

# Jaffray Care Society

## Lime Court

### 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

We inspected the service on 21 and 22 December 2015. The inspection was unannounced.

Lime Court provides accommodation for up to 18 people with a learning disability that require nursing or personal care. The location is made up of four connecting bungalows, with five people living in each one. On day one of the inspection there were three people at Lime Court, thirteen were attending an external activity and two were in hospital. On day two there were twelve people at the location, three were at a day centre and three were in hospital.

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.'

We saw that people at Lime Court were kept safe by the staff and that they knew how to protect people and minimise the risk of abuse.

People were protected from the risk of abuse because the provider ensured that staff had received the training they needed to recognise and respond to the risk of abuse.

People were protected from the risk of harm because risks to people were assessed and the provider had put steps in place to minimise them.

People received flexible and responsive care because they were supported by sufficient numbers of staff.

People received their medicines at appropriate times and accurate records were maintained.

People felt that they had choices at meal times. People felt they had good access to health care support when required and that staff responded to health care issues in a timely manner.

People who we spoke with felt listened to by staff and that their requests were acted upon in a timely manner.

People were happy living at the home and felt that staff treated them with dignity and respect.

People were involved in the development of their care plans and were able to express how they preferred to receive care although this was not always recorded effectively.

Staff were supportive in helping people to maintain their independence as far as was practicable.

People were supported to make decisions about their lives and discuss things that were important to them.  
People felt that they were supported to maintain and develop hobbies and interests.

People were involved in residents meetings and were able to influence how the service was run.

There was a positive relationship between the people, staff and the manager.

People were confident that the manager would respond positively to their requests and staff were happy working at the home.

Staff had regular supervision and appraisals and felt valued by the manager.

## 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 is safe.

People were protected from abuse because staff were knowledgeable about how to keep people safe and what actions to take in the event of suspected abuse.

People were protected because staff knew how to minimise the risk of harm

People were supported by sufficient numbers of staff who had been appropriately checked for their suitability to work with people.

People received medicines as prescribed.

### Is the service effective?

Good ●

The service is effective.

People's human rights were protected and they were supported to make decisions and choices about their lives.

People were supported by staff who were appropriately trained to respond to their individual needs.

People were supported to eat and drink well to maintain their health.

People had access to health care support so that they were supported to maintain their health

### Is the service caring?

Good ●

The service is caring.

People were happy living at the home and were treated with dignity and respect.

People received a caring and personalised service from staff that were knowledgeable about their needs and wishes.

People were supported to make decisions about their lives and discuss things that were important to them.

People were supported to maintain and develop their independence.

### **Is the service responsive?**

**Good** ●

The service is responsive.

People were supported to develop and continue with their hobbies and interests.

People were supported to maintain links with people important to them and community services.

Peoples changing needs were responded to in a timely manner.

### **Is the service well-led?**

**Good** ●

The service is well-led.

People benefitted from a service that had effective systems in place to monitor the quality of the service.

The provider understands their legal responsibilities to support the interests of the people.

Staff were proud of the service they provided and ensured that people received the service they wanted.

There was an inclusive atmosphere in the home and people were encouraged to suggest improvements.

# Lime Court

## 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 21 and 22 December 2015 and was unannounced. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

During our inspection, we spoke with five people who lived at the home, three care staff, two relatives, a visiting professional and the registered manager. Most of the people we spoke with communicated in different ways, so we spent time observing how they were looked after to help us understand their experience of the care provided. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We reviewed the care records of three people to see how their care was planned and looked at three people's medicine administration records. We looked at training records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

# Is the service safe?

## Our findings

People told us or indicated that they felt safe in the home. One person we spoke with said, "I feel safe here, the staff look after me". One person who communicated in a different way held our hand, nodded and smiled when we asked if they felt safe at the home. One relative we spoke with said, "We trust staff to keep [person's name] safe and we can talk to the manager at any time".

