

Mountlands Trust Limited

Lime Tree House

Inspection report

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an inspection of Lime Tree House on 7 May 2015. The inspection was unannounced which meant the provider did not know we were coming.

We last carried out an inspection at Lime Tree House in January 2014 where we found the service was meeting legal requirements.

Lime Tree House provides short term residential accommodation with Christian Science Nursing care for up to six people (who prefer to be referred to as patients). Christian Science nurses are non medical nurses trained in healing through Christian Science practice. They have

completed an in depth Christian Science nursing programme and are all named in the Journal of Christian Science. They are supported by a Christian Science practitioner. At the time of our inspection there were four people using the service, including one who was receiving long term care.

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was subject to a DoLS, we found that the registered manager understood when an application should be made and was aware of the principles of the Mental Capacity Act 2005.

Christian Science nurses (CSN's) were confident in describing the different kinds of abuse and the signs and symptoms that would suggest a person they supported might be at risk of abuse. They knew what action to take to safeguard people from harm.

A robust system was in place to identify and assess the risks associated with providing care and support. A relative told us and care records confirmed, that risks had been discussed with them and action agreed to keep people safe from accidental harm.

Staff understood the needs of the people they supported. They supported people in making choices and their own decisions as much as possible. The people we spoke with who were using the service on the day of our visit told us they were happy with the care provided.

People who used this service received safe care and support from a trained and skilled team of staff. The induction of new staff was robust and they received regular support and mentoring from other CSN's and the registered manager following their appointment. This had been supplemented by further training to equip staff with specific skills, which enabled them to provide person-centred care to people who used the service in line with the principles of Christian Science Nursing. Staff fully understood their caring responsibilities and they demonstrated respect for the rights of the people they supported.

During our visit we saw examples of staff treating people with respect and dignity. People using the service and their relatives were consulted and involved in assessments, care planning and the development of the service.

The registered manager had developed an effective system of quality assurance, which measured the outcomes of service provision. Staff and relatives had been included in this process and their feedback had been used to make improvements to the way the service was provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff we spoke with knew how to keep people safe from abuse. Staff had access to procedures and supporting documents to guide them on taking the correct action if they suspected a person they supported was at risk of harm.

People who used the service and their representatives had been consulted about risk. Risk management strategies were robust without imposing unnecessary restrictions on people's choices and personal freedom.

Good



Is the service effective?

The service was effective.

People using this service were involved in decisions about how their care and support would be provided.

People who used the service were supported by trained staff who understood their individual needs well.

Good



Is the service caring?

The service was caring.

People who used this service were treated with kindness and compassion and their rights to privacy, dignity and respect were upheld. People spoke highly of staff and described them as "Wonderful", "Caring" and "Attentive".

Staff listened to the views and preferences of the people they cared for and this was reflected in a person centred approach to the provision of care.

Staff understood the specific care needs and cultural diversity of the people they supported

Outstanding



Is the service responsive?

The service was responsive.

People were encouraged to express their views on how their care and support would be provided.

People received flexible support and the equipment they needed to maintain their independence.

People using this service could be confident that their concerns would be listened to and dealt with appropriately.

Good



Is the service well-led?

The service was well led.

Staff received good support from management, were treated with fairness and worked in an open and transparent culture.

Good



Summary of findings

Management and staff had a good understanding of their responsibilities and worked well together as a team.

The systems in place for quality assurance were effective in driving continuous improvement in the best interests of people who used the service.

Lime Tree House

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 May 2015 and was unannounced.

Before the inspection we asked the provider to submit a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they

plan to make. Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us and the Provider Information Return (PIR).

During our visit we spoke with two people who were using the service, one Christian Science Nurse, the registered manager, two administrators, one of whom was the Nominated Individual for the service, and the cook.

We observed care and support in the dining room and also looked at the kitchen, the laundry and several people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included care plans, staff training and supervision records and the quality assurance audits that the registered manager had completed.

Is the service safe?

