Care Quality Commission

Choices Housing Association Limited

Limewood Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 7 July 2015 and was unannounced.

The service provides accommodation with nursing care for up to 59 people, there were 40 people using the service when we inspected. They offer residential, nursing and respite care. People who used the service may be living with dementia and/or have physical or sensory disabilities. The service is divided into clusters of eight bedrooms. Each cluster has its own open plan living area, kitchen, dining area, quiet room and assisted bathroom.

The registered manager left the service on 10 June 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The deputy manager was acting into the role of manager.

People were not always supported to be involved in the planning of their own care and staff were not clear how they knew who to consult with when people were unable to be involved. This meant that people's voice may not be heard. Some people were not supported to follow their interests and participate in social activities. There was little planned activity at the home and the 'reality high street' was not used to its potential.

People were protected from avoidable harm and abuse. People felt safe and staff knew what to do if they suspected abuse, we saw that local procedures had been followed when needed. People's risk was assessed and reviewed and measures were in place to reduce risks. There were sufficient numbers of staff to keep people safe and meet their needs. Agency staff were used to ensure sufficient staffing levels, these were usually regular agency staff that had been to the service before. The provider was recruiting more permanent staff. Medicines were safely stored and administered so that people received their medicines when needed.

We are required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DOLS are for people who are unable to make a decision about where or how they are supported and they need someone else to make this decision for them. All people who permanently lived at the service were referred for a DoLS assessment because the exit doors were locked, this meant their rights were respected. We had not been notified of people who had a DOLS assessment and this is a requirement of registration.

Staff received training to help them deliver effective care to people. People were supported to eat and drink enough to maintain a balanced diet and support with eating and drinking was provided when needed. People were supported to have access to healthcare services.

People were treated with kindness and compassion and their privacy and dignity was respected. Some people received personalised care to meet their specific needs. Staff felt supported by the manager. Relatives felt the manager was approachable and people knew how to complain. The manager completed quality checks and regularly reviewed incidents to look for trends. Actions were put into place to make improvements following these checks. Feedback was gathered from people and their relatives and a relative's forum was being developed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People were protected from abuse and avoidable harm.

Staffing levels were maintained to ensure that people's care and support needs were safely met.

Risks to people's needs were assessed and reviewed and medicines were managed safely.

Good

Is the service effective?
The service was effective. Staff had awareness of the Mental Capacity Act. Deprivation of Liberty Safeguards referrals had been made for people who needed this, ensuring people's rights were protected.

People were supported to eat and drink enough to maintain a balanced diet and they had access to healthcare services in a timely manner when needed.

Good

Is the service caring?
The service was caring. People were treated with kindness and compassion by staff who knew them well.

People were given choices about their care and their privacy and dignity was respected. People were happy with the care they received.

Good

Is the service responsive?
The service was not consistently responsive. People were not always supported to participate in activities and follow their interests. However, some people received personalised care to meet their specific needs.

People knew how to make complaints and complaints were responded to.

Requires improvement

Is the service well-led?
The service was not consistently well-led. There was no registered manager in post and the provider had not notified us of DoLS authorisation requests.

Staff felt well supported and relatives felt the management were approachable. The manager monitored the quality of the service and information was used to help make improvements.

Requires improvement

Limewood Nursing and Residential Home

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 7 July 2015 and was unannounced. Our inspection team consisted of three inspectors.

We looked at information we held about the service as part of our planning. This included notifications that the provider had sent to us about incidents that happened at the service, safeguarding adults' referrals and information from the public. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who used the service and three relatives. Because not many people were able to talk to us, we spent time observing how staff offered care and interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who find it difficult to verbally communicate.

We also spoke with five care staff, the deputy manager, the performance and compliance manager and the catering manager. We looked at six people's care records to see if they were accurate and up to date.

We also looked at records relating to the management of the service. These included quality checks, two staff recruitment files, complaints records and other documents to help us to see how care was being delivered, monitored and maintained.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Limewood. One person said, “They look after me well here.” A relative said, “I think [person who used the service] is safe here, the staff are very lovely and caring, there’s always a lovely atmosphere.” We observed that people who used the service were relaxed in the company of staff. Another relative said, “It’s very safe here, I feel confident about that.”

