New Hope Specialist Care Ltd

The Limes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The service is registered to provide accommodation and personal care for up to eight people with a learning disability or associated need. At the time of our inspection eight people lived at the home.

Our inspection took place on 30 January 2017 and was unannounced.

At our last comprehensive inspection of January 2016 the provider was not meeting regulations as the quality assurance systems in place were not effective. Also our rating from our previous inspection of November 2014 was not displayed as is a requirement. This meant that the provider was in breach of the law. Following the inspection we asked the provider to make improvements. We undertook a responsive [short focussed] inspection in September 2016 and found that improvements had been made at that time. However, during this inspection we identified some new issues that should have been identified during provider audits. These included the exposure of some hot pipe work and recruitment processes that were not always effective. The provider gave assurance that these would be addressed.

At our previous comprehensive inspection of January 2016 we also found that relatives were not always informed of complaints processes and records were not always made of complaints. We identified that people had not always been involved in their care planning and where changes occurred care records had not always been updated. This inspection we found that those areas had been improved upon.

There was 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.

Recruitment procedures had not always been operated effectively to ensure that staff employed met all of the required conditions. People felt safe and relatives agreed with this. Staff knew what to do if they felt that someone was at risk of harm. Accidents and incidents were recorded and analysed to identify any trends and patterns. Professional input was secured where needed to minimise the risk of future incidents. There were enough staff on duty with the skills and knowledge available to meet people's needs. People were supported to take their medication independently and as they preferred. Medicine practices were safe and ensured that people took their medicines as they were prescribed.

Staff were trained and supported on a daily basis to ensure that people were supported safely and in the way that they wanted to be. People had their rights upheld in line with the Mental Capacity Act 2005 staff sought their consent and enabled them to make their own decisions. People's dignity, privacy and independence was promoted. People were encouraged to prepare their own food and drink with staff support. People had access to the health care services they needed to promote good health. Complaints procedures were available to inform people and their relatives how they could complain if they had a need to. People were supported to maintain their interests and were encouraged to take part in

activities daily.

People and relatives knew who the provider and registered manager were. The provider made us aware of any incidents that had occurred. Their last inspection rating was on display on their web site and in the home as they are required to by law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The recruitment of staff had not been undertaken as was required by law.

Some risks to people's safety had not been identified and minimised.

Staff knew the actions to take if they suspected people were at risk of harm.

Is the service effective?

Good

The service was effective.

Staff received the training they required to meet people's needs and to keep them safe.

People were supported to contribute to menu planning and to prepare their own meals. People had sufficient diet and fluids to prevent them experiencing ill health.

People had access to health care support to maintain their good health.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and friendly.

People were involved in their care planning and reviews.

People were treated with dignity and respect and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

People's care records were reviewed and updated when needed.

Records about complaints were maintained to demonstrate that they had been looked into and responded to.

People were supported to pursue their individual hobbies and interests.

Is the service well-led?

Requires Improvement

The service was not always well led.

Although quality assurance systems had been identified previously as being improved. Not all risks to people that should have been, were identified during provider audits.

The provider had a management structure in place that staff, people and their relatives understood.

The provider had displayed their most recent inspection rating as required by law.

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 30 January 2017 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the home including notifications sent to us by the provider. Notifications are reports that the provider is required to send to us to inform us of incidents that occur at the home. We also asked the local authority for this home their views on the service provided.

We met and spoke with seven people who lived there, three members of staff, the registered manager, the deputy manager and the provider. We also spoke with three relatives. We looked at the care records for two people, seven medicine records and two staff recruitment files. We looked at the accident and incidents log, complaints records, staff training records, provider feedback forms that had been completed by people and their relatives, meeting minutes for staff and the people who lived there. We also looked at quality audit reports and records that had been completed by the registered manager and provider.

Requires Improvement

Is the service safe?

