

Leicestershire County Care Limited

The Limes

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection on 2 May 2017.

The Limes is a residential care home that provides care for up to 40 older people who live with dementia, physical disability and mental health. Accommodation is on two floors connected by a lift. There are communal lounges on both floors and a dining room on the ground floor. People using the service have access to a garden. At the time of our inspection 37 people were using the service.

At our last inspection in October 2014, the service was rated 'Good'. At this inspection we found that the service remained 'Good' for being safe, effective, caring, responsive and well-led.

People continued to receive safe care. All staff, including care workers and domestic staff knew how to recognise and report any signs that people were abused or at risk of abuse.

The provider had assessed risks relating to people's care to help them to remain safe whilst encouraging them to be as independent as they wanted to be. The provider had procedures in place for staff to report concerns and for those concerns to be investigated and acted upon.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were supported to receive their medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. People were supported with their nutritional and health needs and were supported to access health services when they needed to.

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 developed positive relationships with the staff that were caring and treated them with respect, kindness and dignity.

People had care plans in place that were focused on them as individuals. This allowed staff to provide consistent support in line with people's personal preferences.

People's needs were met in line with their individual care plans and assessed needs. Staff understood people's needs and provided care and support that was tailored to their needs. This included providing people with stimulating and meaningful activities.

People and their relatives felt they could raise a concern and the provider had systems to manage any complaints that they may receive.

The provider had effective arrangements for monitoring and assessing the quality of care people experienced. These included seeking and acting upon the views for people who used the service, their relatives, staff and health professionals who visited the service.

Further information is in the detailed finding 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 remained safe.	Good ●
Is the service effective? The service remained effective.	Good ●
Is the service caring? The service remained caring.	Good ●
Is the service responsive? The service remained responsive.	Good ●
Is the service well-led? The service remained well-led.	Good ●

The Limes

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on 2 May 2017 and was unannounced.

The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

Before our visit we reviewed notifications the provider had sent to the Care Quality Commission about incidents that had occurred at The Limes since our last inspection. Notifications are events a provider has to tell us about, for example serious injuries or incidents that occur between people using the service.

On the day of our site visit we spoke with 13 people who used the service and relatives of three other people. We observed how staff interacted with people. We spoke with the registered manager, an area manager, two care workers, an activities coordinator, a cook and one of the domestic staff. We also spoke with the service's maintenance person who looked after the building and facilities.

We looked at three people's care plans and associated records. We reviewed information about support staff received through training and appraisal. We looked at two staff recruitment files to see how the provider operated their recruitment procedures. We reviewed records associated with the provider's monitoring of the quality of the service. These included surveys and audits.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

Is the service safe?

Our findings

The support that people received in the home made them feel safe. Comments from people included "I can go anywhere in the building and do what I want safely" and "It's alright here. I am safe because the staff know what they are doing." People's relatives also had confidence in the ability of the staff to maintain people's safety. One person's relative told us "[Name] is safe here. Staff are careful with people."

People continued to be protected from the risk of harm because staff had received training in how to safeguard people and applied this learning effectively on a day to day basis. Staff supported people at times when they presented behaviour that others found upsetting. They ensured all people were safe. A relative told us, "I have seen verbal abuse between residents but staff calm them down straightaway."

Staff were knowledgeable about the risks to people and provided care in a way that maintained people's safety. For example, people with limited mobility were supported by staff to go for walks in the local neighbourhood or do some gardening, because they were things they liked to do. People were not restricted from exercising their choices, but staff accompanied them to keep them safe.

There were enough staff working that had been safely recruited to provide people's care and support. Staff had plenty of time to respond to people to ensure they were safe and comfortable. A person told us, "They [staff] don't take long to respond if I need them." Staff were always present in communal areas to ensure people were safe. A relative told us, "The staff keep their eyes open to see what is happening."

People continued to be supported to have their medicines at the right times. A person told us, "I get my pills. Morning, afternoon and evening." People who required medicines for pain relief had those medicines when they needed them.

Is the service effective?

Our findings

People continued to be supported by staff that had the right skills and knowledge to consistently provide good quality care and support. A person told us, "Staff know me and know what I need."

The registered manager maintained a staff training plan and ensured that staff attended training sessions to keep their knowledge up to date. They and senior care workers supported staff to put their training into practice. Staff told us they felt well supported.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Several of the people who used the service were under a DoLS authorisation. Staff supported people in line with those authorisations which meant they supported people in their best interests and in the least restrictive manner.

