Making Space

The Limes 1

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Limes 1 is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Limes 1 is registered to accommodate up to 22 people in one adapted building over two floors. At the time of this inspection there were 18 people living in the home and one person in hospital.

At our last inspection in November 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.
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At this unannounced inspection on 10 April 2018 we found the service remained Good.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People remained safe because staff understood their roles and responsibilities in relation to keeping people safe from harm and abuse. Potential risks to people had been recognised and information on how to minimise risks had been recorded. Medicines were managed safely. There were enough staff on duty to meet people's support needs.

People received an effective service because their needs were met by staff who were well trained and supported to do their job. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People's nutritional needs were met by staff who knew each person's needs well. People's health and wellbeing was maintained and provided through a range of health and social care professionals.

People received very good care because staff treated people with kindness, compassion, dignity and respect. People had choices in all aspects of their daily lives and were able to continue with interests and friendships outside the home. Staff ensured people remained as independent as possible.

People received a service that was responsive because staff knew people's care and support needs and helped them to make the lifestyle choices they wanted. People were involved in their personalised care plans and reviews. These gave staff the information they needed to provide the care and support each person needed. People were encouraged to take part in a range of activities that they enjoyed, some were planned and others were the choice of the person at that time, which helped prevent social isolation.

Complaints had been investigated and measures put in place to improve the service.

People received a service that was well led because there was a registered provider in post who was approachable and provided good leadership. Quality assurance systems were in place to check that the service provided quality care and made improvements where necessary. People and staff were encouraged to share their views about the service being provided.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Limes 1

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 10 April 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the registered manager 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 received the completed document prior to our visit and reviewed the contents to help focus on our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We requested information from the local authority commissioning teams, safeguarding team, health and social care professionals.

We spent time in the communal areas of the home and observed interactions between people and staff and observed the support offered to people. This was to help us understand the experiences of some people who lived in the home who were not always able to communicate verbally with us.

We spoke with four people living in the home. We sat with two people to discuss their personal care files and looked at two other people's care files.
During the inspection we spoke with the registered manager, one registered nurse, one staff member who provided activities, one member of staff who was housekeeper/support worker and the administrator.

We also reviewed a range of relevant documents relating to how the service was run including training

records, complaints, audits and quality assurance surveys.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, "I feel very safe because there are people [staff] here all the time, you've got them if you need them."

People were kept safe from harm because staff had completed the necessary training and followed the safeguarding processes in place. All staff were able to explain what they would do if they felt people were at risk and who they needed to inform. One staff member gave an example of a situation they had been involved with and the support they gave to the person living in the home. This showed the staff member had followed the processes expected. Information on how to report safeguarding concerns was displayed in the entrance of the home.

There was a comprehensive emergency plan in place in relation to any major incident that would affect the safety and running of the home. All staff knew where the information was kept, which included personal emergency evacuation plans for each person living in the home.

People's health care and mobility risks were assessed and the risks, together with information for staff in how to address them, were recorded. Staff could explain the ways they addressed individual people's risks in areas such as anxiety, behaviour that affected people and others and mobility.

People told us that the nurse in charge administered medication. One person told us, "They [nurses] give it [medication] to me with my breakfast." Two people said they knew what medication they took, and one understood the medication when we discussed the information in their care file. We looked at two medication administration record (MAR) charts and saw that there were protocols in place for any medication that was taken 'as required'. Details of why those medications had been administered were detailed on the MAR charts. An external pharmacy medication review had taken place in September 2017 and there had been no concerns identified .

People told us, and we saw, that there continued to be a sufficient number of staff to ensure they were able to go out if they needed to be accompanied. Staff told us the rotas were completed in advance so that they knew the shifts they were expected to work. One staff member said, "There's a folder with [names and dates of staff] availability so that [name of registered manager] knows who to ask when any extra shifts are needed."

We saw that the home looked clean and was free from malodours. All staff had completed training in relation to infection control and were aware of the personal protection equipment such as gloves and aprons to be used when necessary. People were kept safe as far as possible from infection because staff understood the importance of following procedures to prevent the spread of infection. One staff member said, "[Name of nurse] is the Champion [for infection control] and I'm her buddy [if she's not available]. I make sure the PPE [personal protection equipment such as gloves and aprons] is fully stocked in the bathrooms and people's bedrooms. I do infection control audits monthly and we wrote the [in house] infection control risk assessment." There had also been an independent external audit in March 2018 and

there had been no concerns identified.

Staff said that where any incidents occurred there was an investigation and changes were made as a result. We saw that the nurse in charge completed a 'reflective account' after any incident, which fed into any learning points. The staff said they were informed of any changes or improvements to be made through individual supervisions, staff meetings or general staff briefings.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People living in the home had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority. All staff had received training and understood the MCA. We saw that people were continually offered choices in all areas of their care and wellbeing. Information in people's care plans showed how the MCA impacted on them and how staff provided care that was in their best interest and as least restrictive as possible. One member of care staff said, "The Mental Capacity Act protects residents and it's to say whether the person has the capacity to make decisions in their everyday living. Best interest looks at things like whether a resident can go to the shop on their own. It's about the risks, like whether the resident knows how to handle money." The member of staff was aware of the people who had DoLS authorisations and whether any conditions had been applied to those individuals.

