

Review of compliance

<p>The Limes Care Home Limited The Limes</p>	
<p>Region:</p>	<p>East</p>
<p>Location address:</p>	<p>85 High Street Henlow Bedfordshire SG16 6AB</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>January 2012</p>
<p>Overview of the service:</p>	<p>The Limes is registered with the Care Quality Commission as a Care Home without Nursing (CHS). It can accommodate up to 25 older people who have a diverse range of needs. This location is registered to provide regulated activities 'Accommodation for persons who require nursing or personal care' and 'Diagnostic and screening processes'.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Limes was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether The Limes had made improvements in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 12 - Requirements relating to workers
- Outcome 14 - Supporting staff

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 January 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

People that we spoke with during our visit on the 13 January 2012 said that they were very happy living at The Limes, and that the staff were respectful and treated them well.

We observed staff interacting positively with people, explaining care procedures as they were carried out.

People looked clean and well cared for, and told us that there were always plenty of staff available to assist them. We observed that staff communicated confidently with people as they assisted with their care.

We saw people being assisted to transfer and mobilise in an appropriate way, and noted that the staff were competent when using hoists and other assistive aids.

People had access to a wealth of information about the home, which was displayed in the reception area. They were involved in making personal decisions about their care, and encouraged to contribute their views and suggestions with regards to any other matters arising in the home.

What we found about the standards we reviewed and how well The Limes was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider is compliant with this outcome.

Care is provided in a way that promotes people's dignity and respects their wishes. People are supported to make choices and decisions about the personal care and treatment they receive, and are also involved and consulted about all other aspects of life in the home.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The Provider is compliant with this outcome, but to maintain this we have suggested some improvements are made.

People experience safe, effective and appropriate care because there are care plans and risk assessments in place which are reviewed to reflect their needs as they change. However improvements are needed to simplify these documents to ensure that all staff can use them effectively as working documents.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The Provider is compliant with this outcome.

People who live at The Limes are protected from abuse, because the staff have the appropriate knowledge and understanding of the safeguarding policy and protocols, and know how to raise alerts swiftly.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The Provider is compliant with this outcome

People who live at the Limes are protected because the provider consistently follows recruitment processes to ensure that the staff that they employ are suitable to work in a care home environment.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The Provider is compliant with this outcome, but to maintain this we have suggested some improvements are made.

There are systems in place to ensure that staff receive the training and support that they need to deliver care and treatment safely to people who live at the limes. However improvements are needed to ensure that all records are consistently completed.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People that we spoke with during our visit on the 13 January 2012, told us that they were happy and treated well by the staff in the Limes. They told us they were encouraged to make personal choices about the care and support they received. We observed that people were treated respectfully by staff and encouraged and supported to maintain their independence wherever possible.

Other evidence

During our last visit to The Limes on the 25 July 2011 we had identified minor concerns with regards to people's involvement in planning their care, and subsequently we made compliance actions in this regard.

The provider had advised us that they were in the process of inviting people who lived at The Limes and their relatives to become more involved in the care planning process. This was done through individual meetings with the manager and other key staff to review people's personal preferences and wishes.

When we revisited the Limes on the 13 January 2012, we were told by the staff that every effort was made to ensure that people were encouraged to make decisions about how their care was delivered and to maintain their independence. We found that the care documentation in the personal files that we looked at had been signed to show that people who use the service, and their relatives or advocates, had been involved in

discussions about their care with their key worker or the manager.

People living at the home had access to a wealth of information relating to the home and to other services which may be useful to them. This was displayed in the reception area of the home, and included information about people's rights, how to access Advocacy Services, support for families, safeguarding contact information and how people could access copies of previous reports from CQC.

Our judgement

The provider is compliant with this outcome.

Care is provided in a way that promotes people's dignity and respects their wishes. People are supported to make choices and decisions about the personal care and treatment they receive, and are also involved and consulted about all other aspects of life in the home.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they were happy living at The Limes and that the staff were very kind and looked after them well.

We observed staff engaging with people in a positive and professional way, using clear communication to explain their actions as they were carrying out care.

We saw safe moving and handling practices being used, and observed that the staff involved were competent in the use of hoists and other assistive aids. The staff encouraged people make choices and to be independent wherever possible.

Other evidence

Following a Review of Compliance at the Limes in July 2011 we had major concerns because some of the staff were unaware of what was written in peoples care plans and subsequently had delivered inappropriate care.

When we revisited the home on the 13 January 2012 we looked at the care documentation for three people who lived in the home, and spoke with nine members of staff. The staff told us that new systems had been introduced to improve the communication amongst staff of all levels. This had included the introduction of a 'handover sheet' which was completed by the shift leader and shared verbally during a face to face handover with all staff at the at the beginning of every shift.

The home used an electronic system to record people's needs and this promoted a holistic approach to care. All staff had a password log in to the system and were expected to be familiar with how to enter information with regards to people's care.

We cross referenced some information from recent handover sheets with information held electronically and found that it had been entered onto the electronic system

promptly and accurately.

Each person who lived at The Limes had a care plan which had been completed on the electronic system. This was very detailed, it included an in depth medical history, an overview of the care they required to meet their needs, and an assessment of the level of risk related to their needs.

We could see from the system that care plans were reviewed at regular intervals and a hard copy of the care plans for each individual was available for staff.