Our findings

A staff member said, "All my checks were carried out before I started work". The registered manager told us that this was the process for all staff. However, we looked at two staff recruitment files. For one we found that records were lacking. Although there was evidence of a Disclosure and Barring Service [DBS] this was not current. It had been carried out by the staff member's previous employer six months before the staff member started employment with this new provider. When we asked the registered manager and provider about this they told us that they thought a DBS up to 12 months old could be accepted. They said a new DBS had been applied for when the staff member started work. However, when the registered manager looked into this on the day they confirmed that they had found that the DBS had returned the application. This was because there had been an error on the form. This had not been followed through. The registered manager told us that a risk assessment had not been undertaken because of the lack of a current DBS to determine if it was safe for the staff member to start work. The legal requirement to have a DBS check is to determine if prospective staff had a criminal record or had been barred from working with adults due to abuse or other concern. We also found that the references received were character references. There was no reference from the staff member's previous [care] employer as is required by law. We also found that no record had been made to evidence that any health issues declared by staff had been explored or risk assessed. This evidence did not show that the required actions had been carried out to prevent a potential risk of unsuitable staff being employed. The provider told us that they would rectify the situation as a matter of priority. The remaining staff group had been employed for a number of years, or had been transferred from another of the provider's services and there was evidence of an appropriate DBS for them.

We saw that the radiators and some hot pipe work had been covered to prevent a risk of burns. However, we saw other pipe work leading to the radiators in the dining room and two bedrooms that were not covered. We felt the pipes and found that they were very hot. The deputy manager said, "This has not been raised before". They confirmed that no risk assessment had been undertaken to determine any risk due to the hot pipes. They told us that they would check all areas in the home to determine other areas where there may be exposed hot pipes and get the issue resolved as a matter of priority. Following our inspection the deputy manager and the provider told us that the hot pipes were in the process of being covered.

One person said, "I am safe". Another person told us, "I feel safe. The staff help and watch me". Other people we spoke with also told us that they were safe. A relative told us, "They [person's name] are safe. I have no worries". A staff member said, "We [the staff] are all aware of people's risks. These are assessed and reviewed often". Records that we looked at confirmed this. We saw that risk assessments covered a range of areas that included going into the kitchen, into the community and falls. One person's risk assessment highlighted that they liked to make their own drinks. During the day we saw that the person made their own drinks but staff supervised from a distance to be on hand if they needed to intervene to prevent risk. Another person's risk assessment highlighted that they required support from staff when they went into the community. The person said, "Staff always go out with me". We saw that where accidents and falls had occurred a record of these were made and action had been taken to prevent re-occurrence. Where people had fallen referrals had been made to external health care professionals to prevent future falls and injury. Staff we spoke with were aware of recommendations made by the health care professionals and followed

these.

A person said, "No shouting or hitting". Another person told us, "No bad things. I am not scared". A relative said, "No bad treatment. The staff are very kind and calm". Another relative told us, "I am not aware of any concerns". A staff member said, "There is no abuse. I would report any concerns straight away if there was". All staff we spoke with told us what they would do if they had any concerns that people may be at risk of abuse. Staff told us that they had received training on how to protect people from abuse and records that we looked at confirmed this. The registered manager and staff were all aware that any incidents of harm or abuse should be reported to the local authority safeguarding team and us, The Care Quality Commission, as they had done in the past. We checked two people's money held in safekeeping and found that it was correct. We saw that records were kept of money received and spent. Two staff signed each transaction and audits were undertaken to ensure that the money was safely managed to prevent any financial mismanagement.

A person told us, "There are staff when I need them". Another person said, "Staff are here to help me and take me out". A relative said, "I think there are plenty of staff". A staff member said, "I think there are enough staff. We have time to supervise, spend time with and take people out". During the day we observed that there were enough staff to supervise, support, and to take people out. The registered manager told us that contingency plans were in place to cover staff sickness and holiday time. This was usually covered within the staff team. Staff we spoke with confirmed this.

