

B.L.I.S.S. Residential Care Ltd

# The Limes

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

The Limes is a residential care home providing personal care to up to five people with a learning disability and/or autism. At the time of the inspection there were three people living in the home.

The Limes is an adapted residential building located close to local amenities. Accommodation is spread across two floors. There are five ensuite bedrooms, a shared living space, kitchen and secure garden.

### People's experience of using this service and what we found

There were policies and procedures in place which were followed to protect people from abuse and the risks of avoidable harm. There were some inconsistencies and gaps in risk assessments and in health and safety checks. These had been identified as an area for improvement by the service.

People's medicines were managed safely and there were appropriate infection control policies and procedures in place. Staff reflected there had been an improvement in the learning culture within the service.

Staff, relatives and stakeholders reflected that the management of the service was positive and had improved the atmosphere and culture in the home. There were clear improvement plans in place and positive feedback about the changes so far.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service was small and gave people access to the local community. People's independence was promoted in how they were supported for personal care and activities. Staff understood how to maintain people's dignity and treated them with respect. There were clear values established for staff and role modelled by senior staff to ensure the culture was inclusive.

### Right support:

- Model of care and setting maximises people's choice, control and independence.

### Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights.

### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (4 January 2019).

#### Why we inspected

We undertook an inspection to review concerns related to how the provider was managing the service due to issues at another nearby location. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Limes on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service well-led?

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# The Limes

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector on site. Another inspector made phone calls to staff.

#### Service and service type

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

The service had a manager who had applied to be registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They will be referred to in this report as 'the manager'.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person's relative about their experience of the care provided. We spoke with six members of staff including the nominated individual, manager and care staff. We spoke with two people using the service. We observed how staff interacted with people, including use of different forms of communication.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate policies and procedures in place to protect people from abuse. Information on how to identify abuse was available to staff. Staff had training in safeguarding people.
- Relevant incidents had been reported and investigated. Staff knew how to escalate and report safeguarding issues.

Assessing risk, safety monitoring and management

- Risk assessments and risk management plans were in place. The level of detail varied and some lacked some useful information for staff, however staff we spoke with were aware of people's risks, signs of risks increasing and how to manage them.
- It was not always clear in risk assessments that measures were least restrictive and positive behaviour support plans did not always look at what people may be trying to communicate through their behaviours. They did not always include how the service planned to help people develop skills. This had been identified on the service's action plan as an area for improvement.
- We identified that the fire evacuation procedure could be clearer, and that night-time evacuation plans required review. The provider's sister service had become dormant, and so had no staff to support this service overnight in the event of an emergency. The manager agreed to review and update the plans.
- Not all health and safety and fire checks were completed as frequently as required. This had been identified on the action plan and some improvements had already been made.

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels reflected commissioned hours and enabled people to participate in activities out of the home.
- Relevant pre-employment checks were completed prior to commencing work at the service. Some staff had started online training prior to some checks returning, which is not recommended, however there was no risk to people.
- Staff were mostly up to date with training; however, we highlighted that night staff were not up to date with basic life support training. We highlighted this to the provider who agreed to address this.

Using medicines safely

- Medicines procedures were safe, staff administering medicines had their competencies assessed. The manager was implementing additional checks of medicines documentation to make them more robust and ensure any medicines errors were picked up more quickly.

- People received their medicines as prescribed and had care plans to outline how they received their medicines. People had 'as needed' (PRN) protocols, these identified signs and symptoms, including where people were unable to verbalise their needs. PRN medicines were not used to manage behaviours which may challenge, which reflects good practice.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
  - We were assured that the provider was meeting shielding and social distancing rules.
  - We were assured that the provider was admitting people safely to the service.
  - We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
  - We were assured that the provider was accessing testing for people using the service and staff.
  - We were assured that the provider was promoting safety through the layout of the premises.
  - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
  - We were assured that the provider's infection prevention and control policy was up to date.
  - We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- During the inspection one member of staff was entering test results for rapid COVID-19 tests in the dining room. They had the test kits and they were handling them to scan the code. We highlighted this to the provider as the tests would have bodily fluids on and we recommended these remain in the office away from people.

#### Learning lessons when things go wrong

- Incident reporting was an area for focus of improvement, particularly for behaviours seen as "routine", to ensure this is always reported. There had been a recent improvement to the format of incident reporting to help staff identify causes and whether their response to incidents was effective. There were clear plans for improvement and some early improvements were seen.
- De-briefs had been implemented for staff to further support their wellbeing and learning from incidents. One staff member said, "It is now clearer what needs to be reported and there are debrief sessions after incidents to make sure all staff are taking a consistent approach."



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us there had been an improvement in the atmosphere in the home since the changes in leadership at the service. Staff told us they enjoyed their job. One family member we spoke told us, "[Manager] has a really good attitude, an intelligent and empathetic way of managing the place."
- Staff were positive about the changes and improvements being made by the manager and provider. Staff told us the manager was "approachable", "knowledgeable" and "a very good communicator".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities to be open and honest with people and their families when things went wrong. Incident forms identified whether the duty of candour applied and whether it was followed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were some minor inconsistencies in records, however these had improved in recent weeks, and in records reviewed by the current manager. This was identified on the service quality improvement plan.
- We saw that staff had proactive support and supervision. Where there was any concern over performance, this was proactively managed. There was a clear governance structure to review and improve the quality of the service through audits and spot checks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw staff could discuss ideas for improvements and changes, and that they were involved in adapting and reviewing people's support plans. We received good feedback from stakeholders on the management within the home and how this had improved.
- We had very positive feedback from a relative, who told us their loved one was well looked after. They said, "The people who look after [loved one] are fantastic, they are empathetic, sensible and know him well. The care workers have been chosen with great care; they tune into a particular [person's] needs. Not a one size fits all approach. He really, really enjoys it there, he doesn't want me there he is too busy and happy."

Continuous learning and improving care

- The manager had a proactive approach. The manager and nominated individual had produced a thorough, clear action plan to make required improvements in the service and continue to develop the staff team and the culture.
- Staff told us there was a positive approach to improvement. One staff member said, "There is more of an approach of 'coaching' staff now as opposed to management just telling staff off when they got things wrong."

#### Working in partnership with others

- We received positive feedback from other agencies about the service since the manager had been in post. We could see the service worked proactively with other agencies to seek advice, support and to meet people's needs.