

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?	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

This inspection took place on 4 and 14 December 2018 and was unannounced.

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

The Limes accommodates up to five people with learning disabilities in one adapted building. There were three people at the service at the time of inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place at the time of our 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 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 registered manager had a good oversight of the service. There were systems in place to monitor the quality and safety of the service.

People received personalised care from staff who had a good understanding of their needs. People were supported to follow their interests and staffing was arranged around people's activities and routines. People were treated with dignity and respect and given privacy when they wanted time alone.

People were supported to maintain relationships important to them and the provider worked in partnership with families to forge effective communication between parties.

Staff understood how to keep people safe in relation to the management of their behaviour. People's care plans reflected detailed guidance for staff to help encourage them to remain calm and safe. There were systems in place to protect people from the risk of abuse and harm.

Risks associated with people's health and medical conditions were assessed and monitored. Where risks were identified, the provider had systems in place to promote people's wellbeing and good health.

People had access to healthcare services as required and the provider worked in partnership with healthcare professionals to meet people's ongoing needs.

People's needs were regularly reviewed and they were encouraged to participate and give feedback to professionals where appropriate. People were given choices about everyday decisions about their care and had access to advocacy services to help make informed decisions where they could.

People were supported to follow a diet in line with their preferences and dietary requirements.

The atmosphere at The Limes was caring and homely. People were comfortable in staff's company and enjoyed spending time with them throughout the day. There were sufficient numbers of suitably skilled and qualified staff in place. The provider had recruitment processes in place to identify suitable candidates for the role.

Staff received training, support and development in their role. The registered manager monitored staff's ongoing performance and there were systems in place to ensure staff understood their responsibilities and duties.

Staff understood the need to gain appropriate consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The environment at The Limes was suitable for people's needs. There was access to outside space and people contributed in decisions about the decoration of the home.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# The Limes

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 4 and 14 December 2018 and was unannounced. One inspector carried out the inspection.

Before the inspection, the provider completed 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. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with two people, both of whom were only able to give us limited feedback about their experiences of receiving care. We also spoke with the registered manager, the provider's regional manager and three care staff. After the inspection we spoke with one relative.

We looked at care plans and associated records for three people and records relating to the management of the service. These included two staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in February 2016 where the service was rated good.

## Is the service safe?

### Our findings

The provider assessed risks to people to help keep them safe. Some people could become highly anxious and display behaviours which were potentially dangerous to themselves or others. Where these risks were identified, there were plans in place which helped staff recognise the early signs of people's behaviour changing and the action required to help people remain calm. In extreme circumstances staff were required to provide physical intervention to prevent people from coming to immediate harm. Staff had received specialist training in these techniques and these interventions were only used as a last resort after all other strategies had been exhausted. This helped to ensure that people were safe during times of high anxiety.

The provider used incidents as learning opportunities to provide more effective support. The registered manager analysed incidents involving people to identify triggers to people's anxieties. This helped them put in place strategies for staff to employ to help avoid similar situations in the future. In one example, staff had developed step by step guidelines to follow when supporting one person to a weekly activity. The person had a series of incidents whilst attending this activity and staff developed guidance to follow to help avoid known triggers for the person's anxiety during this activity. This had resulted in a reduction of incidents which had occurred.

There were systems in place to protect people from the risks of abuse and harm. The provider had safeguarding policies which had been developed in line with local authority guidance. The policy was a statement that made it clear what the provider will do to keep people safe. This included the action the provider would take if concerns about people's wellbeing were identified. Records of safeguarding incidents demonstrate the provider made appropriate referrals to local safeguarding teams when concerns were raised. This helped to keep people safe against the risks of abuse or harm.

There were sufficient staff in place to meet people's needs. People's care hours were commissioned by funding local authorities. People had both individually commissioned support hours and hours of support that were shared between all people at the service. People required staff support when leaving The Limes. The registered manager had arranged for staffing to be organised around people's activities. This enabled people to carry out their preferred timetables of daily routines.

The provider had safe recruitment processes in place to help identify suitable candidates to work with people. The recruitment checks included assessing prospective candidate's experience, character and suitability for their role. This set of recruitment checks helped to ensure that suitable staff were employed to work with people.

There were systems in place to protect people from the spread of infections. Staff were aware of their responsibilities in maintaining a clean and hygienic environment by regular cleaning and good infection control practice when supporting people with their personal care.

There were systems in place for the safe management of people's medicines. This included the ordering, storage, administration and disposal of medicines. People had care plans in place around medicines which

detailed what they were prescribed and why. The level of support and people's preferred administration routines were detailed in their care plans and staff had received specific training in the safe management of medicines.

The provider had dedicated staff to carry out maintenance, health and safety and infection control audits to help ensure the environment was safe at the Limes. These included maintenance checks of gas and electricity, water and emergency equipment such as fire alarms.