People told us that they had been involved when their needs had been assessed and details of their needs and how to provide them were recorded. We sat with two people and discussed their care files. Both said the information recorded in the files was correct and that they had been involved in the initial assessment and in the subsequent reviews. One person said, "They [staff] have talked about care plans. They're about everyday needs, what you do. They go through them every so often [with him]." People told us, and we saw, that support from staff was delivered in line with the expectations of the MCA as well as specific guidance in relation to specific physical and mental health conditions.

Staff said they continued to be supported through excellent on-going training so that they were able to provide effective support for people living in the home. We found that staff were able to explain what they had learned from the training and how it impacted on people's lives. The registered manager said that all staff completed all training as, "we are an integrated team". They went on to say that the training was provided by an external nurse tutor who ensured staff were kept up to date with any new legislation or changes in practice. The registered manager stated in the information they sent prior to the inspection that, "as a result of the specific training that was provided to all staff, there has been a reduction of incidents of conflict between people living in the home as staff were able to intervene in a timely way".

People told us they were always given choices of food or drink. One person said, "They [staff in the kitchen] know I don't like [certain foods], so they don't give them to me. They ask me what I want and I always get it." We saw and people commented that they had enjoyed their lunch. There was evidence that details of the food and fluids people ate and drank each day were recorded. This meant any changes were noted and the appropriate health professional contacted for advice or support where necessary.

People told us, and we saw, that they continued to have access to the necessary health and social care

professionals. There were details of GP, district nurse, chiropodist, optician, dietician and physiotherapists visits. The visit details showed that there were systems in place so that people were referred to the appropriate health or social care professionals. One health professional commented that staff at The Limes 1 worked very well with the hospital ward team to ensure that the transition from hospital to the community was as smooth as possible.

Good

Is the service caring?

Our findings

The registered manager and staff said that they put people first and we saw that was the case during the inspection. One person told us, "Staff are so helpful. Whatever you want, they'll do it – within reason. Same with staff in the kitchen." Another person said, "I am very happy here. I get on with all the residents. The carers are very kind. They ask after my health and happiness."

People told us they knew why they were living in the home and that they were involved in all aspects of their care. Staff understood and supported people so that they could be as independent as possible. Staff told us about people's preferences and how their personalities could change as a result of the health and mental health issues people had.

People living in the home were encouraged and supported to stay in contact with family and friends. The registered manager stated that people had been supported to go on holiday and one person to regularly visit the grave of their spouse. People confirmed their families visited as well as being taken out by relatives on a regular basis.

Staff were passionate about the care they provided for people living in the home. All the staff we spoke with had been working in the home for a number of years. One staff member said, "I love it here." We saw and heard how kind and caring staff were with people. We observed good staff interaction. For example people were encouraged to do as much as possible and there was a positive and calming atmosphere in the home.

People told us they were supported with personal care in the privacy of their rooms. One person said, "They [staff] help me with my shower. I requested no male carer [to provide personal care] and I always have a female. The male carers do other areas of care," which the person did not mind.

Staff explained how they ensured people's privacy and dignity was maintained during personal care by locking doors, closing curtains and covering a person with towels. One member of staff said they always knocked on people's bedroom doors and waited for the person to agree for them to enter. We saw that this was the case by all staff. The member of staff added that if they were concerned about an individual they would knock again and then slightly open the door and call, and then if necessary enter to ensure the person's safety.

The registered manager said that some people on DoLS had advocates and other independent advocates would be requested where necessary. Independent advocates help support people or speak on their behalf to express individual's needs and wishes to get the care and support they need.

Further information from four family members were provided by the registered manager after the inspection. All were very happy with the care and support provided to their relative with comments such as "I have great respect for all the staff and thank them for the care they give my [relative]" and, "The staff are all such a friendly and efficient team. [Relative] is very happy and with the food, medical treatment and days out."

One family member told us their relative had a strong bond with each member of staff and "they all teat him with the dignity and respect he deserves." They told us their relative was able to continue with activities they had done when living in the community. They went on to say, "The Limes is not only a nursing home but a family. I couldn't ask for a better nursing home or staff to look after my [relative]. I would recommend it to anyone."

Another family member said, "I have seen a huge change in [relative], she seems a lot happier and content." They went on to say that their relative had a 'fantastic' member of staff who went out of their way to help and assist the relative.

Good

Is the service responsive?

Our findings

The registered manager stated in the information they sent prior to the inspection that they focussed on, "meeting individual needs of people with mental health issues such as psychotic illnesses, depression and anxiety". We saw comprehensive and individualised care plans which detailed, for example, how staff could help people during any mental health episodes.