Our findings

People told us they felt safe. Comments included, “Oh yes I am safe here. The nurses know what I need and are wonderful, I feel at peace.” And “I love it here, yes I feel safe, I have everything I need.”

Staff told us they had received safeguarding training and this was confirmed by information we saw in training records. They had a good understanding of the different types of abuse and described the action they would take to keep people safe from harm. They were able to give an example of a situation they had been faced with, and what action they had taken and said they would report any concerns to their line manager immediately.

We saw there were suitable policies and procedures in place to guide staff on the action they must take if it was suspected or alleged that people using the service were at risk of abuse. Staff knew how to access this information and the contact details for reporting abuse.

There was written evidence that staff were supported to discuss issues involving the welfare of people who used the service within their team meetings. At team meetings they had group discussion about what was going on in the home. Staff were encouraged to analyse and reflect on interactions between themselves and the people they cared for and to instil the values needed to deliver safe and appropriate care and support.

We saw, and rotas confirmed, that sufficient staff were deployed to meet the assessed needs of the people using the service. All of the staff employed by the home were Christian Science nurses (CSN's). When extra staff were needed the registered manager was able to access CSN's from different parts of the world. At the time of our inspection a CSN had come from New Zealand to cover staff sickness. This meant that people could expect consistency for their care and support from staff who understood their needs.

Plans were in place for responding to emergencies or untoward events, such as outbreaks of infection, fire, flood and the failure of equipment used in the home. Risks of

system and equipment failure had been minimised by a programme of servicing and maintenance of equipment. For example, we saw that relevant contracts were in place for gas safety, portable appliance testing, emergency lighting and clinical waste removal.

A system was in place to record accidents and incidents, such as falls. The registered manager told us that the outcomes of accidents and incidents were analysed to see what lessons could be learnt and reduce future risk by taking preventative action.

Care records contained appropriate risk assessments and risk management plans and we saw that risks had been discussed with either the person or their relative. We saw detailed guidance provided for staff to follow in three risk management plans. The written information guided staff on the safe use of bed rails and moving and handling. The care records confirmed that a robust risk assessment and management strategy was being followed to keep people safe from accidental harm.

We saw that the service had effective systems in place to ensure the home was safe for people and fit for purpose. We saw that the home's fire system had been checked weekly to ensure it was fully functioning. Systems were in place to identify and manage foreseeable risks.

The organisation had a business continuity plan which set out the alternative arrangements that would be put in place if for example there was a loss of power or the need for evacuation of the building. Each person had a personal emergency evacuation plan (PEEP) which identified the assistance and equipment they would need for safe evacuation.

We saw the Medication Policy clearly outlined the position of the service in relation to medical care and treatment. It said “No medical care is given including diagnosing, administering medication, drugs or any medically orientated techniques”. People who used the service were Christian Scientists but had nevertheless signed an agreement which meant all parties were clear and in agreement with the level of support offered by the home.

Is the service effective?

Our findings

The terms and conditions of the home stated “All those entering Lime Tree House rely entirely on Christian Science for healing”. One person who used the service told us “I am a Christian Scientist, my faith is important, I have lessons every morning and staff here know what it is all about, I am blessed.” Other people we spoke with told us how happy they were at the home. Comments included, “I am well looked after, there is nothing I don’t like.”

All the care staff at Lime Tree House were trained Christian Science Nurses. All staff within the home were recognised within the Christian Science Journal. The registered manager explained there were different levels awarded to Christian Science nurses in relation to their training. Level one teaches staff how to support with personal care, level two teaches staff how to manage non medicated dressings and wound care and level three teaches staff about leadership and management. All the staff at Lime Tree House were trained to level three. This meant that the people who used the service could be sure they were being supported by staff trained to a high standard.

Staff we spoke with confidently described how they supported people to make choices and take decisions and they knew what action to take in the person’s best interests, when an individual lacked the capacity to consent to their care and support. There were risk assessments in place for decision making should a person begin to lose capacity. In one care plan it was noted, “over the years that [this person] has been here we have established many of [their] likes and dislikes and these can continue to influence our care for [them]. These are incorporated into [their] care plan”. This meant the home had ensured people could continue to be supported in the way they had said they wanted to be when they had capacity to make that decision.

