Midland Heart Limited

Lime Gardens

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 inspection took place on 15 and 18 December 2017 and was unannounced.

Lime Gardens is registered to provide personal care services to people in their own homes. This service provides support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's support and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. On the day of the inspection, 47 people were receiving support.

Not everyone using Lime Gardens receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

At our last inspection we rated the service as requires improvement due to there not being enough permanent care staff to support people on a consistent basis, people's right to request the gender of care staff supporting them not being respected and we found that people's choices and wishes were limited. At this inspection we saw that improvements had been made to how people were supported.

Care staff were able to get support when needed to ensure they had the appropriate skills and knowledge. The provider had the necessary systems in place to adhere to the requirements of the Mental Capacity Act (2005).

People were supported safely and care staff knew the actions to take when people were at risk of harm. Where people were supported with their medicines this was done as they were prescribed. There was sufficient care staff available with the appropriate understanding of infection control to support people safely.

People were supported by kind and compassionate care staff who respected their independence, privacy and dignity. People were involved in deciding how care staff supported them.

Assessments and reviews took place which people were involved in. Where changes were needed to how people were supported the provider ensured they responded in a timely manner. People were able to share any concerns they had by way of the provider's complaints process.

People were able to share their views by completing a provider questionnaire. Spot checks and audits were carried out to ensure people received good quality support.

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.

People felt safe.

Where care staff supported people with medicines this was done safely.

There were enough care staff to support people.

Is the service effective?

Good

The service was effective.

Assessments carried out did not meet the requirements of the Equality Act however the provider had taken action to train staff and update assessment paperwork.

Care staff were able to access support when needed.

People were able to access health care professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by care staff that were kind and caring.

People were able to make decisions about the support they received

People's dignity, privacy and independence was respected.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who took action to meet their specific needs and preferences.

People were able to raise concerns they had by way of the provider's complaints process.

Is the service well-led?

Good

The service was well led.

While people did not all know the recently appointed registered manager, they felt the service was well led due to the improvements made since they were appointed.

People were able to share their views by completing a questionnaire.

Spot checks and audits were taking place to ensure the quality of service people received.

Lime Gardens

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.

Our inspection site visit was on the 15 and 18 December 2017 and was unannounced. The inspection was conducted by an 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. The person we used had experience of people receiving support in their own home.

This service provides support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's support and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

Not everyone living in Lime Gardens receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The provider completed a Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service this included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law.

We requested information about the service from the local authority. They have responsibility for funding and monitoring the quality of the service. The information we were provided with we used as part of the planning for this inspection.

We spoke to one person on the day of the site visit, five members of staff, the wellbeing nurse, the recently appointed registered manager and the area manager. The director of retirement and care living was also present for part of the site visit. We spoke to three people and two relatives over the telephone after the site visit. We looked at the care records for two people, the recruitment and training records for three members of staff and records used for the management of the service; for example, staff duty rotas, accident records and records used for auditing the quality of the service.

Good

Is the service safe?

Our findings

At our previous inspection in September 2016 we found that people were not receiving consistent support for regular care staff. This was due to the high amount of agency staff being used as a result of the amount of vacant care posts not recruited to. At this inspection, we found that the provider had recruited to their vacant care posts and had made a decision to stop the use of agency staff.

People we spoke with told us the following, "There is enough staff when I need them". "I have regular staff now the agency have stopped because we were having a lot of trouble as they didn't have a clue what to do". We found that people were much happier with care staff and felt generally that there was enough care staff and they were more consistent. A member of the care staff said, "There is enough staff and we get enough time with people". There were some negative concerns shared about staffing. A relative said, "My relative doesn't always get consistent staff". We brought these to the attention of the registered manager who informed us they would resolve these on an individual basis. We found that the provider had a system in place to be able to know how many care staff would be required to meet people's support needs and had in place a bank staff system to cover shortfalls in staffing where people's regular care staff were not at work.