People continue to be supported by staff to access the community and follow their interests. For example one person said, "I go out every morning to get a magazine or paper. I have a laugh with the staff [in the local store]." Another person told us they liked to paint and that they had been taken out 'into the Fens' so that they could do so. There was information in the quarterly newsletter that showed trips that had been taken, details of future events and trips as well as comments from people in the home.

People told us that they would talk to staff if they wanted to raise any concerns or complaints; however they were not aware of the provider's policy. There was a complaints policy in place and staff knew how to raise any concerns for people. One staff member said, "I would talk to the person, tell the nurse, and upstairs we have a complaints log. Usually we can sort things out. For example one person complained about their mattress, so a new one was bought for them. If there are any food issues there is a form people can fill in [anonymously if they want]." Information from the registered manager showed that there had been two complaints in the last year. One complaint had been because of a relative's lack of understanding about the MCA. As a result staff now inform people and their relatives and explain about the MCA and its protection for people.

We spoke with one person about the information in their end of life plan. They said they had spoken with staff and the information they wanted included in the plan had been written. They said it had not been something they wanted to discuss in any detail. We saw other people's files and staff had recorded as much as possible to ensure a pain free and dignified death.

Good

Is the service well-led?

Our findings

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 said they were well supported by the area manager (through supervision), regional manager and operations director and through attendence at registered manager meetings.

The registered manager stated in the information they sent prior to the inspection that, "The home has a philosophy based on moral values and promotes staff to exercise empathy for residents. The service believes in developing staff and promoting knowledge which is focussed to meet the client group needs." Staff agreed and told us that the registered manager promoted an open and transparent culture within the home. Staff told us the registered manager or the deputy were available to speak with. One staff member said, "[Name of registered manager] is brilliant because she's there for you and will sort out any problem. She can read people and just knows if you have a problem [personal or professional] and sits you down and talks to you." All staff were clear about the roles they played within the home and the responsibilities expected of them. The staff shared a passion for the roles they undertook and felt part of a team which ensured people living in the home were encouraged to be as independent as possible.

There were regular meetings for people living in the home, staff, activities staff, night staff, nurses and health and safety meetings. People told us they did not always attend but it was their choice not to do so. The registered manager and all staff completed audits to ensure good practice and any areas that required improvement. Where people had specific medical or mental health issues, information was provided in their files and staff were aware of the concerns and risks for each individual. The registered manager and staff agreed that the quality assurance procedures and the audits that were completed had ensured continual improvements to the quality of service that was provided in the home.

Evidence showed, and staff confirmed, that they provided excellent quality care and support for people living in the home. Information from a standard audit completed in 2016 showed that as the result of specific issues, staff had been given a role to, "ensure that there is a consistent approach and also improve the service that service users receive," in relation to chiropody. In the audit staff had said they had felt empowered and enjoyed the responsibility of those roles. During this inspection staff spoke very positively about their 'champion' roles and the roles of 'buddy'. A buddy was another staff member who was available when the 'champion' was not . The champions/buddies covered a wide range of areas such as care plan audits, incontinence pad order filling, dignity and respect, health and safety, hydration/nutrition/weight, link GP nurse and pressure sores. The implementation of the champion/buddy roles had brought about improvements in people's care. For example in chiropody where people were ensured regular and necessary checks, this had resulted in fewer issues in relation to people's feet.

People were listened to when the registered manager sought feedback from people living in the home to

help improve the service being provided. The last general survey in November 2017 showed there had been positive responses from people such as, "making space makes my life happier," and "making space is very pleasant because they [staff] make me laugh and are very helpful." One negative response had resulted in changes so that staff 'communicate with the person so that if requests are not implemented the rationale is given'. We heard evidence of that during the inspection and how people's requests were addressed. A food satisfaction survey had been undertaken in November 2017 and as a result we saw that different snacks were being provided for people and seven day menus were available.

Evidence showed that health and social care professionals were involved with people living in the home. A local hospital ward manager who worked closely with the staff to discharge patients to the home told us that staff had gone "above and beyond to accommodate and fit their service around the patients." They went on to say that the hospital staff had reported "feeling heart warmed by seeing our previous patients in such a caring environment and continuing well on their recovery journey." This meant there was continuity of care and staff worked in partnership with other agencies.

One GP told us that there were regular telephone conversations regarding individual people including updates on medication, blood pressure checks, weight checks and general areas such as smoking and alcohol; as well as multi-disciplinary meetings when necessary. The GP said there "is a good sense of teamwork and there is an openness towards learning and teaching". The GP went on to say that as a result of the working relationship and continuity of care there had been few hospital admissions and people had benefitted in that care. The GP said, "I would certainly say that the nursing home is well led and I would go as far as saying it is exceptional as there is a great amount of respect towards the [registered] manager and the nurse leads".

As the home provides short and long term care, some people transition between health and social care. The registered manager understood the needs of people as they moved from hospital to the Limes back to their own home in the community. People were involved at all times, and any issues in relation to services outside the control of staff at The Limes, were dealt with as far as possible.