Staff were given appropriate supervision and support which helped to ensure they were able to provide effective care. Staff told us they felt well supported in their role. We saw records which showed that staff were receiving regular supervision in line with the organisation’s supervision policy. Staff told us that discussions in supervision covered their goals, performance, whether they were happy in their job.

Training records provided evidence that staff received induction and ongoing training to develop the skills and knowledge needed to meet the needs of people using this service. The registered manager told us that some of the training undertaken by other nursing homes would not be appropriate due to the teachings of Christian Science. For example we saw that the Quality Visit undertaken by Trafford Local Authority in 2014 had identified that Dementia training may be needed in order for staff to support people who would conventionally have been diagnosed as living with dementia. The registered manager explained that Christian Scientists would not be diagnosed in this way as they would not visit a GP so therefore conventional training would not be appropriate. However, we saw through team meeting minutes that the home had approached the Christian Science Nurse Training Co-ordinator who had agreed to attend Dementia training and adapt it to align with the teachings of Christian Science. This meant training had been designed to cover the specific care and support needs of people who were using this service which we found to be an effective way of ensuring people were properly supported in line with their faith, belief and needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Mental Capacity Act 2005 introduced DoLS to protect people in care homes and in hospitals from having restrictions placed on them which restricted their freedom and liberty. When a person lacks capacity and requires restrictions to keep them safe then care homes and hospitals must apply to a governing body for a DoLS. Due to the nature of the service no-one living at the home was subject to a DoLS. We found however that the registered manager understood when an application should be made and was aware of the principles of the Mental Capacity Act 2005.

People we spoke with expressed satisfaction with the food and drink provided in the home. Two people commented, “I have no complaints about the food, the food is good” and “The food here is lovely.” We spoke with the cook who told us about people’s preferences and any special diets which were needed. We saw information was available for the cook in relation to the consistency of food for people requiring special diets. We observed people being supported to eat appropriately.

Is the service effective?

People who required support to eat were offered privacy and people were able to choose where they wanted to

have their meal. We observed two people were supported to eat in their rooms and two people had their lunch in the dining room. We found the mealtime experience was relaxed and friendly.



Is the service caring?

Our findings

We saw there was lots of positive feedback about the home and the standard of care being delivered at the home. People who used the service told us, “This is the most wonderful place, the standard of care is excellent, they have got it right here.” And, “I feel loved, the staff are wonderful, caring, and understand my needs”. Feedback recorded at the home from relatives included “ [the home] creates a wonderful healing environment where every need is met with unfailing grace.” And “[my relative] has been treated with dignity and respect which is of paramount importance in the care being delivered even when situations have been challenging, the standard of care is outstanding”. And “I am so grateful for the loving and wonderful care you gave [my relative]. Thank you for your loving attitudes whenever I have contact with each CSN and for your loving care of the patient and your inspirational and uplifting thoughts”.

We noted throughout our inspection the home was calm and relaxed and felt warm and homely. Staff interacted well with the people they were supporting. Staff addressed people by their preferred names when speaking with them. We saw staff treat people in a kind, caring and compassionate manner and staff responded promptly to people’s need for support. We observed staff engaging in meaningful conversations with people. For example, during lunchtime, a member of staff was sitting with two people at a table in the dining area engaged in conversation. People were treated with respect at all times.

We noted staff knocked on bedroom and bathroom doors before entering and that personal care was provided in private. The home nursed people according to the principles of Christian Science and best practice which meant people staying at Lime Tree House received a high level of care and support. The registered manager proudly told us that nobody had developed a pressure sore whilst being nursed at the home. We saw that care plans provided information about the care and support people needed and how this should be provided.

From the conversations we had with staff it was evident that they understood the specific care needs and cultural diversity of the people they supported. The two people we

spoke with during our visit confirmed that their care was provided in a respectful and dignified manner. They said staff understood their needs and provided support in a timely manner.