The care staff were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process. This check was carried out to ensure that care staff were able to work with vulnerable people. The provider also ensured that references were sought to ensure care staff had the appropriate character to work with people. A care staff member we spoke with said, "Yes I did complete a DBS and provide two references". This ensured care staff had the right character to work with people. Care staff told us they shadowed more experienced care staff as part of their induction process before they could support people on their own. We found that care staff skills and knowledge were checked as part of the recruitment process and where gaps were found they were able to access relevant support.

The people we spoke with all told us they felt safe. A person said, "I do feel safe" while another person said, "Yes I am safe". A relative we spoke with told us their relative was safe within the service. The care staff we spoke with all had a good understanding of how people should be kept safe and were able to give examples of different forms of abuse. This showed that care staff would recognise abuse when they came across it. A care staff member said, "I have done safeguarding training and I would report any abuse to the manager". Care staff were also aware of the authorities they would contact if needed. The provider told us in their provider information return (PIR) and care staff confirmed, that safeguarding training was available to care staff and safeguarding issues were discussed in staff meetings. We found that the registered manager had a good understanding of the actions to take where someone was at risk and we saw evidence of safeguarding discussions at a recent staff meeting.

We found that risk assessments were in place to identify how risks to people should be managed or reduced. We saw that risk assessments were in place where people had support for example with their medicines, manual handling and the environment where they lived. Care staff we spoke with were able to explain how people who were at risk were supported to minimise their risks and that the appropriate risk assessments were in place for them to access guidance when needed. A care staff member said, "Risk assessments are in

place for people who smoke. This identifies the risks to smoking and actions needed to reduce the risk of a fire". We found where people were at risk of falls that systems were in place to reduce the risk. Care staff were able to describe the actions in place to reduce the risk of people falling. The registered manager was able to explain the actions taken where risks to people were identified.

Care staff were able to explain the process they went through when an accident had taken place. A care staff member we spoke with said, "I complete an accident form and inform the office". We found that where an accident or incident had taken place that care staff knew the actions they were required to take. This included the completion of appropriate paperwork. The registered manager told us that all accidents and incidents were submitted to the provider's head office for analysis so they could be minimised within the service. We were able to confirm this by the documents we saw.

We found that the provider had clear systems and procedures in place to give guidance to care staff where they supported people with medicines. A person said, "I take my own tablets, but staff ensure the chemist deliver them on time". Another person said, "The staff always administer my tablets how I want". Relatives we spoke with told us that there were times care staff would attend to support their relative with their medicine and they had not had any training. Care staff we spoke with told us they were not allowed to support people with medicines unless they were trained. A care staff member said, "I have had medicines training over two days and my competency checked and observations carried out". We were able to confirm what care staff had told us. We shared the concerns from relatives with the registered manager who told us while all care staff were required to be trained before they could administer medicines they would check to ensure all care staff had received this training.

We found where people were supported with their medicines the provider had a Medicines Administration Record (MAR) in place. Care staff were required to complete this upon supporting someone with their medicines. Where people were supported with controlled drugs we found that these medicines were stored appropriately with two care staff signatures being noted where these medicines were administered. Where people were prescribed medicines to be taken 'as and when required' care staff had appropriate guidance to ensure these medicines were administered consistently especially where people may lack capacity. Whilst the service had no one who met the requirements of the Mental Capacity Act (2005) (MCA), where medicines may need to be administered covertly we found that the appropriate guidance was in place.

Care staff told us they had access to protective equipment to reduce the risk of infection when supporting people with personal care. Care staff knew the importance of following clear guidance around infection control and understood their roles within the process. Care staff told us and records confirmed they were required to attend Infection Prevention Control training. The provider had procedures and guidance in place to guide care staff so people are supported safely and the risks to infections being transferred between people were limited.

Good

Is the service effective?

Our findings

At our previous inspection in September 2016 we found that care staff were not able to receive consistent support when needed. We found that care staff supervisions and staff meetings were not happening consistently. At this inspection, we found that the provider had recently appointed a permanent manager who was now able to take action to ensure care staff could receive support when needed on a consistent basis.