Measures were in place to protect people from avoidable harm and abuse. Staff knew how to recognise signs of abuse and how to report their concerns. One staff member said, “We’ve had training in safeguarding people, we have had some incidents but they were reported immediately and dealt with.” Another said, “I would not have any hesitation in reporting any concerns or allegation of suspected abuse.” Procedures were in place to ensure that concerns were documented and reported and we saw this had been done when required.

People told us they thought there were enough staff to provide them with the care and support they needed. We observed that staff were attentive and responded promptly to anybody who needed support, for example when answering call bells. One relative said, “There’s plenty of staff, definitely. There’s a consistent staff group, you see the same faces and you can talk to them, they all know what’s going on.” Staff told us there were enough staff to meet people’s needs. The deputy manager told us the minimum staffing requirements on each of the clusters, which was determined by the provider and we saw that these numbers of staff were on shift. We saw that an additional staff member was on shift, the deputy manager told us they had requested this and it had been agreed by the provider.

Agency staff were being used to ensure that there were enough staff. One relative said, “Sometimes they do use agency staff. It tends to be the same staff so we still have that consistency.” The three agency staff we spoke with, had all worked at the service before and we saw the nurse gave clear guidance to the agency staff to ensure people’s needs were safely met. The provider was in the process of recruiting more permanent staff and we saw that the provider’s procedures were followed to check that staff were of good character and safe to work at the home.

Where people had been assessed as being at risk of falls for example, we saw that action plans were in place so that staff knew what to do to ensure any identified risk was minimised. We spoke with staff who described how they managed people’s risks. One staff member told us, “We always assess risk, we have information that tells us what we need to do for each person. We have equipment suitable for each person such as hoist slings and we have recently reviewed the smoking policy to ensure people can smoke safely”. We saw that people were supported to move using suitable equipment when needed including hoists and slings and that people were supported to smoke.

Personal evacuation plans were in place that outlined what staff needed to do to evacuate people in the event of an emergency. Staff we spoke with were able to explain the action they would take, in one example their account matched what we had seen in the records so staff were aware of people’s risk and how to support them safely.

Medicines were safely stored, managed and administered so that people received them correctly. We observed people received their medicines from staff who asked them if they wanted their medicine and explained why they should take it. We saw that staff provided individual support and explanation to the people who needed it. This demonstrated that people were supported to take their medicines safely.

Good

Is the service effective?

Our findings

People's consent to care and treatment was sought. Staff told us, "I always ask each person what they want to do, wear or eat. Even though some may not be able to consent to something it's simple common decency to give them choice and ask their permission before we provide care". We saw that people's ability to consent and capacity was recorded in documentation, so staff had considered people's capacity and what support they needed to help make decisions.

People were offered choices about what they would like to drink, eat and where they would like to sit. One staff member said, "People are given lots of choices and people can chose what they want and whether they have a snooze or want to get up." Another staff member said "People here make choices for themselves."

We are required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DOLS are for people who are unable to make a decision about where or how they are supported and they need someone else to make this decision for them. Some people who used the service lacked mental capacity to make some decisions for themselves. We saw that the manager had completed DoLS referrals for everyone who permanently lived at the home. This was due to the doors to the exits and stairways being locked.

Staff told us and we saw records that showed they had completed training on MCA and DoLS. One staff member said, "We have DoLS because our doors are locked." Another said, "Everyone has a DoLS except one person". Training had been effective to ensure that MCA and DoLS protected the people who used the service and their rights were respected.

People told us and we saw they had a choice at mealtimes. We observed people had their breakfast as and when they wanted it. Staff told us, "We're quite relaxed about breakfast, people get up at different times, some have a full cooked breakfast others like [person who used the service] has a couple of smaller meals. We know who we need to keep an eye on to make sure they have a good diet". We asked people if they liked the food, one person said, "It's very nice yes." A staff member said, "The food is always good here, it looks lovely doesn't it?" Fresh fruit was available throughout the day and people were regularly offered hot and cold drinks and biscuits. One relative told us, "[Person who used the service] loves Earl Grey tea, we always bring in a good supply of it". We saw this person was offered Earl Grey tea regularly, staff were aware of their preferences and supported them to have their chosen drink.