People were supported by kind and attentive staff. Staff treated people with dignity and respect and we saw that care was delivered in an unhurried and sensitive manner. Staff were courteous and people appeared relaxed and comfortable in the presence of staff. We observed that staff clearly knew people well and spoke with them about the things that were meaningful to them.

The three care plans we looked at contained evidence that people’s views, preferences and decisions about how their support would be provided had been listened to and incorporated into the plan of care. The care plans were written in a way which respected the individual and promoted their independence.

For example one person was being cared for in bed and was unable to verbally communicate, their care plan said “Be alert not to talk over [them] but to speak intelligently. [They] can understand but just not communicate with us. Please continue to discuss and talk with [them] before each care activity so [they] know what you are about to assist [them] with.

The care plans were well maintained and all entries were legible, signed, timed and dated. Some people who used the service were monitored hourly and the records fully reflected this.

Through speaking with staff and the people who used the service and from receiving feedback from relatives it was clear that the priority and the focus of the home was one of love and healing. There was a strong emphasis on promoting the wellbeing for each person which created a warm and positive environment. Staff were taught the principles of person centred care through their learning as Christian Scientists. This meant that the philosophy of respect, dignity, empowerment and independence was embedded within the service.

On the minutes of one team meeting it was noted, “our motive is to bring out memories of the real person and expect healing not decline”. We noted a positive, relaxed atmosphere within the home which people told us, and we saw, contributed to their sense of wellbeing.

Is the service responsive?

Our findings

Lime Tree House was committed to providing a high level of individualised person centred support through Christian Science healing. One person who used the service told us, "I am a Christian Scientist, there is no place I would rather be than here, my faith is important and I am glad I am here."

The people we spoke with were aware of their rights in relation to complaints. They told us they were very happy living in the home. One of the people we asked about complaints told us, "I have nothing to complain about at all."

The home provided respite care to enable people to heal through the principles of Christian Science. We spoke with the registered manager about necessary action which was taken in response to changes in people's needs. The registered manager told us, and people we spoke with confirmed, that each person had a Christian Science Practitioner who they could access for further support if they needed to. People who used the service were happy with this arrangement as it was a fundamental part of their Christian Science practice.

When people came to Lime Tree House their needs were assessed and care was planned and delivered in line with their wishes. The registered manager told us that they completed an initial assessment with people before they started to use the service to ensure their care needs could be met.

We looked at the care plans for three people who were using the service at the time of our inspection. We saw that a comprehensive assessment of needs had been completed before they had started to use the service. We found that each assessment included information about people's understanding of the terms and conditions of the home to ensure that the service was appropriate for them. This meant that the people who used the service had the appropriate information to assure them that their individual care needs could be met before they had started to use the service. People were not admitted to the home until a full assessment of care needs had been done.

The care plans we looked at showed that people living in the home, or their representatives had participated in their assessments of need. Wherever possible the person had signed to indicate that they agreed with the care and support to be provided by staff.

We saw that needs assessments and care plans had been subject to monthly reviews. Where a person's needs had changed the care records had been updated accordingly. For example where a person was becoming more independent in relation to their mobility the increased level of independence was noted and staff would then support that person to become more mobile. The person's level of ability was clearly recorded. This meant the service enabled people to maintain their independence. The Home had also recently set up a domiciliary service which meant people staying at Lime Tree House could continue to be supported by CSN's when they returned to their own home.

Throughout the course of the day we saw that activities were done on an individual basis although people could join in to group sessions if they wanted to. There was a daily activity plan in place which people could access if they chose to do so. Activities were centred on Christian Science teachings and included bible lesson and study as well as group readings. People we spoke with told us they enjoyed these activities and that they were important to them.

A hairdresser visited the home once a week and people were offered the opportunity to access community events with other Christian Scientists.

Suitable equipment had been provided to meet the physical and sensory needs of people living in the home, such as moving and handling equipment and specialised bathing facilities. There was a sensory garden available for people to access if they wanted to. People who used the service told us they enjoyed spending time in the garden and were encouraged to take part in gardening which they enjoyed.

