

Sanctuary Care Limited

# Lime Tree Court Residential Care Home

## Inspection report

108 Ettingshell Road  
Bilston  
Wolverhampton  
WV14 9UG

Tel: 01902884490

Website: [www.sanctuary-care.co.uk/care-homes-midlands/lime-tree-court-residential-care-home](http://www.sanctuary-care.co.uk/care-homes-midlands/lime-tree-court-residential-care-home)

Date of inspection visit:  
07 April 2016

Date of publication:  
25 May 2016

## 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

Our inspection was unannounced and took place on 7 April 2016. Our last inspection of the service took place on 4 September 2014 and was complaint in all areas inspected.

Lime Tree Court Residential Care Home is registered to provide accommodation and personal care to a maximum of 60 older people who may have Dementia or sensory impairments. At the time of the inspection there were 60 people living at the home.

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

People told us they felt safe at the home. Staff had an understanding of how to identify and report abuse and had a good understanding of how to manage risks to keep people safe.

We saw there were sufficient numbers of staff on duty to support people. We saw that staff had undergone checks prior to starting work to ensure they were suitable to care for people. Staff had appropriate training and support to enable them to meet people's needs.

We saw that people were supported with their medication in a safe way. Staff had training before being able to handle medication and checks were completed in order to ensure people had received their medication as required.

People were supported to make their own decisions and had their rights upheld in line with the Mental Capacity Act 2005.

People were given choices at mealtimes and were supported to have enough food and drink. There was a system in place to ensure any changes to what people wanted to eat was reflected in the menu.

People's health needs were met as they were supported to access a range of healthcare support when required.

Staff had a kind and caring approach and treated people with dignity and privacy. Staff supported people to maintain their independence where possible.

People and their relatives were involved in the assessment and review of their care. People were supported by staff who had a good knowledge of people's needs.

People were supported to take part in activities that reflected their personal interests. Activities were

adapted to suit people's preferences.

People and their relatives were aware of how to make complaints. Complaints made had been investigated fully by the registered manager. People were supported to give feedback on the service via resident meetings and questionnaires.

The registered manager completed monthly audits to monitor the quality of the care provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by staff who knew how to identify and report concerns of abuse.

Staff were able to identify and manage risks to keep people safe.

There were sufficient numbers of staff on duty to meet people's needs.

Medication was given in a safe manner.

### Is the service effective?

Good ●

The service was effective.

Staff were given training and had regular supervision with their manager to ensure they had the skills and knowledge to support people appropriately.

People had their rights upheld in line with the Mental Capacity Act 2005.

People were given sufficient amounts to eat and drink and were supported to make choices about their meals.

People had access to healthcare support when required.

### Is the service caring?

Good ●

The service was caring.

Staff had a kind and caring approach with people and ensured they were treated with dignity.

People and their relatives were supported to be involved in their care.

People had access to advocacy services where required.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the assessment and review of their care.

Activities were provided that reflected people's likes and were adapted to suit people's preferences.

People were aware of how to make complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

People spoke positively about the leadership at the home.

People were encouraged to provide feedback on the service through meetings and questionnaires.

Quality assurance audits were completed by the registered manager and provider to monitor the quality of the service.

# Lime Tree Court Residential Care 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 April 2016 and was unannounced. The inspection was carried out by two inspectors.

We reviewed the information we held about the home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home.

We spoke with five people living at the home, four relatives, three members of staff, kitchen staff, a visiting health professional and the registered manager. As some people were unable to tell us their views of the service, we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three care records, two staff recruitment files and seven medication records. We also looked at accident and incident records, complaints received, staff training records and quality assurance audits.

# Is the service safe?

## Our findings

One person told us, "I feel so safe here. It is reassuring that there is always someone around if I need them". Another person said, "At night they pop their heads around the door to ensure we are safe and well". Relatives we spoke with also felt that their relatives were safe at the home. One relative told us, "Yes [person's name] is safe here".

Staff we spoke with had received training and understood how to recognise signs of abuse. Staff knew the procedure to follow if they suspected someone was at risk of harm. One staff member said, "If I ever suspected anything I would ensure the person is safe and then notify my manager".