People were supported to eat and drink enough to maintain a balanced diet. We saw that people who needed specialist diets or food supplements, were provided with them as needed. Some people needed support to eat and we saw that this was provided. We saw one person enjoy a bowl of soup that they were supported to eat; they were smiling as the staff member chatted and laughed with them. Where people were at risk of not eating and drinking enough, staff maintained records of their food and drink intake to ensure they were keeping a check on the amounts taken and this was reviewed.

People told us that staff had the knowledge and skills to carry out their roles effectively. One relative said, "I'd say they have good skills, they know what they are doing. [Person who used the service] needs nursing care and that's what [they] get here."

Staff we spoke with confirmed they received an induction to the service before they were added to the staff roster. One staff member said, "I was asked to shadow a permanent staff until I got to know what was expected, I received all the essential training such as manual handling, health and safety and infection control". They also said, "I was given time get to know people and to look at their care records. That was really useful". Staff told us they had training that helped them to better support people and that they had supervision where they discussed their future learning needs. Staff told us they had been supported to gain qualifications in care. One staff member said, "I've done all my mandatory training and now I'm doing the refreshers." The deputy manager told us that staff training was up to date and that further training was scheduled to increase staff skills in supporting people who use the service. We saw that training was available and up to date and we saw some examples of training being used to better support people.

We saw that people's health care needs were assessed and met and people had access to health services. One relative told us, "[Person who used the service] sees the doctor when they need to and has had other appointments to go

Good

Is the service effective?

to while they have been here". Staff told us, "We keep an eye on people's health. The GP is very good and will come out if needed or we take people to the surgery". We saw staff telephoned the GP and they arrived shortly afterwards to assess the wellbeing of one person.

Good

Is the service caring?

Our findings

People told us and we saw they were treated with kindness and compassion. One person said, “They’re lovely here.” A relative told us, “Staff are so kind and caring, they’re really friendly.” We observed caring interactions between people and staff and that people who used the service were smiling when staff spoke with them. For example, we saw one staff member supported a person patiently to take their medication. The staff member spoke with the person about things personal to them in an attentive manner to make them feel at ease and did not rush them. This made the person smile, they held the staff members arm and were able to take their medication and enjoy chatting. We heard that staff listened to people’s comments and worries respectfully.

Staff had good relationships with people and knew them well. One relative said, “The staff are wonderful here, even the young staff have a maturity about them. They know [person who used the service] so well and I have every confidence in them.” They also said, “It’s like home from home here. We make drinks for each other and I can make myself at home.” Staff we spoke with knew how people liked to be cared for and told us about people’s past occupation and hobbies and how that helped them to support them better. One staff member said, “[Person who used the service] likes to spend time on their own, we respect that and just check on them regularly. They are a private person and that’s fine”. Staff knew people’s preferences in relation to their care and treatment and their privacy was respected.

People we spoke with told us the staff provided good care. One relative said, “Massive thumbs up, the care is excellent, we couldn’t be happier.” We saw a staff member holding hands with a person who was feeling poorly. The staff member told us this reassured the person and made them feel relaxed, this was written in the person’s care plan. We saw that the person looked comfortable and content because of this approach from the staff member.

People’s dignity was respected. We saw staff discreetly providing support to people who used the service. For example, we saw one staff member help someone to wipe their mouth at lunch time, they spoke in a quiet voice and smiled at the person whilst supporting them, this helped promote their dignity. We saw that people’s bedroom doors were closed when they were being supported with their care needs, to ensure their privacy and dignity was respected.

Requires improvement

Is the service responsive?

Our findings

People were not always supported to follow their interests and take part in social activities. One relative said, “They need more activity. They are more often than not sitting watching TV. They need stimulation." We saw that most people were sat in the lounge or their bedrooms with the television on, though many were not engaged in the television programme. Some people were walking up and down the corridors. We did not see any planned activities and there was no activities coordinator though we were told some people had watched a film in the cinema. People’s interests were recorded in their care plans but activity plans mainly recorded they had watched the television or had visits from family. This did not show how people were supported to follow their interests. Though staff were aware of people’s preferences and choices, people were not always supported to follow their interests which meant that care was not always personalised.

