

First Care Services Limited

The Limes Care Home

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 20 February 2018 and was unannounced.

We had previously inspected this service on 26 and 27 November 2015. At which time the service was registered at a previous location and was known as The Limes Rest Home. Following the inspection we rated the provider 'requires improvement' and made a recommendation that the registered provider's quality assurance arrangements were improved to identify any areas of concern and to ensure the home was compliant with the regulations.

At this most recent inspection we found the provider and registered manager had made the required improvements and the service is now rated as 'Good'.

The Limes Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Limes Care Home is registered to provide accommodation for up to 76 people who have dementia or mental health needs and caters for both younger and older adults. On the day of the inspection there were 44 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe. Staff received training in protecting people from harm and knew how to escalate any concerns for people's safety and well-being. Risks were assessed and managed to reduce the risk of harm and there were sufficient numbers of staff to respond to people's care and support needs. The provider had safe recruitment practices which ensured only staff safe to work with vulnerable people were employed.

People received their medicines as prescribed and systems used to manage and store medicines were safe. People were protected from the risk of infection by a clean home environment and the provider had established systems to monitor the standards of cleanliness throughout the home. Where incidents and events took place the provider and registered manager learned from these and where appropriate implemented changes to raise standards within the home.

People needs and preferences were assessed prior to them moving into The Limes. People were supported by staff who had received an induction and training for their role and who were supported by the provider and registered manager. People received food and drink that met their nutrition and hydration needs and where people required specific dietary support, this was provided by staff. The staff team worked well with other agencies to ensure people's holistic needs were met and referrals to external agencies about people's

health were made in a timely way.

People were asked for their consent before care was provided and where people's rights were restricted to protect them from harm, this had been done lawfully. The home environment was well maintained and appropriate for the needs of people living at the home. Some opportunities to better meet the needs of people living with dementia had been missed due to a lack of reminiscence areas throughout the home.

People were supported by staff who were kind and caring. People were supported to make their own decisions about their daily lives and staff were aware of people's life histories and diverse needs. Staff treated people as individuals and recognised that each person's needs were different. People's privacy and dignity was maintained by staff and visitors were welcomed into the home by staff who knew them.

People and relatives were involved in the assessment, planning and review of their care and support. Where people's needs changed the care provided by staff was responsive to the changes and was reviewed and planned to reflect any additional needs. Staff had a good knowledge of people's life histories as well as their needs and provided appropriate support that reflected people's individual interests and preferences. A range of activities were available that took into account people's interests and hobbies.

People knew how to make a complaint if they were unhappy about the care they received and the provider had systems in place to ensure people's views were listened to. Complaints were investigated by the registered manager or provider and any improvements made following a complaint were communicated to the complainant as part of the provider's response.

People, relatives and staff felt the home was well managed and a number of relatives and staff we spoke with told us they would recommend the home to others. The registered manager and provider had taken on board feedback from the last inspection and made significant improvements to the quality assurance systems used to monitor the quality of care provided. Staff felt supported by the management team and felt their views were listened to and respected. People had been asked for their views on the care they received and the provider had made changes following feedback from visitors and staff.

There was a registered manager in post who demonstrated a good understanding of the responsibilities of their role and staff described the management team as approachable and supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and were supported by staff who understood their responsibilities in protecting people from harm.

Risks were assessed to ensure guidance was available to staff on how to reduce the risk of avoidable harm.

There were sufficient numbers of safely recruited staff available to meet people's care and support needs. The provider had systems in place to calculate the number of staff required to meet people's needs.

People received their medicines as prescribed and there were systems in place to ensure medicines were administered, managed and stored safely.

People were protected from the risk of infection by a clean home environment and established systems to maintain hygiene standards.

Where incidents and events took place the provider and registered manager took learning from these and made improvements to ensure similar events did not occur.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were assessed to ensure they could be met.

People were supported by staff who had the skills and knowledge required to meet their needs.

People were supported to access sufficient amounts of food and drink in order to maintain their health.

The staff team worked well with external agencies to ensure people's health needs were met.

People were asked for their consent before care and support was provided.

The home environment was well maintained and spacious. The recent move from the home's previous location had been well managed and people and relatives spoke positively about the available space and layout of the building.

Is the service caring?

Good ●

The service was caring.

People received compassionate support from staff who were friendly and kind.

People were supported to make their own decisions about daily life, with appropriate support from staff.

People's privacy and dignity was respected by staff who recognised each person had individual and diverse needs.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment, planning and review of their care.

Where people's needs changed guidance on how to meet the person's needs was updated and available to staff.