Staff continued to supported people with their nutritional needs, including people who were assessed as being at risk of malnutrition. A relative told us, "My relative wasn't eating very much at all before moving here but now is eating well. For me this says a lot about the service." People told us they enjoyed their choice of meals and had enough to eat and drink.

People's health needs continued to be met. Staff were attentive to changes in people's health and supported people to access health services when this happened.

Is the service caring?

Our findings

The service continued to be caring. Staff focused on the quality of people's experience of the service. A relative told us, "Staff are always kind to her. They say hello to [Person]. They give her a cuddle. She gets anxious and staff give her a lot of reassurance." People's responses to how staff supported them were evidently positive. A care worker told us, "We try to create a friendly atmosphere; we spend time talking with people about things we know are of interest to them."

People were supported to follow activities that were important to them. A relative told us how important it was for their family member to follow their faith and that the service supported them in that regard. Staff knew about people's life story and did things that provided people with a sense of comfort and value. For example, a person was given items of equipment they could wear and small 'maintenance jobs' they could do around The Limes. The person expressed that this meant a lot to them and aided their sense of well-being.

People continued to have opportunities to be involved in decisions about their care and support. On a daily basis staff involved people in decisions about their care. For example, a person told us, "I can choose what time to get up or sleep. I choose the clothes I wear. There are activities I can join or leave." Another person said, "We tell staff what we want from the wardrobe to wear. We choose our clothes." People attended residents meetings where they were involved in more general decisions, for example about the décor of the home and activities they enjoyed. A person told us, "I've been to a residents meeting. It was very useful. We do get asked for our comments about the home." Another person told us, "The staff are always there if you need them. If I have a problem I can go into a room privately and discuss it with them."

People's relatives and friends were able to visit them without undue restrictions. We saw from the visitor's signing in book that relatives and friends visited The Limes at different times of the day.

Is the service responsive?

Our findings

People continued to experience care and support that met their needs and preferences. They experienced care that was in-line with their care plans. Staff encouraged people to do as much as possible for themselves, for example, washing and dressing and people told us they valued that.

A person told us, "I am very independent minded. The staff help by doing my hair, get me to my chair and make-up. They help me with my shower twice a week." That was in line with the person's care plan. Care workers we spoke with had detailed knowledge of the care plans. A relative told us, "Staff know [person's] needs. She is helped with baths, feeding and being lifted. [Person] is happy here."

Staff supported people with their hobbies, for example with gardening, knitting, flower arranging and providing magazines about things people liked. People told us about a wide range of activities they enjoyed. Comments included, "I enjoy the music and sing-alongs" and "I enjoy knitting. I also read magazines. We saw people participating in those and other activities including chair 'aerobics' and dancing session. A person told us about the dancing, "It is lovely, I really liked dancing and it gets you going." People who were less physically active were supported other activities they enjoyed.

The Limes had a full-time activities coordinator who continually developed and introduced activities that people wanted to do. A walking club had become very popular which meant people were able to go for relatively long walks in the local neighbourhood. A person told us, "I enjoy walking." Some people assisted staff with meaningful tasks such as folding serviettes ahead of mealtimes or light cleaning. People told us they enjoyed visits from a person who visited The Limes with their dog – these were 'pet therapy' sessions the service organised. These types of activities were meaningful to people and beneficial to their well-being.

People with faith and cultural needs were supported to attend events that were important to them. They were able to do this at The Limes and in the community. People enjoyed traditional events and festivals. A person told us, "I enjoyed the Mayday party yesterday [1 May]."

Is the service well-led?

Our findings

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

Staff we spoke with told us they felt that The Limes was very well managed and that they felt motivated in their roles as a result. The service operated an 'employee recognition award' scheme that recognised for their contribution and gave staff a feeling of ownership and recognition for their hard work. People who used the service and their relatives also felt the service was well managed. Their comments included, "I would say it's very good, 9/10. The quality of caring makes it good. They're good at caring and do lots of events here"; "It's top quality" and "The quality of people and care here is very good".

The registered manager had a clear vision of how they wanted to continually improve at the service. They had implemented improvements including, for example, new arrangements for management of medicines had been introduced shortly before our inspection. This new system reduced the need for much paperwork and allowed staff more with people for activities. Work had begun on converting care plans into an electronic paperless format which would also free up more staff time. A planned refurbishment of parts of The Limes would further improve amenities and facilities for people and staff.

The provider had effective arrangements for monitoring the quality of the service. These included scheduled audits and observations of staff practice. People's feedback about the service was used to continually improve the service.