Limewood had its own ‘reality high street’ which included a pub, hairdressing salon, cinema and snug. One relative said, "I’ve not seen anyone use the ‘high street’." A staff member said, "The bar is mainly used for functions. The cinema is used more but we don't advertise it, it's just about what people want to watch. People can bring their own DVDs to watch in there." The provider told us that a dementia champion was being recruited who would help to increase the activity for people and maximise the use of the ‘high street’. The 'high street' was being developed in partnership with the local authority.

We saw that some people received personalised care including support to meet cultural needs. For example, staff told us that it was important to one person that they could continue to practice their religion and we saw the clergy visiting them. The provider explained and we saw that risk assessments were completed and adjustments were made to the service so that people could do the things they had requested, receiving personalised support to meet their specific needs and requests.

Some staff told us they did not have the opportunity to sit down and discuss peoples care plans with them individually so there was a risk that people were not at the centre of the care they received. One staff member said “I tried to involve family when the plans were written, they are always informed of any changes. The information came with them from the previous home.” When people were unable to be involved in planning their care, staff were not clear how they knew who to consult with or how they would support people to express their views, this could mean that people’s views were not heard as they were not encouraged and supported to contribute to their own care plans.

The provider was working on ways for people to share their experiences. One relative said, “I’ve been involved with the development of a carers’ and relatives’ group. The idea is for a forum to raise issues or concerns where people can voice these things more readily.” Staff and management were aware of the development of the forum and one staff member said, "It will be good for people to come together who have relatives here and help us come up with new things. It will be good for them to share their experiences and just be able to talk to each other." Another staff member said, "It's not just about complaints but discussing other things as well."

People told us they knew who to speak with if they had any complaints and we saw the complaints procedure was displayed in reception. There was a pictorial version of the complaints procedure available to help people understand how to complain if they needed this. One relative said “I’ve always been able to raise concerns." Staff knew what to do if someone made a complaint to them. One staff member said, "If people made a complaint I'd make sure it was dealt with." Another said, "If I received a complaint I would go through the ladder until I reached the person I needed to address the complaint". The deputy manager showed us the records of complaints and we saw that complaints were responded to. The deputy manager told us that all complaints were managed following the provider’s procedure.

Requires improvement

Is the service well-led?

Our findings

The registered managed had left the service on 10 June 2015. There was no registered manager in place and the deputy manager was acting into the role, supported by the performance and compliance manager. The provider told us they were in the process of recruiting a new registered manager.

In relation to DoLS, the provider had not notified us of the referrals that had been made for authorisations or when a DoLS authorisation had been granted, which is a requirement of registration. Other notifications had been made by the provider.

Staff told us they felt supported by the management of the service. One staff member said, "I have regular supervision and [the manager] is very good at acting on anything." For example, a staff member told us they had felt uncomfortable regarding a situation of being a lone worker, they discussed this with the manager who clarified the company's policy on this and they then felt supported and more confident in their role. Another staff member said, "In my supervision we talk about what's happening and we can talk about anything really. I've never had any problems with the management. We need to be able to talk to each other and we can do that here." This meant that staff had confidence in the management and felt able to raise any issues or concerns.

The relatives we spoke with felt that the management were approachable, one relative said, "The managers are always friendly and approachable. You see them around a lot so there's always an opportunity to talk to them if you need to." We saw that the managers spent time out of the office supporting people and staff so they could see what was happening in the service and respond to any concerns. Staff we spoke with were aware of the whistleblowing policy. The deputy manager told us that staff had used the whistleblowing policy and explained how this information was used to keep people safe, so the policy was being used appropriately to protect people.

The deputy manager told us about links with the local school. The provider had invited the school to help name the clusters at Limewood and the school choir had performed a concert at the service. The deputy manager told us that people enjoyed visits from the school children and this was helping to build links with the local community.

The manager completed audits to monitor the quality of the service and we saw that they had analysed incidents and accidents to look for trends. Action was taken following review of incidents, for example, people had been referred to the falls prevention team following a number of falls identified from the audit. The deputy manager told us about further work that was planned to improve quality monitoring including the relatives forum, a regular newsletter and surveys. The deputy manager told us how they planned to employ a dementia champion who would help to increase activity in the home and provide staff with further support and guidance on how best to support people living with dementia to improve on the quality of the care provided.