Care staff we spoke with told us they were able to get support. A care staff member said, "I do feel supported, I have a fantastic team". We found that care staff received supervision on a regular basis, they were able to attend staff meetings and had an appraisal system in place to help identify areas for development/improvement. Care staff told us that they had access to regular training, which we were able to confirm. Training in health and safety, manual handling, dysphagia and training in more specific areas like diabetes, dementia and mental health awareness were just some of the training staff had access to. This was an improvement on what we found at our last inspection.

The provider told us in their provider information return (PIR) that all care staff were provided with an induction and required to shadow existing care staff before they worked on their own. We were able to confirm this and also found as part of the induction process that care staff were also required to complete the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

People we spoke with told us that an assessment of their needs had taken place before they were supported. A person said, "An assessment was done". Relatives we spoke with confirmed what people had told us. Care staff told us that they were able to access people's assessments when needed. We found that an assessment of people's needs took place, which identified people's personal support needs and any medical conditions they had. However, while the assessment records did not reflect information about people's religion, cultural heritage or sexuality we saw that care staff had received training so they would understand the importance of equality and diversity as part of meeting people's support needs. Care staff confirmed they had received this training. We found that the registered manager had also completed training in the Equality Act (2010) and told us that the assessment paperwork was being updated by the provider to reflect the protected characteristic of the Equality Act (2010).

People told us the following, "Yes, they [care staff] do have skills, knowledge and experience. I believe they [care staff] have training - and it's kept up to date", "Yes they've got the skills". Care staff we spoke with told us they were able to get support. A care staff member said, "I do feel supported, I have a fantastic team". We found that care staff received supervision on a regular basis, they were able to attend staff meetings and had an appraisal system in place to help identify areas for development/improvement. Care staff told us that they had access to regular training, which we were able to confirm. Training in health and safety, manual handling, dysphagia and training in more specific areas like diabetes, dementia and mental health awareness were just some of the training staff had access to. This was an improvement on what we found at our last inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Whilst at the time of this inspection there was nobody using the service assessed as lacking capacity, care staff told us they had received training in the MCA and Deprivation of Liberty Safeguards (DoLS). Care staff were able to explain why they may need to act in people's best interest and under what circumstances this may be required. We were able to confirm that this training was taking place.

We found from what people told us that their consent was sought. A person said, "Staff always ask before they support me". Care staff we spoke with confirmed this. A care staff member said, "People's consent is always sought. I would never just support anyone without asking them first".

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

We found that where people needed support with their meals that this was done. A person said, "I don't need much support, staff only warm up my meal". Relatives we spoke with told us people were able to access the restaurant for their main meals but staff would support them where needed. A relative said, "They don't have much to do - they just warm up dinner and give her tea".
We found that people mainly used the restaurant based within the service so care staff were not required to support people with meals or their nutrition. Where people had specific dietary needs, and were diabetic or were at risk of choking their care records showed this and care staff were able to explain how they supported them.

People told us that where they needed health care that care staff would support them. A person said, "If I need the doctor staff do get him". Care staff explained the actions they would take where people needed their doctor or support from another health care professional. The provider had based, within the service, a wellbeing nurse to assist care staff to support people with health concerns and their wellbeing. This person told us they were available to support care staff with meeting people's health care. We found that where people needed support to see a chiropodist, dentist or even an optician the wellbeing nurse would and did refer people to these types of services.

Good

Is the service caring?

Our findings

At our previous inspection in September 2016 we found that people's preference as to the gender of care staff supporting them with personal care was not respected. At this inspection, we found that the provider had taken the appropriate action to ensure people's preferences were taken on board and respected.

We found that the assessment process enabled people to express whether they wanted a male or female staff member to support them with personal care. The provider ensured their systems in place enabled people's preferences to be met. We saw that people's preferences were respected and people we spoke with confirmed this.

