

Lime Tree Care Ltd

Lime Tree House

Inspection report

119 Handley Road
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Chesterfield
Derbyshire
S43 2EF

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Ratings

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

Summary of findings

Overall summary

About the service: Lime Tree House is registered for 10 beds and provides nursing care and accommodation for people with a learning disability and /or mental health needs. On the day of our visit 9 people were living at the home.

People's experience of using this service:

People were protected from the risk of harm by staff who understood their responsibilities to safeguard people. The risk of people acquiring an infection, was minimised by the infection control procedures in place. Risks were assessed and managed and people were supported to lead full lives by taking reasonable risks. People were supported to take their medicines in a safe way. Recruitment checks were undertaken, to determine the suitability of new staff and protect people that used the service.

People were supported to make decisions about what they ate, to ensure the meals met their preferences and dietary needs. Drinks were available to people throughout the day. Where people were unable to independently make specific decisions regarding their care; assessments were undertaken to determine the support they needed with these decisions. This ensured people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. People and their representatives were involved in their care to enable them to receive support in their preferred way. People had access to healthcare services and received coordinated support, to ensure their preferences and needs were met.

People were supported to take part in social activities of their choice, both in and out of the home to enhance their well-being. Information was available in an accessible format to support people's understanding. People maintained relationships with their family and friends and were encouraged to give their views about the service. This included raising any concerns they had. There were systems in place to monitor the quality of the service and drive improvement.

More information is in the full report below.

Rating at last inspection: Requires Improvement (report published 7 September 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we saw that improvements have been made.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Lime Tree House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector conducted the inspection over one day.

Service and service type: Lime Tree House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority and the Clinical Commissioning Group who commission services from the provider and they provided us with feedback. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service and two people's relatives to ask about their experience of the care provided. We spoke with two nurses and two care staff. We spent time with the registered manager during the inspection. We reviewed a range of records. This included accident and incident records, three people's care records and medicine records. We also looked at two staff

recruitment files.

We asked the registered manager to email audits to us, so that we could see how the provider monitored the service to drive improvements. We reviewed this information as part of the inspection process.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

At the last inspection in August 2017 risks associated with people's care and support were not always consistently assessed or managed safely. At this inspection we saw improvements had been made to ensure risks to people were minimised.

At the last inspection in August 2017, where people required support to manage their behaviour there was insufficient guidance for staff to ensure a consistent approach was maintained when supporting people. At this inspection we saw improvements had been made to ensure a consistent approach was provided to keep people safe.

- Where people required support to reduce the risk of avoidable harm risk assessments were in place and followed by the staff. For example, regarding the support people needed to manage their anxiety and specific health and mobility needs.
- Where people required support to manage their behaviour support plans included physical interventions that may be used as a last resort. Staff were clear on how to support people when they became anxious or upset and confirmed that people were supported through distraction techniques whenever possible. One member of staff told us, "We don't use physical restraint unless there is a real risk the person could hurt themselves or others." We saw and staff confirmed they had received an accredited method of physical intervention training, to ensure people were supported safely.
- Following the last inspection window restrictors had been fitted to ensure people's safety was enhanced.
- Following the last inspection, the provider had commenced an analysis of all accidents and incidents each month. This was to enable them to look for any patterns or trends and take action as needed to minimise risk.
- Equipment was serviced as needed to ensure it was safe for use. Emergency plans were in place to ensure people were supported in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with the staff. One person said, "The staff are nice. I like living here." A relative told us, "The staff are great with [Name] and I know they are very happy living here."
- Staff understood their responsibilities to report any concerns. They were provided with training and had a good understanding of the safeguarding procedure to follow.
- The registered manager understood their responsibilities to report concerns to the local authority safeguarding team to protect people from the risk of abuse.
- Staff had a good understanding of people's needs and preferences. We saw they responded well to

support people when they experienced periods of distress or anxiety.

Staffing and recruitment.

- We saw sufficient staff were available to support people according to their preferences and needs. One person told us, "The staff are fantastic. I'm always out." One member of staff told us, "The staffing levels are very good; staff are very flexible and will change shifts to accommodate people." The registered manager told us, "The staffing levels are different every day and are dependent on activities planned and people's needs. We have people that need two staff to support them when they go out."
- When staff were recruited the appropriate references and checks were completed in line with current guidance.

Using medicines safely.

- People confirmed they received support to take their medicine in their preferred way.
- Nurses who administered medicine received training to support their skills and knowledge.
- Medicines were overall managed safely and nurses had signed to demonstrate that people received their medicines as prescribed and in a safe way. However, we identified that one person had not received their evening medicine on one night the week before our inspection. The provider investigated this and acted to address this and minimise the risk of this happening again in the future.

Preventing and controlling infection.

- Cleaning schedules were in place to maintain housekeeping standards.
- Staff followed good infection control practices and used personal protective equipment such as disposable gloves, aprons to prevent the spread of healthcare related infections.
- The home had been rated five stars by the food standards agency in September 2017. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff wore personal protective equipment to ensure hygiene standards were maintained.

Learning lessons when things go wrong.

- When something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. For example, care plans and risk assessments were reviewed and amended to ensure people were supported to keep safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection in August 2017 staff did not always have a clear understanding of the practical application of the MCA. At this inspection staff were clear on the people that had authorised restrictions on their liberty and how to support them in their best interests.