A person said, "I do my own tablets. Staff only check that I have taken them". Records that we looked at highlighted how people liked to take their tablets. Staff confirmed this was how they gave people their medicines. This showed that people took their medicines in the way that they preferred.
A staff member said, "I have had medicine training and am observed to make sure I do the task properly". The deputy manager confirmed that all staff had received medicine training. Records that we looked at confirmed that staff had received medicine training and that refresher training had also been secured. Some people had been prescribed medicines on an 'as needed' basis. We saw that there were protocols in place to instruct staff when these should be given. We also saw that 'body map' documents were used to detail where prescribed creams should be applied. We looked at two people's medicine records. We saw that these had been completed fully to show that people had been supported to take their medicines as they had been prescribed. We checked the totals of two people's tablets and found that these were correct which again, showed that people had taken their tablets as they had been prescribed. We saw that information was included on the medicine record that included any allergies, the doctor's name plus an up to date photograph of each person to prevent medicines being given to the wrong person. We saw that records were made of all medicines received into the home and those that had been returned to the pharmacy. These actions had promoted safe medicine practice.

Good

Is the service effective?

Our findings

A person said, "This is a great place". Another person told us, "I think it is good here". A relative said, "The place is wonderful. They [the staff] look after them [person's name] to a high standard". Another relative told us, "It is a good place. They [person's name] are looked after and go out". Staff we spoke with told us that the service provided to the people who lived there was good.

A staff member said, "I had worked in care before but I still had induction before I started to work here. I met people and worked with other staff". The staff who had recently started working at the home had previous experience of working in a care setting. The provider had access to the Care Certificate training for new staff employed in the future. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work.

A person said, "The staff know what to do". A relative told us, "The staff are trained and have a nice way about them". A staff member told us, "We have a lot of training and updates when they are needed". Another staff member said, "I have done training recently and am doing more soon". Staff told us that the training gave them the knowledge they needed to be confident in their work. Staff we spoke with knew about people's conditions that included epilepsy and diabetes and told us that they felt confident dealing with these. Training records confirmed what staff had told us and we saw that refresher training had been arranged when it was required.

As with our previous inspection of January 2016 staff told us that they received supervision and appraisal. Records that we looked at confirmed this. Staff told us they were supported in their role on a daily basis. A staff member said, "There is a manager and deputy manager and on call arrangements for out of hours for us to access support when we need it".
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A person said, "I do things myself but staff always ask if they do anything". A relative said, "I don't think they [person's name] would do anything, or have anything done for them if they did not want to. They can decide for himself". Staff we spoke with had an understanding about MCA and DoLS and records showed they had received training in this area. We saw that MCA assessments had been undertaken that determined that no person required a DoLS. A staff member said, "People have capacity and are able to make choices". We saw that people were supported to make decisions throughout the day. They were asked about things and given the opportunity to consent or not. This included, if they wished to go out, what time they wanted to get up and where they wanted to spend their day.

A person said, "The food is nice. We have what we want". Another person told us, I like the food". We looked at people's care plans and saw that their food and drink likes, dislikes and risks had been recorded. We looked at food stocks and found that they were varied and plentiful. We were told by people and staff that each person chose a meal each day. We saw that a menu was available in a pictorial format to support people to choose their meals. As with our previous inspection people and staff told us that people went shopping with staff for the food shopping that was needed for the week's menu. We saw that people went into the kitchen to make their own drinks, prepare their breakfast and lunch and were supported to prepare their own meals. A person told us, "I cannot have sugar. The staff know this". Staff were aware of people's special dietary needs and knew what people could and could not consume to maintain their health.