The provider told us in their provider information return (PIR) that care staff were required to complete training in dignity, respect and rights which care staff confirmed to us. We found that care staff knew how to support people by respecting their privacy and dignity. A person said, "Staff do respect my privacy and dignity". A relative said, "His [person receiving service] privacy and dignity is fine. It's the little things, staff have a door key but they never just enter they always knock first". Care staff we spoke with understood the principles and the importance of respecting people's privacy and dignity. A care staff member said, "We will always cover people when supporting with personal care and knock before entering, it's their home".

We found that people's independence was promoted by the way people were supported. A person told us that care staff supported them to do what they could for themselves. Care staff we spoke with explained how people were supported and they showed that as part of how they supported people the focus was to enable people to do as much as possible rather than do things to or for them. This showed us that staff understood the importance of respecting people's independence.

People and relatives we spoke with all told us how kind and caring the care staff were. A person said, "Staff are caring and compassionate". Another person said, "They [care staff] are not rude. They [care staff] are nice". A relative we spoke with said, "He [person receiving service] always has a laugh and a joke, and staff stop in the corridor and chat to him". The care staff we spoke with all demonstrated kindness and warmth in the way they interacted with people. We saw care staff communicating with people as they were passed in the corridor, we saw that people were relaxed around the care staff and light hearted comments or jokes were shared illustrating a friendliness. They [care staff] all told us how much they loved their job and being able to support people.

People told us that communication had improved since we last inspected the service. People told us they were listened to and were able to speak to staff when they needed and access other services provided outside of the scheme. A person said, "The staff listen and are caring". People were able to make decision about the support they received as they had the information they needed. We found that regular meetings with people was ongoing so people were able to be involved in how care staff supported them and be involved in the decision making process as to how the scheme was managed. We found that displays in the reception area identified other services available for example, translation services and other professionals that people may find useful.

We found that an advocacy and translation service was available for people to access where the need arose. We saw various documents also displayed to enable care staff to promote other services to people as required. We found that while there was no one in the service requiring these services at the time of our inspection, the information was available to people who may need to access these services in the future.

We found that people were much happier with the support they received as they were able to build a relationship with the care staff as they knew who was attending to support them. We also found that the provider had a behaviour standards framework in place which all care staff worked to. This promoted the standard of behaviour care staff were expected to work to when supporting people. This ensured all care staff behaviour was consistent and where care staff did not meet the expected standard appropriate actions could then be taken.

Good

Is the service responsive?

Our findings

At our previous inspection in September 2016 we found that people's choices and wishes were not consistently being gathered through the assessment process to enable care staff to respond to people appropriately. At this inspection, we found an improvement on how people's choices and wishes were being gathered as part of the assessment process.

The provider told us in their provider information return (PIR) that an assessment and care plans were in place. People confirmed what the provider had told us. A person said, "An assessment did take place which I was involved in". Another person said, "I was involved in the assessment process and got copies of the support plan". A relative said, "I was invited to an assessment". Care staff we spoke with confirmed that an assessment and care plan were in place and were knowledgeable about people's preferences and wishes.

Care staff we spoke with told us they had received training in diversity awareness so they were aware of people's rights to be supported in line with their sexuality, lifestyle choices, cultural and religious preferences. We identified however, that information on the protected characteristic of the Equality Act (2010) was not being gathered. Therefore people's records did not always contain sufficient guidance for staff about how they were to meet these specific needs. After our inspection the registered manager sent us details of the action they had taken to improve this information in people's records.

People we spoke with told us that reviews did take place and that they were involved. A person said, "Reviews do happen". Another person said, "I've had reviews". A relative told us that they had attended reviews. Care staff we spoke with confirmed that reviews were happening and that people attended to share their views on the service they received. We found that reviews were taking place so the support people received could be updated as required. The reviews we saw showed the discussion that took place and any actions taken, who had attended the reviews and that they were signed to show the person had agreed with the content. People were able to express any changes to how they were supported.