We saw a copy of the home's complaints policy and noted that the procedure for making complaints was posted in a prominent position within the home. The policy detailed the timescales for investigating and responding to complaints and gave people information on where to take their complaint if they were dissatisfied with the outcome of the investigation. There were no complaints at the time

Is the service responsive?

of our visit. The local authority contracts officer had last visited the home in 2014. No concerns had been found and they had not received any complaints about the home since their visit.

We saw a file containing letters and cards, which complimented and thanked staff for the quality of care provided in the home. We also saw that relatives who completed satisfaction surveys rated the home as very

good or good. Where comments or suggestions had been made for improvement, the registered manager had responded by making improvements to the service where appropriate. This provided evidence that feedback was encouraged by the service and that action was taken to make improvements in the best interests of people who used the service.

Is the service well-led?

Our findings

We received positive feedback about the leadership within the home from staff, people who used the service and their relatives. Comments included, “The manager is very approachable, she is lovely.” And, “I feel very supported by [the manager] both personally and professionally.”

There was a clear management structure in place and the registered manager had an ‘open door’ policy and led by example. Staff were encouraged to reflect on practice and supported to change things that weren’t working well and try new approaches with people staying at Lime Tree House.

The manager was registered with the Care Quality Commission, had worked at the home since 2003 and had a strong leadership presence within the home.

We saw the registered manager encouraged staff to discuss challenges they had faced at team meetings. Staff we spoke with said they felt supported and were encouraged to be involved in decisions to improve the service for people. One example was about a safeguarding issue which had occurred involving family members. Staff described how they had found it challenging but through working together with the external safeguarding team and with the support of the registered manager they had ensured there was a positive outcome for the person involved.

Through speaking with the staff team, people who used the service, the administration staff and the registered manager it was clear there was a strong cohesive team. Each person understood their role and how it could support the delivery of care. We saw evidence through team meetings of staff analysing their practice to see what had gone well and what could be improved. This meant people who used the service could be confident the service they received was a good one.

We saw evidence in records that the registered manager monitored the quality of personal care and support by working flexible hours and through staff supervision, team meetings and unannounced out of hours visits. Staff described the registered manager as supportive, approachable and open.

The registered manager had developed good links with organisations providing sector specific guidance and training. The registered manager had been proactive in

recognising the importance of good practice guidance even though it may not have been in line with the teachings of Christian Science Healing. We saw where conventional training was needed the registered manager had adopted a flexible approach by ensuring any conventional training was adapted and modified to make it relevant to supporting people at Lime Tree House in the best way possible for them. We observed that the registered manager was supportive of all of the staff and was readily available if staff needed any guidance or support. We saw that when gaps in skills or knowledge were identified, arrangements would be made for staff to complete the necessary training. The registered manager told us that they reviewed the training records of staff on a regular basis to identify if training was out of date and needed to be repeated. This helped to ensure that staff were able to carry out their duties effectively so that people received good care and support.

We saw evidence of supervisions carried out the month before our visit. These records showed that each member of staff had received constructive and motivational feedback from the registered manager.

In conversation with the registered manager it was evident that they fully understood their responsibilities. They described their plans for the continual development of the service to ensure that the changing needs of people would continue to be met through quality care and support. They told us they received good support and approval for additional resources from the board of trustees who visited the home regularly.

The registered manager told us and we saw there was a rolling maintenance programme; the majority of work was carried out by the administrator and the registered manager. We saw that maintenance issues had been recorded in order for the issue to be resolved. It was apparent that faults such as faulty light bulbs were replaced quickly. People we spoke with told us that maintenance issues were resolved on the same day or the day after when possible. This meant that suitable arrangements were in place for the maintenance of the premises.

The registered manager had a clear vision for the future of the home which was underpinned by the aim to achieve continuous improvement and good quality care. The registered manager told us that they were proud of the care

Is the service well-led?

provided and of the staff team who she explained had worked so hard to make improvements and remained committed to achieving the on-going development of the home.