Staff we spoke with knew the risks posed to people and how to manage them. We saw staff take action to discuss risks with people and reduce the risk of harm. For example, we saw one person saying they didn't want to put their feet on the wheelchair foot rests. The staff member discussed with the person the benefits and risks of using the foot rests. We later saw this person being assisted in a way that was safe. People told us they felt involved in their assessments of risk. One person said, "I am not very good on my feet but don't want to use one of those frames. Staff have tried to get me to use one but I keep saying I will let them know when I need one". We saw that records gave staff information on risks posed to people and how to manage them. These risk assessments were individual to the person and looked at mobility, eating and drinking and evacuation in an emergency. We saw that where accidents and incidents occurred, actions were taken to minimise the risk of these reoccurring.

Staff told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from being employed. Records that we looked at confirmed these checks took place.

People told us there were enough staff on duty to meet their needs. One person told us, "I never have to wait for anything". Another person said, "If ever they are going to be a little late they will pop in and let me know they are doing something". Relatives we spoke with also felt there were sufficient staff available. One relative told us, "I think there is adequate staff". Staff we spoke with told us there were enough staff. One member of staff told us, "We have enough staff to meet people's needs. If we are a little short we can leave some jobs until later in the day". We saw that staff were visible in communal areas at all times and that when people required support, they were responded to in a timely manner.

People told us they were happy with how their medication was managed. One person told us, "They [staff] are very good with my tablets and always on time". Another person said, "I know what I need to take but if I forget they [staff] are always able to let me know". We saw staff support people with their medication. Staff explained to people that it was time to have their medication and stayed with them until this was taken. Staff told us and records we looked at confirmed that staff received training in how to give medication safely and that competency checks were carried out by management to ensure staff continued to give medication in a safe way. We looked at seven medication records. We saw that medication administration records

(MAR) had been completed accurately and that the amount of medication available matched what was available. Some people required medication on an 'as and when required' basis. We saw that there was guidance in place informing staff of when to give these medications. This ensured that people received their medication in a consistent way. We saw that where people required support to apply creams, there were body maps in place informing staff of where these creams should be applied.



# Is the service effective?

## Our findings

People told us they felt staff had the skills and knowledge to support them with their care needs. One person told us, "They [staff] are very well trained and know what they are doing. I have never had a problem". Relatives we spoke with shared this view. One relative told us, "I think the staff are well trained".

Staff told us that prior to starting work, they completed an induction that included completing training and shadowing a more experienced member of staff. One staff member told us, "This gave me the time to see how to do things and to get to know people without any pressure". New members of staff had also completed the new Care Certificate. Staff told us and records we looked at confirmed that staff were given ongoing training to support them in their role. One staff member told us how they had been given training in a way that supported their individual learning style. This ensured that the staff member benefited from the training provided as it was delivered in a way the staff member understood.

We saw that staff were provided with the information they needed to support people effectively. One staff member told us, "We have a comprehensive hand over each day. This is so we all are aware of any changes we need to know to help people". We saw that this was an effective system. We saw one staff member passed on to other staff that one person wasn't ready for breakfast but to go to them in a while so they weren't forgotten about. We later saw this person eating their breakfast.

Staff told us they received one-on-one sessions where they could discuss their role and any training needs. Staff confirmed they received annual appraisals where they had the opportunity to discuss their work and any training they required. Records that we looked at confirmed these conversations took place.

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).

We checked whether the service was working within the principles of the MCA. People told us that staff sought their permission before supporting them. One person told us, "They [staff] do ask for my permission, yes they do". Staff we spoke with has received training in the MCA and were able to describe the different ways that they seek people's consent when caring for them. One staff member told us, "Sometimes [person's name] always says no to any question so we just expand on what the choices are and help them make a decision". Another staff member said, "We can gain permission [for people who are unable to communicate] by looking at their body language and knowing what different people's sounds mean". We saw that people were supported to make their own decisions and were given choices. One staff member said, "Just because someone is assessed as lacking capacity in one area this does not mean they can't make any decisions. We encourage people to let us know what they want if they are able". Staff we spoke with had

a good understanding of the action to take if someone could not make a decision. Where people had a DoLS authorisation in place, staff were able to explain what decision this related to and how they were to support the person.