## Is the service effective?

### Our findings

People followed a diet in line with their preferences and dietary requirements. Staff supported people to individually plan and shop for their weekly food menu. Where possible, people were encouraged to participate in making their own food and drinks with staff support. Where people were at risk of malnutrition or obesity, staff supported people to keep a diary of their food, which helped staff effectively monitor their food intake. One person had been successful in losing weight for the purposes of good health after they had adjusted their diet to incorporate healthier menu choices. This demonstrated that staff provided effective support around nutrition.

People had access to healthcare services as required. Each person had a health action plan in place. This detailed people's medical history and ongoing input they required from professionals to maintain their health and wellbeing. One person's health action plan included detailed guidance about how to provide effective support in the management of diabetes. Where people required ongoing input from healthcare professionals, records of appointments and recommendations were incorporated into people's health action plans. This helped to ensure their care reflected these recommendations.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the provider was making appropriate referrals under these safeguards and found that the registered manager had made the appropriate assessment and applications. These actions were in line with the MCA.

Staff understood the requirement to obtain suitable consent to care. People were given choices about everyday decisions in a way which they could understand. This included using different communication strategies and assessing people's mood and behaviour to determine whether they were in the right frame of mind to make an informed decision. Where people were unable to make significant decisions about their care, the provider had processes in place to make decisions in people's best interests. These actions were in line with the MCA.

The provider assessed people's needs to help ensure appropriate care arrangements were in place. The registered manager met with people and their families to complete pre-assessment documentation with the aim of developing a care plan which reflected their needs. They also used assessments from healthcare professionals and social workers to identify how to effectively meet people's health needs and wellbeing.

Staff received training and support relevant to their role. Staff had received a wide range of training which was regularly refreshed to help ensure their knowledge was following current best practice. The registered manager monitored staff's ongoing skills and performance through a series of observation of work practice and formal supervision meetings. This helped to ensure that staff were appropriately skilled in their role.

The environment at The Limes was suitable for people's needs. People had access to all areas of the home

and could use a secure garden space for leisure and recreation. People decorated their rooms in line with their preference. People were encouraged to help with the decoration of communal areas. For example, on the day of inspection, staff were helping people put up Christmas decorations.

## Is the service caring?

### Our findings

People told us staff were caring and that they enjoyed their company. One person said, "They [staff] are quite nice really."

People had access to advocacy services to help them make choices about their care. Where people needed additional support to make choices or give feedback about their care, the provider encouraged family members or advocacy services to participate in care reviews. This helped to ensure that people were supported to understand choices available about how their care was organised and delivered.

People were encouraged to participate in reviewing their care. Where possible people attended formal reviews of their care with social workers and health professionals. Staff were on hand before reviews to guide people about upcoming meetings, so people could raise any issues. Staff provided support during and after reviews to help ensure people understood what was discussed and how this may affect their ongoing care arrangements.

The provider helped people maintain relationships which were important to them. People's care plans included details of loved ones or friends and the support they needed to maintain contact with them. Examples included, regular telephone and video calls or visits to relatives. People were encouraged to celebrate important events such as festivals and events with loved ones, with staff facilitating arrangements to help ensure things were organised accordingly. People were supported to maintain links with friends through social groups and clubs. Staff made themselves available during these times to ensure that people had the opportunity to spend time with their peers.

Staff knew the people they cared for, including their preferences, personal histories and backgrounds. Staff were kind and patient in their approach, engaging people with warmth and humour and treating them with respect. Staff spent time with people throughout the day and were unhurried in supporting people through their daily routines and activities. People were comfortable in staff's presence, actively seeking out their company and enjoying their shared interactions.

Staff showed concern for people's wellbeing and acted quickly when they became anxious or their mood changed. Staff understood the triggers to people's anxieties and the early signs that their behaviour was escalating. They were quick to identify when people needed additional support, alternative activities or time alone to help them remain calm. In one example, staff recognised that a person was becoming anxious, due to changes in their body language. By supporting them to have some personal space in another room, the person remained calm and could focus on another activity. This demonstrated that staff understood people's needs.

People's dignity and privacy was respected by staff. Where people chose to spend time alone, staff were supportive of this, whilst regularly checking on their welfare or offering different activities to engage them in. People were supported with their personal care in a respectful and discrete manner, being supported away from communal areas with staff conscious not to discuss people's personal affairs in front of other people.

People were supported to be as independent as possible. The registered manager had arranged staffing to enable people to follow their own programme of daily activities and routines. Staff encouraged people to utilise public transport to access shops and local facilities. This reduced people's reliance on staff cars when accessing the community which promoted their independence.

The provider had considered people's equality and diversity when planning and delivering their care. People's individual needs and beliefs were explored when developing their care plans. There were policies and processes in place to ensure people were given the opportunity to explore their aspirations and interests irrespective of their abilities and the adjustments needed to make these accessible and achievable.