A relative told us, "The staff take them [person's name] to all of their appointments". A person said, "I go to the doctor when I need to". Other people told us that they had checks with the dentist and optician. Staff supported people to access health and social care appointments. Records we looked at confirmed that where staff had a concern they referred these to appropriate external health care professionals for issues such as falls and behaviours. We saw that health plans were in place that highlighted people's medical needs likes and dislikes. People told us that they had been offered the influenza injection and records that we looked at highlighted that they had an annual health check. These actions promoted people's good health.

Good

Is the service caring?

Our findings

A person said, "I like the staff. They are all nice and kind". Another person told us that the staff were caring. A relative told us, "The staff are very good with them [person's name]. They are calm and caring". Another relative said, "The staff are always helpful, friendly and polite". A staff member said, "All staff are very compassionate and caring". We observed that staff were caring and friendly towards people.

A relative said, "We can visit when we want to. We are made welcome and are offered a drink. It is a pleasant place". We found that there was a happy atmosphere. People were chatting with each other and staff, smiling and laughing.

A person said, "The staff knock my door. I have a key so I can lock my door". Another person told us that they liked time on their own to listen to their music and they did that every day. Staff told us how they promoted people's privacy and dignity. This included, giving people private time and space and enabling them to attend to their own personal hygiene needs. We saw that staff had determined people's preferred name and used this name when speaking with people to show them respect.

A person said, "I always choose what I want to wear. I dress myself". Another person said, "I just get dressed and put on what I want". A person asked us, "Do you like my new coat? I went and got it last week and two new pairs of trousers". Staff confirmed that people were supported to go shopping to select their new clothes. We saw that people were dressed to reflect their individuality and the weather. We saw that females wore necklaces and all people's hair was styled as was documented in their care plans. We heard staff complimenting people on their appearance. People smiled and were pleased.

A person told us, "I choose what I want to do". People told us they were involved in their care and making everyday choices these included, what they wished to do each day. They told us that they followed their preferred routines about what time they got up and what time they went to bed. One person said, "I went to bed after midnight. I was watching the TV". Another person told us, "We have meetings and talk about food and holidays". This was confirmed by staff and records that we looked at. As with our previous inspection we found that where people made requests these were acted upon. These included preferred food to go on menus and outings.

A person told us, "I do my cleaning, washing and ironing". Another person said, "I make my meals and do all of my cleaning". A relative said, "The staff encourage them [person's name] to do what they can for themselves". We found that people were supported to maintain their independence on a daily basis. One person asked a staff member for a drink. The staff member told the person that they would go with them to the kitchen but they should get their own drink.

The registered manager told us that one person had an advocate and records that we looked at confirmed that they did. We saw that information was available to inform other people and their relatives about advocacy services if they wanted to access this service. An advocate is a person that people can ask for support to enable them make independent decisions and choices.

Good

Is the service responsive?

Our findings

At our previous comprehensive inspection of January 2016 relatives told us that they had not been told how they could make a complaint. We also found that complaints processes required improvement as complaints were not being recorded. This meant that there was a lack of evidence to show that complaints were being dealt with. This inspection we found that some improvements had been made. The registered manager had a meeting with relatives and told them about the complaints procedure. We saw that written and pictorial complaint formats were available within the home and each person had been given a copy of the document. We saw that complaints had been documented together with actions that had been taken to address issues. This was the case with the most recent complaint, that was being finalised ready to be feedback to the complainant. A relative told us, "If I have ever had any issues I speak with the staff and these have been resolved". Another relative said, "I was given information about how to complain. I do not need to though". A person told us, "I would tell the staff if I was not happy". Another person said, "I have not got a complaint". Staff told us what they would do if a person was not happy or had a complaint. This included speaking with the person, making the registered manager aware of and documenting the issues.