Staff had a good knowledge about people's likes, dislikes and interests and encouraged people to take part in both group and individual activities.

People knew how to complain if they were unhappy about the care they received and the provider had a system in place to manage complaints.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt the home was well managed.

Improvements had been made to the systems used to manage

the quality of care provided and these were effective in driving improvements.

Staff felt supported by the management team and felt able to approach the registered manager with any concerns or suggestions.

The provider had complied with the conditions imposed on their registration and had notified us of incidents and events as required by law.

The Limes Care Home

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.

The inspection was prompted in part by a high number of safeguarding notifications submitted by the provider. We wanted to assure ourselves that people living at The Limes Care Home were safe.

The inspection visit took place on 20 February 2018 and was unannounced. The inspection team consisted of an inspector, a specialist nurse advisor, whose areas of expertise was dementia care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. 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.

When planning our inspection, we looked at the information we held about the service. This included the notifications received from the provider about accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted local authorities who provide funding for people to ask them for information about the service and Healthwatch. Healthwatch is an independent organisation that champions the needs of people that use health and social care services. This helped us to plan the inspection.

During the inspection, we spoke with six people who lived at the service. Some of the other people we approached were unable to speak with us or provided limited responses; we therefore observed the interactions between people and staff workers to contribute to our inspection findings. We also spoke with three relatives, one visitor, nine staff members, a quality manager, the registered manager and the provider. We also spoke with a visiting healthcare professional from an external agency who was involved in supporting people who live at the home.

We looked at the care plans for four people to see how their care and support was planned and delivered.

We also looked at Medication Administration Records (MAR) and the medicine management processes and audits for the service. We looked at staff training records and two staff recruitment files. We also looked at records relating to quality assurance and the management and oversight of the service.

Is the service safe?

Our findings

At the last inspection in November 2015 we rated the provider as 'Good' in this key question. At this, most recent inspection the service remained good.

People we spoke with told us they felt safe. One person told us, "It's a safe place; there are enough staff to provide support." Another person said, "There are procedures in place, two hourly checks are done on residents to make sure they are safe." Relatives we spoke with expressed similar views. One commented, "[Person's name] is very comfortable and I like the way they have been looked after." Another relative told us, "I know [name of family member] is safe. Staff are very diligent, checking on them every 10 or 15 minutes." Some people living at the home were unable to tell us about their experiences of living at The Limes, so we observed their interactions with staff. We saw that people appeared relaxed and comfortable while in the company of staff and were happy to approach them when they required assistance. We observed that resident's rooms had a self-closing door that locked from the outside, to provide privacy and security for personal belongings and to prevent those residents with cognitive impairment entering the wrong room. People told us this reassured them that they and their belongings were safe and said this enabled them to feel secure.

Staff we spoke with understood the importance of people feeling safe and took steps to reassure them where possible. For example, we observed staff members explaining clearly to people who would be present in the room they were walking to; or explaining who visitors were when people became anxious. Staff demonstrated a good understanding of their role in protecting people from harm and knew how to report and escalate any concerns for people's safety or well-being. One staff member told us, "If anything concerns me I report it to the quality manager, but I am quite confident to approach [name of registered manager] if I was worried. I know they would do something about it." In their Provider Information Return (PIR) the provider told us, "Staff complete safeguarding training annually to ensure they have a good knowledge base and are fully aware of signs to recognise abuse." Staff we spoke with confirmed this training took place and were aware of how to identify signs of potential abuse. We reviewed notifications received from the provider about incidents and events that had taken place at the home and found they had notified the relevant agencies as well as CQC, as required by law. The registered manager demonstrated a clear understanding of their responsibilities around safeguarding and where incidents had taken place they had worked with external agencies to ensure people were protected from harm.

Risks to people's health, safety and wellbeing were assessed and managed in order to protect them from avoidable harm. People's care records offered staff clear guidance about how to manage risks. For example, where people were at risk of falls or poor nutrition, information was available in their care plans to ensure staff were aware of the risks and how to manage them. We saw that one person who was at risk of malnutrition was offered assistance from staff at meal times to encourage them to eat and also offered high calorie snacks throughout the day. Some people living at the home could at times present with unpredictable behaviour that may cause others harm or distress. We observed a number of occasions where staff reacted quickly and calmly to these situations and used diversion therapies to reassure and calm people.