People told us they were supported to have enough to eat and drink and to maintain a healthy diet. One person said, "I love the food here. It is good home cooking and nothing fancy. Just how I like it". Another person said, "The food is very good". We spoke with the kitchen staff who had a good understanding of people's dietary requirements. We saw that this information about people was held in the kitchen so that the staff preparing meals could see people's dietary needs. We saw that the kitchen manager spoke with people on an individual basis each month about any changes to their diets as well as any new likes and dislikes so that the menu could be adapted to people's changing needs. We saw that at meal times, people were given a choice of what they would like to eat. We saw that where required, people were shown the meals in order to support them to make a choice. People's meal sizes were adapted to suit people's preferences. One staff member told us, "Some people only like a little on their plate otherwise they can feel overwhelmed". We saw that lunchtime was relaxed and people chatted amongst themselves and visibly enjoyed the experience.

People were supported to maintain their health and wellbeing by accessing health care services where required. One person told us, "I see the GP and nurse whenever I need". Another person told us, "I needed to see a nurse and they got one out immediately". Staff we spoke with knew the actions to take if people were unwell. We spoke with a health professional who was visiting the home. The health professional spoke positively about the staff and told us that staff were knowledgeable about people's health needs and would always follow instructions left for them with regards to people's care. Records we looked at confirmed that people had been supported to access a variety of health services, including opticians, dentists and district nurses where required.

# Is the service caring?

## Our findings

People told us that staff had a 'Kind' and 'Caring' approach. One person told us, "They are fantastic here, every one of them [staff]". Another said, "I would have the Queen live here as the staff are so good". Relatives we spoke with were also positive about the caring nature of staff. One relative told us, "On the whole, I think staff are caring". Staff displayed warmth when talking about people living at the home. One staff member said, "I feel completely privileged to work with those living here. It is an honour". We saw that staff had developed friendly relationships with people living at the home and we saw staff sharing jokes and laughing with people. We saw one person start to become upset and disorientated. Staff members recognised and responded quickly to this person. They spoke calmly and listened to the person's concerns. They acknowledged just how this person's concerns were causing anxiety and helped reassure the person.

People told us they were involved in their care. One person told us, "They [staff] come and sit down with me and we chat about how I like things and if I need anything more". We saw people being supported to make decisions about how they would like to be supported. Staff gave people choices and respected people's decisions. People told us they were involved in regular resident meetings where they could voice their opinions on how their home was run. Points that had been discussed at residents meetings were passed to staff to ensure they were acted on. Relatives we spoke with also told us they were supported to be involved in their family member's care. One relative told us, "I am involved in [person's name] care, anything that happens and they [staff] call me immediately". Records we looked at showed that relatives were kept informed on their relative's care.

People told us their privacy and dignity was respected by staff providing support. One person said, "Everything is done in private. I have a lock on my door and staff always knock". We saw staff assisting people in a way which maintained their dignity. For example, when one person needed assistance a staff member helped them move away from others into their room quietly and discretely. Staff told us they promoted people's dignity and gave examples that included supporting people to the bathroom but then leaving the room so they can have privacy, closing doors during personal care and knocking before entering rooms.

People were supported to maintain their independence. We saw people helping staff members with tasks and activities. For example, people were helping to set the table and fold napkins in preparation for lunch. One person said, "It's good to be involved and to help them [staff]". One staff member told us, "People are still able to do so much and we encourage people to be involved as much as they like".

The registered manager told us that one person living at the home had been supported to access an advocate. The registered manager informed us that advocacy services were discussed when people first moved into the home and knew how to access this service for people when required. The registered manager told us, "We ask at assessment stage if the person has or would like a representative. If they do not have one, then we suggest advocacy".

## Is the service responsive?

### Our findings

People and their relatives told us that prior to moving into the home, they were involved in an assessment to discuss their needs and how they would like their care delivered. One person told us, "They [registered manager] came to see me before I came here. We got to know each other and when I arrived we went through how I like things to be done". Relatives we spoke with confirmed these discussions took place. One relative told us, "When [person's name] moved in, the manager sat with us and explained everything to us".

People told us their care plans were regularly reviewed. Each month people were allocated a day where a full review of their care took place including any changes to likes and dislikes and other personal preferences. One person said, "We have a cup of tea and a chat about how I like things. Sometimes I just like things the way they are". Relatives told us they had been invited to take part in these reviews. One relative told us, "We have been invited to the reviews". Records we looked at confirmed these reviews took place monthly.