One staff member we spoke with said, "Most of the staff have worked here for a long time and know when people are unhappy". Staff we spoke with said they knew how to keep people safe, because they had received safeguarding training and could recognise and respond to the different types of abuse. The provider had systems in place to provide information for staff if they needed to raise concerns about people's safety. Our records show that the provider had acted appropriately when reporting incidents of potential abuse.

Staff told us they were able to recognise and minimise the risk of harm to people. They were aware when people's behaviour may become difficult to manage and knew how to protect the person and others from harm. A staff member we spoke with said, "We know how to calm people down by talking to them and giving them space". We observed one person who was agitated, being talked to calmly by a member of staff until they were more relaxed. We saw individual care records that identified when people's behaviour could become challenging and that staff knew what to do to support them.

Staff we spoke with were able to explain fire emergency procedures and knew how to ensure that people were safe from harm. We saw emergency procedures displayed around the home. A member of staff told us, "If there's a fire we have an electronic warning system which identifies where it is in the home so that we can evacuate in safety. They also told us, "We (staff) have allocated people to support in an emergency".

One person we spoke with said, "There are plenty of staff to help me". We observed a good ratio of staff to support people safely. People at Lime Court have complex care needs and require a high ratio of staff to support them. Staff we spoke with said there were always enough staff on duty. The manager told us, "We carry out regular assessments to ensure that staff who work together have a good skills and knowledge balance to support people effectively". We saw daily rotas identifying which staff were on duty and who they were teamed up with. We observed staff talking and listening to people attentively and responding to their needs.

The manager explained the recruitment process explaining that all relevant checks were made to ensure that the right staff were recruited to suit the needs of the people. Staff told us that they had completed recruitment checks before they started working at Lime Court. We saw staff recruitment records that showed that employment checks had been carried out appropriately.

We saw that there were systems in place to manage and administer people's medicines safely. People were supported to take their medication. We saw a member of staff offering a person their medicine at lunch time and explaining what the medicine was. The person who communicated in a different way nodded and took

the medicine, indicating that they consented to receive their medicine. One member of staff showed us how they manage and administered people's medicines. They told us, "The medicine process here is simple but it works well". We saw that staff had received handling and administering medication training and that processes were in place to monitor and assess competency. A relative we spoke with said that they were happy that medicines were administered appropriately.

## Is the service effective?

### Our findings

The home is divided into four linked units. Staff were allocated to work in a specific unit so that people benefitted from continuity of care. On occasions, to cover staff absences, staff was asked to cover other units. Staff we spoke with said that as part of their induction training they worked on all units so that they had a good understanding of every persons care needs.

Staff we spoke with told us that they felt supported and well trained to carry out their roles and responsibilities. We saw records that confirmed that regular training was taking place to continually develop staff skills and knowledge. A relative told us, "[Persons name] had a specific health need and we know that staff have refresher training on this every twelve months". One staff member said, "We have monthly supervision and we can discuss things with the manager at any time, they're very supportive". We saw records that showed that regular supervision and annual appraisals took place to ensure that staff were supported and developed to best support people living at Lime Court.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us that they had received MCA training and were able to explain what was meant by having capacity and we observed staff providing MCA compliant care for people at Lime court. We saw that some people living in the home lacked the mental capacity to make informed decisions about their care and support, however staff were seen to be supporting people to make choices. The manager had followed best practice procedures and recognised that DoLS applications would be applicable for some people who used the service. The manager understood the DoLS process and we saw that relevant applications had been made to the Local Authority.

Staff we spoke with were aware of the importance of gaining consent from people when providing care. We observed staff asking a person if they wanted their lunch yet, the person who communicated in a different way made gestures to indicate that they weren't ready at that time. A staff member told us, "It's their home, they can eat when they like".

We asked a person who communicated in a different way, if they liked the food at the home, they nodded and smiled to indicate that they did. One person we spoke with said, "I can have whatever I want to eat". We observed a member of staff asking a person what they would like to eat. The person who communicated in a different way pointed to what they would like and the member of staff took it from the cupboard for them. We saw that the provider had assessed that some people were at risk of not having enough to eat and was monitoring what they ate and drank to ensure that their nutritional needs were met. We saw that care plans

had nutritional assessment, weight monitoring charts and fluid monitoring charts to provide daily updates. We saw that some people had special diets and that they were monitored and reviewed regularly. We saw that dieticians and the Speech and Language Therapy team (SALT) had supported with dietary advice. A relative we spoke with told us that the staff provided the appropriate food supplements to meet the person's special dietary needs.