We found that the provider used new technology where possible to improve how people were supported. The emergency call system allowed care staff to respond to an emergency wherever they were in the building by being able to speak to people and reassure them. Some people told us that while they were responded to quickly, care staff were not always able to attend to them immediately. This was discussed with the registered manager who told us that they regularly checked how quickly people were responded to, to ensure people were being responded to and attended to in a timely manner. Where this was not the case they were able to take the appropriate action to make improvements to how quickly care staff supported people.

We found that the provider had a complaints process in place to enable people to raise any concerns they had. A person said, "I complained about a carer and it got sorted". Another person we spoke with said, "I have never had to complain". Relatives we spoke with confirmed they had not made any complaints. Care staff we spoke with knew about the complaints process and were able to explain the actions they would take where a complaint was raised with them. We found that complaints were not recorded sufficiently to

identify if they had been dealt with promptly and in line with the provider's policy. We found that trends were being analysed to improve the service to people and reduce the amount of incidences. The registered manager told us action would be taken to put in place a system to show that complaints were handled in line with the provider's policy.

We found that while there was no one within the service being supported who was at the end of life. The registered manager told us that where this kind of support would be needed they were able to access specialist health care from the link nurse at the doctor's surgery. Care staff would also have access to relevant training so they would have the necessary skills and knowledge to support people at the end of their life.

Good

Is the service well-led?

Our findings

At our previous inspection in September 2016 we found that the services was not well led due to the amount of agency care staff being used and where spot checks and audits were carried out they were not always effective. At this inspection, we found that the provider had taken action to stop the use of agency care staff and spot checks and audits were effective in improving the service.

We found that 'spot checks' were taking place both by the registered manager and provider. These checks covered a range of areas from the support people received through to the building and the environment. We saw that spot checks were carried out on the administration of medicines to ensure standards were maintained and audits to check the quality of the service people received.

People and care staff told us that an out of hours service was available so where they had an emergency they could contact a manager or someone senior for advice and support. We found that the out of hours service also covered times when the main office was closed for example bank holiday, weekends or on evenings. This enabled people and staff to get advice and support at times the office was closed. We were able to confirm this.

We found that the service was more transparent than when we last inspected. Where concerns were raised or incidents happened managers outside of the service would investigate rather than the service investigating. Where incidents happened within the service that affected people there was now an expectation that actions were analysed by managers based outside of the service to give transparency to the outcome. We found people were more accepting of the process and ultimately the investigation findings.

The provider told us in their provider information return (PIR) that questionnaires were sent to people, their relatives, care staff, stakeholders and health watch to gather their views on the service being delivered. A person said, "Yes I do get questionnaires which I complete". Relatives and care staff we spoke with confirmed they too were sent questionnaires to complete. We found that the analysis was made available so people knew the actions being taken as a direct result of the information they provided.

We found that people did not always know who the registered manager was. A person said, "I am not sure who the manager is, they keep on changing". Another person said, "There is a new manager but I haven't seen her yet". A relative told us, "No, I don't know who it is, there is that many managers". Care staff told us the recently appointed registered manager was approachable, supportive and the culture they now worked in was much more open. We found that the service went through a period of instability with the management of the service. However, since the recent appointment or the new manager who was also recently registered there has been a number of improvements and more consistency with the management of the service. The registered manager told us that they had carried out a number of residents meetings so people would have had the opportunity to meet. We also found improvements to the amount of care staff employed. The registered manager told us that they would carry out home visits as another way of introducing themselves to people who were possibly unable to attend the planned meetings.

We found that the provider had a whistle blowing policy in place. Care staff we spoke with knew of the policy and it what circumstances they would use it to keep people safe. A care staff member said, "I do know about the whistle blowing policy and under what circumstances it should be used".

It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found that the provider had displayed their rating as required.

The registered manager explained the circumstances where they would notify us. They knew and understood their role for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law. We found that the registered manager and care staff shared the same ethos to ensure people were supported with good quality services. The registered manager was able to describe the service and their expectations of the care staff. They were able to explain the areas that needed to be improved and the plans/actions in place to do so.