- When people did not have the capacity to consent to some decisions, information was in place to demonstrate this and support plans guided staff on how the person's care needs should be met.
- Staff understood about how to support people with decisions and the principles of least restrictive practice.
- Where people were under the local authority restriction of a DoLS. We saw the appropriate information had been recorded and shared with staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed to ensure they could be met.
- Assessments included sufficient detail to ensure outcomes were identified and people's care and support needs were regularly reviewed.
- Support plans contained information to support specific health conditions, dietary requirements and mental health support.
- People were supported to make choices to promote their wellbeing.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience.

- Induction procedures ensured staff were trained in the areas the provider identified as relevant to their roles. Staff explained how new staff were supported through shadowing experienced staff and completing

training.

- Staff received training for their role and were provided with supervision on a regular basis by the registered manager. One member of staff told us, "We have regular staff meetings and one to ones and an appraisal. The management team are really experienced. They both know what they're doing and are both very supportive."

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- One person told us, "The meals are nice and there are plenty of choices". A relative said, "I often stay for a meal; the food is lovely."
- Staff were aware of any specialist diets that people had and information was provided to the chef to ensure they were updated of any changes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to access health care professionals as and when needed, such as GPs, community learning disability teams and mental health services.
 - Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.
 - Staff were clear on people's health care needs and the support they needed to manage them.
 - Staff told us they had received training specific to people's health conditions. This enabled them to have a greater understanding to support the person effectively. One member of staff told us, "The training is specific to the people we support which helps us to understand their condition."

Adapting service, design, decoration to meet people's needs.

- The design of the building enabled access for people that used wheelchairs and people could walk around with or without staff support as needed.
- People could speak with their visitors in private if they wished to.
- Equipment were available to ensure people with mobility needs could access all facilities.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People had caring, kind supportive relationships with the staff who supported them.
- One person told us, "Staff are fantastic, always making me a cup of tea, I get on with everyone."
- We saw caring interaction between staff and people. One member of staff said, "I absolutely love this job. It's very person centred and flexible to people's needs."

Supporting people to express their views and be involved in making decisions about their care.

- People were enabled to make choices about the care they received. People had variable support needs. Some people preferred to spend time in their rooms, choosing when to join communal activities and asking when they required assistance.
- People were supported to make decisions about how they spent their day.
- Staff understood people's communication methods. We saw staff could communicate effectively with people.
- People with restrictions placed upon them were supported by Independent Mental Capacity Advocate's (IMCA). This was to ensure they were appropriately protected and any restrictions were carried out lawfully.

Respecting and promoting people's privacy, dignity and independence.

- Dignity and privacy were upheld for people to ensure that their rights were respected.
- People's families and friends could visit without restriction and people were supported to visit their family or meet up with them. One person told us, "I see my [relative] regularly."
- People's relatives were encouraged to join in with events organised. One relative told us, "There are lots of events to join in with and we usually do."
- Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were supported by staff who knew them well and helped them to plan for things they wanted to do.
- The support each person received was individualised to meet their needs and preferences. One person told us that they loved going out and confirmed they were supported by staff to do this. In contrast some people had their preferred routines and only wished to go out on certain days. Staff had a very good understanding of each person and respected their wishes and supported them accordingly.
- People told us about the things they liked to do. This included swimming and aqua aerobics, bowling, shopping and eating out. One person told us about a tribute band they were going to see.
- Staff were passionate about providing individualised support to people. One member of staff told us, "This is the first care job, I have done where you don't have to rush people. The care is focused on them and their preferences. They have their meals when it suits them, get up when it suits them and go to bed when it suits them and go out when it suits them. There are no strict routines, only the ones that people make for themselves which we respect."
- One member of staff told us, "We go bowling, as most people enjoy that; it's a popular activity and good fun with lots of laughs. We usually go on a Friday but this week we had a chat with everyone as it's half term and decided to go for a meal instead; as bowling will be busy. Everyone agreed that was the best option." This demonstrated that people were supported to make decisions and be in control of how they spent their time.
- The provider complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Information was provided in an accessible format around the home by using pictures and signage to support people's understanding.

Improving care quality in response to complaints or concerns.

- People knew how to make a complaint and were confident that they would be listened to.
- When complaints were received they had been reviewed in line with the provider's procedure.

End of life care and support.

- Some people had plans in place for the end of their life. Arrangements had been made to respect people's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care
- One member of staff told us of the plans in place to work with a person's representative regarding their end of life wishes. This was being done as the person had confirmed they didn't wish to be involved in these discussions.

- At the time of the inspection there was no one receiving end of life care.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements.

- There were quality audits in place to measure the success of the service and to continue to develop it. For example, infection control, medicine and support plan audits and maintenance audits.
- A continual improvement plan was in place with dates for the actions required and when these had been completed. For example, people had requested more indoor activities and we saw these had been provided.
- The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support.

- Staff were well supported and able to develop in their role. Staff confirmed they received regular supervisions and felt supported by the management team. One member of staff told us, "I have been asked if I want to do level five diploma in health and social care, which I said yes to so am looking forward to starting this."
- Staff spoke positively about the culture of the home, including working closely together to support one another and share information. They talked about the individualised support people received and the positive team work.
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.

Engaging and involving people using the service, the public and staff.

- There were regular meetings with people who lived at the home and feedback was responded to. Questionnaires were sent out every three months to cover all aspects of the home. We looked at the most recent report from the questionnaires about activities and saw actions had been taken to address people's requests.
- Staff had regular team meetings and they told us they felt comfortable to speak freely in these meetings.

Working in partnership with others.

- There were strong relationships with local health and social care professionals and with the local community.