At our last comprehensive inspection of January 2016 we found that people had not always been involved in their care planning and where changes occurred care records had not always been updated. This inspection we found that this had improved. One person gave us permission to look at their care records. They said, "That is my file", pointing to their care records. Another person said, "The staff know what I like I do my plan". A relative said, "I am always asked my view and am involved in planning of their [person's name] care". Another relative told us, "The support they [person's name] get is right for them. The staff know their needs well". A staff member said, "We [the staff] always involve people in the reviews and care plan updates. We hold care plan reviews regularly. It is important". We saw that where possible people had signed their care plans to confirm that they were happy with them. We found that there was evidence that people's likes and dislikes regarding routines, foods and activities had been determined and written into their records. Staff we spoke with had a good understanding of people's needs, likes and dislikes and how they preferred to be supported. This showed that action had been taken to promote care records that were personalised and people had an input into.

A person told us, "We go out all the time its good". Another person said, "If I want to go anywhere the staff take me". A relative said, "They are always out and about with staff doing something they like. It is good for them". A staff member said, "It is good here because people go out nearly every day. They need that or they get bored". During the day two people went out with a staff member. When they returned they were smiling and happy. One person said, "We went shopping and then for something to eat. It was great". People told us that they had personal interests that they did at home these included watching films and listening to music. Staff encouraged and enabled people to be involved in voluntary work and attend structured centres within the community. A person said, "I love doing my work". Another person said, "We go on holiday, it is great". As with our previous inspection we found that people had the opportunity to go on holiday in the United Kingdom and abroad.

Requires Improvement

Is the service well-led?

Our findings

At our last comprehensive inspection of January 2016 the provider was not meeting regulations as the quality assurance systems in place were not affective. Also our rating from our previous inspection of November 2014 was not displayed as is required. This meant that the provider was in breach of the law. Following the inspection we asked the provider to make improvements. We undertook a responsive inspection in September 2016 and found that improvements had been made.

The registered manager and staff told us that the provider undertook audits and more regular in-house audits had been undertaken. Records that we looked at confirmed this. However, the recruitment issues that we found should have been identified during these audits as should the exposed hot pipe work that was a potential burn risk to people. This showed that the audit process required some further improvement.

At our previous inspection we found that although the provider had sought feedback from people and relatives comments in their feedback not been acted upon in a timely way. We saw that a few respondents had commented that they would like to have more involvement in their family member's care. Following the previous inspection the provider had a meeting with families to discuss our inspection findings, to inform them of complaints procedures and to answer any questions that may have had. Relatives told us that they had been informed how to complain and felt involved in their family member's care. Relatives we spoke with told us that they did not have any issues.

We found that accidents and incidents were recorded. They had been looked at to identify patterns and trends. We determined that one person had experienced some falls and referrals had been made to external health care professionals for assessment and treatment.

Staff told us and staff meeting and supervision records confirmed that there had been a long standing issue about staff pay. Staff complained that their pay was late or paid in two halves. Staff told us at times the late wages payment had an impact on their life and overall morale. The provider told us that there had been issues with the pay dates and to resolve this a new monthly pay date had been arranged. We have not re-visited the home so have not to date been able to determine if these actions had resolved the situation.

A person said, "I know the manager. They [registered manager's name] is good". Another person told us, "Of course I know the manager", and told us her name. A relative told us, "There is a manger and a deputy manager. I know them both. They are approachable". We saw that the registered manager was visible within the home. We observed that people were relaxed in her presence and chatted to her. The provider visited during the day. They greeted each person by name and asked how they were. We saw that people were very pleased to see the provider. They were smiling and went to him to chat.

The provider had a management team that staff understood. There was a registered manager in post who was supported by a deputy manager and senior care staff. As with our previous comprehensive inspection staff we spoke with felt supported by their manager and felt confident to raise concerns. A staff member said, "I think the management is good. The home is run fairly well". We found that the registered manager

had contact and support on a regular basis from the provider. The provider came to the home at the end of the day for feedback on our inspection this evidenced their support to the registered manager.

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "We have whistle blowing procedures to follow if we had the need. If I saw anything I was concerned about I would report it to the manager straight away". We saw that a whistle blowing procedure was in place for staff to follow.