowl of soup. It was pleasing to note that they were offered several choices of soup.

One person who lived at the home was eager to show us their art work, which they proudly displayed in their bedroom. They said, "I love doing tapestry. I go to art classes, which I enjoy." This individual also told us that they went out to the shops and to town unaccompanied. They appeared to enjoy their independence and expressed satisfaction about the flexibility of the service. Another person who lived at the home had recently been on a Mediterranean cruise with their sister, accompanied by a member of staff for support.

It was evident that people who lived at The Limes 2 were supported to integrate into the local community and we were told by those we spoke with that they enjoyed experiencing community activities, such as attendance at a local luncheon club. We overheard a member of staff asking one person who lived at the home if they would like to go to Asda that afternoon to get some new pyjamas, to which a positive response was received. They also told us that they were supported to be involved in meal preparation, so that they had some input into the daily activities within the home.

On the day of our inspection we overheard one person who lived at the home expressing a desire to stay indoors, rather than go out into the community. It was pleasing to note that this individual's wishes were respected and that they were not forced to do something they did not wish to do. This person later expressed a wish to go out and this was then facilitated.

It was evident that activities were provided in accordance with people's preferences and that those who lived at the home were free to come and go as they pleased. We noted that people were supported to maintain contact with family and friends. Records showed that a variety of activities were available to those who lived at The Limes 2, such as cream teas, visits to the cinema and library for a reading group, visits to a community café, participation in a bridge club and arts and craft groups. Days out to local places of interest and further afield also featured on the programme of activities. These excursions included trips to Blackpool, Lytham St Annes, barge trips, coastal runs and shopping trips.

A detailed complaints policy and flow chart was in place at the home and a clear system was available for the recording of compliments and subsequent management of complaints. This included specific time frames to expect during an investigation and included external agencies that may be contacted, if it was necessary. This helped the management team to audit complaints and to identify any recurrent themes, so that these could be properly investigated. However, no complaints had been recorded, although we did see several thank you letters and compliments received. One person who lived at the home told us, "The staff are very helpful. I would go to any of them if I was unhappy about anything, but everything is fine. I am very happy here." We observed leaflets in the reception area of the home entitled, 'Have your say'. These allowed people to submit comments, compliments and complaints anonymously, should they wish to do so.

Good

Is the service well-led?

Our findings

A relative of one of the people who lived at the home told us, "You'll never beat it [the home]. It is great."

At the time of our inspection to The Limes 2 there was a registered manager in post. The deputy manager was in charge of the home on our arrival. However, the registered manager attended later in the day.

A service user policy was in place at the home, which told people of the aims and objectives of The Limes 2 and which outlined the core values of daily living, such as people's rights, privacy and dignity, confidentiality and choice.

We observed a 'handover' for the staff member, who arrived on duty at lunch time. She was on shift until 9pm and then was allocated a 'sleep in' duty. The 'handover' helped her to be aware of any changes in people's needs and assisted her in planning the day ahead.

A wide range of policies and procedures were available at the home. These included areas, such as infection control, fire safety, data protection and confidentiality, information governance, safeguarding vulnerable adults, complaints, break away techniques, confidentiality, dignity in care, health and safety, the Mental Capacity Act and Deprivation of Liberty Safeguards, equal opportunities, person centred care planning and moving and handling. There was a system in place where staff members signed to indicate that they had read and understood each policy, which had been implemented. However, several had only been signed by one staff member. These examples included important policies, such as whistle-blowing and infection control. We recommend that the registered manager ensures that the staff team read the relevant policies and procedures.

We saw that surveys had been conducted annually for those who used the service and their relatives, also for staff and stakeholders in the community. These were circulated by the organisation via an online system. However, people were able to submit their feedback independently and anonymously by post, if they preferred to do so. This helped to gather people's views about the quality of service provided, so that any shortfalls could be identified and rectified as soon as possible. The outcome of surveys for the year 2015 – 2016 had been produced as an overall result, which was published on the home's website.

We received feedback from one community professional about a safeguarding referral made earlier in the year and although this was not substantiated it was evident that lessons had been learned in relation to implementing improved recording systems and making staff aware of the importance of following procedures. The managers of the home were aware of the need to notify the Care Quality Commission of certain events, such as allegations of abuse, unexpected deaths and incidents resulting in serious injury.

Records showed that meetings for those who lived at the home and the staff team had been held regularly. This enabled relevant information to be passed on and allowed people to discuss any topics of interest. The minutes of one staff meeting showed that a recently introduced policy was discussed. This helped to ensure the staff team was fully aware of any new policies and procedures. Action plans were developed following

meetings, so that any issues raised could be appropriately addressed.

A performance management policy and a three year strategic business plan had been developed, which highlighted a projected forecast of business activity and which focussed on the goals of the organisation, so that improvement for the service was continuous. The company had been accredited with an external quality scheme, which involved an independent professional organisation periodically auditing the business.

We were told by the managers of the home that a wide range of audits had been conducted, but that these had been submitted to an external organisation for scanning and at the time of our inspection had not been returned. However, we did see in-depth audits, which had been recently completed. These covered all aspects of infection control, the environment, health and safety and medications. This robust assessing and monitoring of service provision helped to ensure that standards were maintained and improvements continued to be made. We noted that action plans had been developed which were linked to the audit programmes, so that any shortfalls could be addressed.

One member of staff we spoke with told us that the management team were very supportive. She said, "The deputy manager has been really good and she has supported me well."

One community health care professional typed on their feedback, 'I have found the staff very helpful and both my clients are very happy there. I have found the Limes 2 to be a homely environment and this is reflected in the way the clients are looked after. The staff care a great deal about their residents. I do feel there could be more education in place regarding procedures related to Social services and NHS guidelines, but they do not hesitate to contact me regarding any issues arising, if they need advice on what protocols to follow. A particular piece of work was undertaken very recently by the manager, which highlighted the compassionate approach they have to their residents and this really impressed me.'