Staff we spoke with knew the individual needs of the people they supported. Staff could tell us about people's care needs and preferences with regards to their care. For example, one staff member said, "[Person's name] likes fish so now they have fish for breakfast whenever they want". This information about people was reflected in their care records. People had care plans which were individual to them. The records we saw also identified low points in people's lives including periods of time which caused upset. One staff member told us, "This is so we can potentially identify what is causing someone distress and can support them. [Person's name] can become very tearful in the mornings and so we can help them through this by understanding what is making them upset".

People told us they were supported to take part in activities. One person told us, "There is so much going on but to be honest I just like to sit and watch". Another person said, "I do like the sing-a-longs". Relatives we spoke with told us they had seen activities available for people when they visit. One relative told us, "There are a lot of activities but [person's name] chooses not to take part". We saw people taking part in a variety of activities. This included bingo, painting, exercise and table top games. People visibly enjoyed the activities offered and were seen chatting and laughing with each other throughout. We spoke with the activity co-ordinator who was enthusiastic about providing activities that met people's individual interests. The activity co-ordinator told us they had taken time to speak with a person who liked to remain in their room to find out about their interests. The activity co-ordinator had then provided the person with the resources to take part in their chosen activity from their room. This demonstrated that people's interests and preferences had been taken into account when planning activities.

People and their relatives told us they knew how to make a complaint. One person told us, "There has never ever been a problem but if there was I know I could talk to anyone". Another person said, "I am quite sure that if I had some trouble, the staff would help me". Relatives we spoke with confirmed they had been informed about how they could complain. One relative said, "We know how to complain". Another relative told us, "I know I can raise a concern at any time and it would be taken seriously". Staff we spoke with knew the action to take to support people who wished to complain. We looked at the complaints received by the

home and saw that these had been investigated fully by the registered manager and that the complainant had been provided with the outcome of the investigation to ensure they were satisfied with the response.

## Is the service well-led?

### Our findings

People told us they knew who the registered manager was and felt the home was well led. One person told us, "The deputy manager is always about and coming over to see if we need anything. I can talk to them whenever I want". Another person said, "I am well looked after". Relatives also spoke positively about the leadership at the home and felt the management team were approachable. We saw that the registered manager and deputy manager were visible around the home and had developed friendly relationships with people. People appeared relaxed in the registered managers company.

Staff we spoke with felt supported by the registered manager. One member of staff told us, "Yes I do feel supported". We saw that staff had regular supervision and staff meetings with the management team so they could raise any issues and seek support. One member of staff told us, "I am comfortable enough to raise concerns and [registered manager's name] would handle it". Another staff member said, "I could not go to the last staff meeting. However, the registered manager came round and spoke to us individually about anything we wanted to discuss. I made a suggestion and this was actioned. It made me feel part of the team". Staff knew the procedures to follow if there was an emergency out of hours and had access to a manager when needed.

The registered manager sought feedback on the service via resident and relatives meetings. One relative told us, "We were invited to a relatives meeting and it was all about what was going on. You were given the opportunity to have your say about bits and pieces". Records we looked at showed that these meetings with people took place regularly and that any actions arising from the meetings had been acted upon. The registered manager told us that questionnaires were also being sent out to people so that they can give feedback this way if they were unable to attend meetings. The registered manager told us that the feedback on the previous questionnaires had a 97-99% positive feedback. We saw that the analysis of the feedback had been displayed for people to view.

We saw there was an open culture at the home and staff were clear on how they could whistle blow if they needed too. One member of staff told us, "I know how to whistle blow but I would go to [registered manager's name] first". The registered manager understood their legal obligation to notify us of incidents that occur at the service and we saw that notifications had been sent in appropriately.

We saw that the registered manager completed audits to monitor the quality of the service. These included weekly medication checks, care plan audits and infection control audits. The registered manager also maintained an audit of staff knowledge. We saw that each month, the registered manager as part of their audits, would ask a random sample of staff questions about their role to ensure their knowledge remained up to date. We saw that additional audits were completed by a regional manager monthly to ensure that the quality of the service was monitored. We saw from these audits that where needed, actions were recorded to improve the level of service.

The registered manager had clear plans for the service. The registered manager informed us of a number of projects that the home is working on to improve the standards of care provided. These projects included;

implementing a programme of activities specifically for people with Dementia and working with staff to learn different ways to communicate and reach people who are disengaged due to their illnesses.