A person's relative who we spoke with said, "[Person's name] health needs are well taken care of". One staff member told us, "Health assessments are reviewed every three months although we respond to changing health needs when required". People had access to a range of health care professionals. We saw evidence that GP's and other appropriate health care professionals had been involved in supporting people when their needs change. A member of staff we spoke with said, "We have a good relationship with our local GP Practice, they visit the home regularly". We spoke with a visiting professional health worker who told us, "Staff really understand people's needs here". "I'm also involved in people's health review meetings". We were told by a relative that staff made sure that all medical appointments were attended to support the person's health needs. We saw that records were maintained highlighting when people were due to attend all health related appointments.

## Is the service caring?

### Our findings

We observed the positive relationships had developed between people at Lime Court and staff. One person we spoke with told us, "They [staff] do nice things for me". We saw one person place a cushion behind the head of a staff member whilst they were talking to each other, showing that the person liked the staff member. One relative we spoke with said, "Staff really spent time getting to know [person's name]". We saw staff talking to people in a kind and compassionate way. Most people at Lime Court did not communicate verbally, however staff we spoke with understood people's signs and gestures and knew what they were saying. One staff member told us, "If [person's name] is having difficulty talking, he gestures with his eyes and I know what he wants". Most of the staff had worked at Lime Court for many years, one of them told us, "We really know the people here well".

We also spoke with a member of staff who had been supporting a person at hospital throughout the night, they explained, "We prefer to stay with [person's name] as hospital staff don't know them as well as we do".

We saw that people were supported to express their views about their care. A staff member we spoke with told us, "We treat everyone as an individual". A relative told us, "[Person's name] likes sitting with others but sometimes likes to relax in her room". We saw that staff were supportive of people's cultural beliefs, for example people were supported to attend their place of worship. We saw that care plans were personalised to reflect the health care and support needs of individuals. A relative told us, "The care here is above and beyond anything [person's name] has experienced in the past". We saw care plans that highlighted people's diverse support needs and what they like to do on a daily basis. One staff member we spoke with said, "Some people like to cook, others like to help with the laundry".

People and relatives were given information to help make informed decisions about care. One relative we spoke with told us, "We discuss [person's name] care with [managers name] on a regular basis". We observed people having their care needs discussed, staff asked about their choice of meals. One staff member we spoke with said, "We have regular house meeting with people to discuss any issues". We saw evidence of house meetings and care plans showing people's involvement.

People felt that they could speak to staff in confidence, one person we spoke with said, "I trust them [staff], they ask me if I'm OK". A staff member we spoke with told us, "People can talk to me in confidence, I only pass information on to the manager if I feel the person is at risk".

We observed people being treated with dignity and respect. We saw that staff addressed people, and spoke to them politely. People were dressed appropriately to reflect their age, gender and personality. We saw that people's privacy was upheld. Staff told us that they always knocked on people's doors before entering. We saw staff knocking on doors and asking permission before entering people's rooms. A relative told us, "Staff always ask before entering [person's name] room". A staff member we spoke with told us, "We ask for consent before providing personal care and it is always done in the privacy of the person's own room".

We saw that relatives could visit people at Lime Court at any time. A relative we spoke with said, "We can

visit whenever we like, we usually go to [person's name] room, but sometimes it's nice to sit in the lounge with everyone else".

People's independence was promoted as much as practicable. One person said, "I can go out anytime I want". We observed people moving around the home freely and independently. A relative told us, "[Person's name] moves around the home to see different people, which she likes". One person we spoke with told us, "I cook my own food sometimes". We observed a person and a staff member discussing where the person would like to go on holiday.