We spoke with some of the staff about the care needs of two of the people whose files we had looked at. Staff were able to demonstrate a good understanding of peoples needs and how they should be met, however several staff commented that because some of the terminology used in them was difficult for some staff to understand, the care plans were not always used as 'working documents'. They told us that they could be simplified to make them more "user friendly" and subsequently more efficient

We discussed this matter at length with the management of the home and they acknowledged and agreed that although there were detailed care plans in place, further improvements to simplify these documents would ensure that all staff could understand and use them more effectively in the delivery of care.

Our judgement

The Provider is compliant with this outcome, but to maintain this we have suggested some improvements are made.

People experience safe, effective and appropriate care because there are care plans and risk assessments in place which are reviewed to reflect their needs as they change. However improvements are needed to simplify these documents to ensure that all staff can use them effectively as working documents.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us that they felt safe in this home, and we observed that they looked comfortable and at ease in the company of the staff who cared for them.

Other evidence

When we visited this home in July 2011 we had moderate concerns because there was an inconsistent level of knowledge and understanding amongst the staff in relation to safeguarding. We made a compliance action in this regard.

During our visit on the 13 January 2012 we spoke with nine members of staff who worked in a variety of roles in the home. This included care staff, kitchen staff and domestic staff.

Everyone knew where they could locate the home's safeguarding policy, and they were also aware that contact details for raising alerts were displayed on a safeguarding poster in the reception area of the home.

They all told us that they had attended some training in safeguarding within the last year, and they were all able to demonstrate a good understanding of the related procedures and their role in the reporting process. We noted from the staff files that we looked at, that following training, the staff's competency was also evaluated by the manager as part of their supervision process.

The staff were familiar with the whistle blowing policy, and stated they would have no hesitation in reporting anything that they thought was inappropriate care or anything that they thought put people in the home at risk.

We were aware from information held by CQC that this home recognised and reported safeguarding alerts to the appropriate organisations in a timely way.

Our judgement

The Provider is compliant with this outcome.

People who live at The Limes are protected from abuse, because the staff have the appropriate knowledge and understanding of the safeguarding policy and protocols, and know how to raise alerts swiftly.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not speak with people using this service with regards to the provider's recruitment processes.

Other evidence

At our review in July 2011, we identified minor concerns in relation to the provider's recruitment processes, because they had not consistently followed the procedures for checking employees prior to commencing work in the home.

When we revisited the Limes on the 13 January 2012, we checked the personal files of seven staff who worked in the home. We found that the appropriate recruitment documentation, including various forms of identification, references and Criminal Record Bureau (CRB) disclosures were satisfactory and present in all staff files.

Our judgement

The Provider is compliant with this outcome

People who live at the Limes are protected because the provider consistently follows recruitment processes to ensure that the staff that they employ are suitable to work in a care home environment.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People commented to us that the staff always appeared competent and caring in their approach when assisting them with care.

Other evidence

When we visited the Limes in July 2011 we had identified moderate concerns in relation to this outcome. This was because the staff were not aware of any formal supervision / support systems, and the provider was not able to demonstrate how they monitored that training was appropriately completed by all staff.

We reviewed this outcome when we visited the Limes on the 13 January 2012. During this visit we spoke with nine staff about the training they had done and the support that they received from the manager.

The staff told us that they did a wide variety of training which started with a 12 module programme that they completed through e-learning. This was done following successful appointment to their job, but prior to carrying out any 'hands on care' in the home. All training that was done through e-learning was monitored by the homes management, and where staff had not achieved 80% in a particular module they were required to redo it.

Where staff struggled to achieve the required pass mark, this was discussed with them through 1:1 supervision and extra support was given where appropriate.

The staff that we spoke with were very positive about the training that was available to them and said that they felt well supported by the home manager. More than 50% of the staff that we spoke with said they had achieved NVQ level 2 / 3 qualifications, and also made reference to external training courses which they had attended in subjects such as safeguarding, death and bereavement, dignity champion training, denture care

and malnutrition, medication and infection control. Certificates in the staffs personal files confirmed that training was well attended. Records indicated that the staff had annual appraisals which gave them the opportunity to discuss their personal training needs with the home manager. Staff files also contained documentation relating to supervision. This supported what the staff had told us with regards to formal supervision, and confirmed that systems had been introduced so that they received 1:1 support on a regular basis with the home manager, however we noted that some of the records had not been fully completed.

Our judgement

The Provider is compliant with this outcome, but to maintain this we have suggested some improvements are made.

The are systems in place to ensure that staff receive the training and support that they need to deliver care and treatment safely to people who live at the limes. However improvements are needed to ensure that all records are consistently completed.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Improvements are needed to simplify these documents to ensure that all staff can use them effectively as working documents.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Improvements are needed to simplify these documents to ensure that all staff can use them effectively as working documents.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	Why we have concerns: There are systems in place to ensure that staff receive the training and support that they need to deliver care and treatment safely to people who live at the homes. However improvements are needed to ensure that all records are consistently completed.	
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff

	<p>Why we have concerns:</p> <p>The are systems in place to ensure that staff receive the training and support that they need to deliver care and treatment safely to people who live at the limes. However improvements are needed to ensure that all records are consistently completed.</p>
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The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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