People told us there were enough staff available to meet their care and support needs. One person told us, "You can get up when you want to and if you want a bath or a shower the staff have time to assist you." Another person told us staff had encouraged them to use the call bell system if they required assistance. Relatives also expressed positive views about staff availability. One relative commented, "Staff are constantly passing [name of family member's] room, so are able to regularly check they are comfortable." Staff we spoke with felt there were sufficient numbers of staff to meet people's needs and told us the provider had advised the staffing numbers would increase as more people came to live at the home. The provider confirmed this was the plan as the number of people living at the home increased and staff recruitment was underway at the time of the inspection. We observed staffing levels throughout the inspection visit and found there were sufficient numbers of staff available to support people and respond to people when required. There was a visible staff presence in both the communal areas and corridors of the home and where we heard people using the call bell system; these were answered promptly by staff.

We reviewed two staff recruitment files and found the provider had completed pre-employment checks to ensure staff were suitable to work with people. These recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work with vulnerable people.

People received their medicines as prescribed by their GP. Everyone we spoke with told us they were confident they received their medicines consistently and on time. We reviewed Medication Administration Records for three people and found they were completed to reflect when people received their medicines. We checked records of the administration of 'as required' medicines, which can be used to support people with pain or anxiety. We found the use of these medicines to be proportionate and in line with people's care plans. We observed one person requested 'as required' medicines from staff to help manage their pain and after supporting the person to take their medicines staff told the person, "Let me know if you need any more." Where people refused to take their medicines this was recorded and the person's GP was informed so that a review of their medicines could take place. Quality managers completed a weekly audit of a selection of medicines and a monthly full audit of all medicines. This demonstrated systems were in place to identify any errors in administration. Systems used for storage and management of medicines were safe and in line with current best practice guidance.

People were protected from the risk of infection by a clean, well maintained home environment. The home environment smelt fresh and we observed both planned and responsive cleaning throughout the inspection visit. One person told us, "This home is very clean and has a fresh smell." Infection control checks and audits were completed regularly which included checks on the use of personal protective equipment (PPE) by staff as well as checks on mattresses and pillows. When used correctly PPE reduces the risk of cross infection. Audits were also used to identify any equipment that needed to be repaired or replaced. For example, where staff had identified that a shower chair had become rusty we saw the provider had purchased a new one to replace it. A visiting healthcare professional told us, "The home has a high standard of cleanliness and it is evident that a deep clean has taken place."

We found that the provider and registered manager learned from incidents and events and made improvements where possible. Staff we spoke with were aware of the plans the provider had to improve the home and staff felt they had worked together as a team to raise standards at the home. The registered manager and provider also shared with us their learning from the last inspection. The registered manager told us, "Where we identify an increase in incidents for example, we work to train the staff to anticipate situations so they do not escalate." The provider told us, "We have learned a lot since the last inspection, our

quality assurance is now much improved, we are confident we are now able to identify patterns and trends."

Is the service effective?

Our findings

At the last inspection in November 2015 we rated the provider as 'requires improvement' in the key question of 'Is the service effective?' This was because people's choices and rights were not respected and staff did not understand the requirements of the Mental Capacity Act (MCA).

As this, most recent inspection we found that improvements had been made and where people's rights were restricted this had been done lawfully. In addition staff had now received training in the MCA and Deprivation of Liberty Safeguards (DoLS) and demonstrated a good understanding of their responsibilities in relation to this.

We observed interactions between people and staff and saw people were offered choices and asked to consent to their care and support. Where people used non-verbal communication we observed staff offered focused choices to support the person to make their own decision. For example, by showing the person two items of clothing; or two different drinks options. We observed staff asking people if they were happy to participate in a planned activity and where people refused, their decision was respected and an alternative offered.

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. Staff shared examples with us of how they ensured people consented to their care. One staff member told us, "We ask people to get involved in activities and if they say no then that's fine. People do change their mind, so one day they are not interested and the next day they are. We always ask and people let us know what they want to do."

Staff we spoke with understood their responsibilities in assessing people's capacity and told us this was reflected in people's every day choices and lifestyles. One staff member said, "Some people here have capacity to make their own decisions and this must be respected. For example one person likes to go out on their own and although this sounds risky, their wishes have to be respected. There is a risk assessment in place and the person fully understands the risks." We reviewed people's care records and saw that where people lacked capacity to make specific decisions, an assessment of their mental capacity to consent to their care and support had been completed and any decisions made in their best interests were clearly recorded.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a system in place to monitor applications and authorisations of DoLS. There were a number of people living at the home who were subject to an

authorisation to deprive them of their liberty, in their best interests. Where the authorisation contained conditions, to ensure they were lawful, we saw the provider had complied with the conditions as required by law. The registered manager had shared information about DoLS with relevant family members and relatives told us they had been involved in the process and decision making.