## Is the service responsive?

### Our findings

A relative told us that staff were responsive to the personalised care needs of people at Lime Court. We spoke to a health care professional who explained how they provided specialist treatment to a person at the location. We saw that records were maintained and updated regularly to reflect the persons changing care needs.

People felt that their needs were met and that staff were responsive to what they liked to do. One staff member that we spoke with said, "[Person's name] likes their laundry washed in a certain way, so that's what we do". A person we spoke with told us, "I like to cook my own omelettes sometimes". We saw one person ask for a cigarette, it was given to them and they went outside to smoke. We saw evidence of people's rooms being personalised to their own taste. One relative we spoke with told us, "[Person's name] transition from the previous home was done with great consideration to her needs, her room was decorated just as she liked it". One person we spoke with said, "I like DVD's, the Beatles and going to church on Friday's". We saw some people doing arts and crafts, one person who communicated in a different way, smiled when we asked if they enjoyed their art session. There were care plans in place that identified how staff supported people to take part in hobbies and interests, for example we saw that people attended sport events, went dancing and attended college. We saw menu plans in easy read formats for people who communicated differently to choose what they would like to eat. We saw that the provider had systems in place to assess and review peoples care needs on a regular basis. Staff also told us that if a person's needs altered between review meetings they were flexible to support any changes.

While we were doing our inspection we saw one person being brought home from an event by a member of staff because they were feeling unwell, highlighting how responsive staff was to people's individual needs.

We saw that the home had a complaints and compliment policy. We saw records of minor issues and the actions that had been taken to rectify them appropriately. A person we spoke with, who communicated in a different way, nodded when we asked if they could talk to staff about things they were unhappy about. A relative we spoke with told us, "We've never had to complain, but we can talk to the manager at any time if we need to". Staff were aware of things that might make people unhappy and could recognise when they were distressed. Staff told us how they would advocate for a person who wanted to make a complaint.

## Is the service well-led?

### Our findings

On our last visit the service was seen to be in Breach of Regulation 10 (17) of the Health and Social Care Act (regulated activities) Regulations 2014 – Assessing and monitoring the quality of service provision. CQC were not provided with an action plan of how improvement would be made in response to the Breach of Regulation 10 (17). However, we could see that there had been considerable improvements since the last inspection. For example, effective systems were now in place to identify, assess and manage risks to the health, safety and welfare of people in the home.

We saw that the provider supported staff that they were clear about their roles and responsibilities. We saw evidence from house meetings that people, staff and families were involved in how the home was run. One staff member told us how they had suggested a new system for accessing health records and that the manager had supported the idea and it had been put in to practice.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the location.

We saw that the provider had good links to the local community. On the day of our visit some people were out at an event at a day centre. Another person told us how they were supported to attend their local college.

The manager told us she has monthly meetings with senior managers to offer support to her. Staff we spoke to told us that the manager was very approachable and operated an 'open door policy'. One staff member said, "I feel valued here, I couldn't ask for a better manager". We saw that the manager was visible to people and staff around the home. A member of staff told us that the manager and the deputy manager are always around supporting staff. One person we spoke with said they knew who the manager was and told us, "I like her". We saw evidence of positive interactions between the manager people and staff. A relative we spoke to told us, "The care here is fantastic, it works very well". A staff member told us, "People here are like our own family".

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

We saw that there were systems in place to record any accidents and incidents that occurred at the location and that the information was shared with staff to improve quality of care.

The provider was aware of their legal responsibilities to notify CQC when any DoLS applications had been authorised and had notified us of any safeguarding incidents, acting appropriately in line with legal obligations.

We saw that quality assurance systems were in place for monitoring the service provision. People and relatives were encouraged to share their experiences and views of the service provided at Lime Court. We saw comments and completed questionnaires from people and families to drive forward continuous improvements.

We saw evidence that regular audits were taking place. A member of staff told us, "We have twice daily audits of boxed medicines". We saw that regular stock control audits were taking place before staff shift handovers.

At the time of our inspection the manager had been in post for six weeks and had already made positive steps to develop the service by introducing more robust and accessible records and data management systems. An example of this was a new system that had been introduced to support finance management.