## Is the service responsive?

### Our findings

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. People's specific communication needs were identified in their care plans. People used a range of verbal and non-verbal communication strategies to make their choices and preferences known. This included uses pictorial prompts around activities, menu choices and everyday routines. The registered manager told us, "We provide documentation in a picture format where required and staff sit with service users and read documents in simplified text and check for understanding." One person had limited verbal communication which meant that their words and vocalisations did not have the specific meaning usually attributed to them. Staff had worked with people to understand these nuances, which helped promote effective communication between people and staff.

People's preferred routines around their personal care were understood by staff and documented in care plans. The level of support that people needed to carry out these routines was identified in their care plans. Some people required encouragement to with their personal care routines. Staff were knowledgeable about effective approaches to adopt when encouraging the person as they understood their motivations and possible reasons behind reluctance. This had been effective in helping to ensure the person would regularly wash, maintaining their personal hygiene.

People's care plans were reviewed monthly to help ensure care plans reflected people's most current needs. The registered manager reviewed incident reports, medicines records, daily logs of behaviour, activity, eating and drinking and engagement in personal care to pick up any trends or changes in behaviour which would require people's care plans to be updated. This information was captured into a monthly report which provided a concise summary of changes made and reasons why. This helped enable staff to reference any changes made.

People led an active life and were given choices about how they spent their time. People had a rolling timetable of weekly activities. This was a mixture between activities inside and outside the home, some reoccurring weekly, whilst some more intermittently. People planned out their upcoming weekly activities with staff and their choices were displayed on a visual timetable, which they could reference too throughout the week. Each person had an individual timetable of activities which the provider organised staff around to accommodate.

There were systems in place to deal appropriately with complaints. The provider had a complaints policy which detailed how and to whom a complaint could be made. This policy was displayed in a simplified form to help people understand what to do if they had concerns. The provider had not received any complaints since the last inspection, but the registered manager was confident in following the requirements of the provider's complaints policy should a concern arise.

The registered manager understood the principles of providing compassionate end of life care. They told us how they had worked with professionals such as doctors and district nurses to help co-ordinate effective

care when people were nearing the end of their life. People's care was regularly reviewed and the registered manager understood when the service could no longer meet people's needs as they required additional care in a more specialist setting. This helped to ensure that people's comfort and wellbeing were considered when providing care at the end of their lives.

## Is the service well-led?

### Our findings

There was a registered manager in place. 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.

There was a clear management structure in place. The registered manager also managed one of the provider's other homes, which was located on the same street. They split their time equally between each home, but due to the proximity of the other home, they were available if staff required help or advice. There was a deputy manager and senior staff working at the service, who oversaw the supervision of care staff. The provider had a senior manager in post, who regularly visited the service to provide support to the registered manager when required. The registered manager completed a monthly report to the provider which encapsulated key information about the service. This helped to ensure the provider had an insight into the quality and safety of the service.

The registered manager had a good understanding of the day to day culture of the service. They regularly worked alongside staff to help ensure they understood the complexities and challenges of the role. The registered manager was committed to developing staff's skills by enabling them to take on additional responsibilities. They told us, "I want to help staff develop by allowing them to staff take on more responsibility with the auditing and managing of the home." Staff told us that the registered manager was approachable and supportive. One staff member said, "The manager is very fair and I enjoy working with them."

The registered manager had systems in place to monitor the quality and safety of the service. They carried out a series of audits and regular checks of care documentation and medicines records to identify any errors or anomalies which would indicate staff required additional training or support.

The registered manager had identified where improvements could be made and was putting measures in place to enable them to happen. For example, they had consulted with people and staff to identify that some space at the service could be better utilised for people's benefit. They had sourced equipment and developed plans to transform a space into a sensory room for people. A Sensory Room, is a room which combines a range of stimuli to help people develop and engage their senses. This can include lights, colours, sounds, objects and aromas. At the time of inspection, this facility was in development.

The registered manager sought feedback from people, staff and professionals to monitor quality and make improvements. The registered manager held resident's meetings, where activities and meal planning was discussed. Each person had a key worker, who spent time with the person discussing their needs and preferences. Staff meetings were regularly held to discuss feedback and reviewing working quality and performance. This helped to ensure feedback was sought about how the service was run.

The provider worked in partnership with other stakeholders to help promote good quality care. Some

people at The Limes had complex health needs that required the input of a range of health and social care professionals. This included; neurologists, dieticians, speech and language therapists, psychologists and psychiatrists.

The registered manager had worked with professionals when developing guidance in the management of risks related to people's medical conditions and health. For example, they had contacted medical professionals to update emergency protocols in one person's care plan in relation to a health condition. This demonstrated they understood the importance of working with other professionals to ensure people had the right support in place.