People told us their needs had been assessed prior to them moving in to The Limes. One person told us, "I had an opportunity to share what I needed help with before moving here. The staff learn very fast and I had explained to them how to meet my needs of care. I was impressed by their help and support." We saw people's assessments, care plans and risk assessments took account of their physical, emotional and health needs.

People were supported by a staff team who had the skills and knowledge required to meet their needs. All of the relatives we spoke with expressed confidence in the ability of the staff team to understand their family member's health, social needs and preferences. Staff told us they felt 'well trained' to provide support to people and received a variety of regular training which kept their skills up to date. New staff told us they were required to complete an induction to ensure they had the basic knowledge required to support people. New staff were also required to complete the care certificate which is a set of standards that aims to develop care staff's skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff we spoke with told us they had recently completed training in areas such as moving and handling, end of life care, dementia and mental health. They told us this training had enabled them to improve the way they supported people and had given them more understanding into people's behaviour and anxieties. A visiting healthcare professional told us they were confident in the staff teams ability to care for people who were living with dementia and also felt staff were quick to identify any concerns relating to people's skin integrity. This ensured any action required to protect people from sore skin was taken without delay.

People told us they were happy with the food and drink provided. Some people said they would prefer a wider range of fresh fruit to be available, but on the whole feedback about food and meal times was positive. One person told us, "The food is tasty and there is a good portion size." Relatives also expressed positive views about their family member's food and fluid intake. One relative said, "[Person's name] enjoys their meals here and always finishes the food on their plate." Another relative told us they were pleased their family member's preferences were respected by staff; "[Person's name] has sweet tooth, staff always make sure they have custard or a pudding." We saw that menus were available giving details of available meals and options; however these were in written form and so would not be understood by some people. A pictorial menu may benefit some people to enable them to make choices. We observed lunchtime and saw it was a calm and relaxed experience for people. Staff were available to provide support to people, where required and where people required encouragement to eat this was carried out respectfully and with discretion. Where people required specific diets, for example a soft diet to reduce the risk of choking, we found staff who prepared meals were aware and ensured appropriate meal options were available.

People and relatives told us the staff and management team worked with other agencies and professionals to meet people's needs. One relative told us, "[Person's name] has been unwell recently and I know the GP has been contacted, but the staff have arranged for some more tests as well." We spoke with a visiting healthcare professional who told us, "Staff are always happy to assist during any visits we make, any advice given by us is followed, for example, the use of pressure relieving equipment."

We saw from people's care records that referrals were made in a timely way when there were concerns about people's health. For example, people had been supported to attend appointments for diabetic eye screening, dieticians and district nursing teams. One person told us, "The staff contacted the GP to refer me

for physiotherapy and I'm glad because I'm now attending physio regularly at a local hospital." Staff were aware of people's health needs and one staff member told us, "We take great interest in people and if someone's behaviour changes then we need to know why. If I'm concerned about anyone I speak to the [registered] manager."

Since the last inspection the location of the home had changed and people reported that the move had been a positive one. One relative told us, "We were consulted about the move and it went smoothly. The facilities here are great; [person's name] has much more space." Communal areas of the home were well designed and the furniture was arranged to encourage engagement and participation. Bedrooms were spacious and some had low level windows designed so people could easily see outside. Although there were seating areas located in some of the corridors some opportunities for reminiscence had been missed as reminiscence areas for people to engage in while walking around the building were not available. We discussed this with the registered manager who told us there were plans to further develop the home environment to make it more 'dementia friendly'. After the inspection visit the provider sent us photographs of a newly developed 'fidget kit' which comprised of a wall mounted display of tactile materials. These types of displays have been found to offer stimulation to people living with dementia and may prompt memories, encouraging reminiscence.

Is the service caring?

Our findings

At the last inspection in November 2015 we rated the provider as 'Good' in this key question. At this, most recent inspection the service remained 'good'.

Everyone we spoke with told us they felt staff were kind and caring. Comments included, "Staff are very friendly, and easy to talk to", "Staff are very kind and compassionate, I am happier than I expected to be" and "Staff seem dedicated and compassionate in their work." We observed interactions between people and staff throughout the day and saw that staff were kind, patient and sensitive. We observed one person receiving support from staff to walk was being given time to walk at their own pace and when the staff member noticed the person was becoming tired they asked if they wanted to sit and rest before continuing their journey to the lounge. We also observed staff offering comfort and reassurance to a person who had recently moved in to the home, this was done with sensitivity and using reassuring touch.

In their provider information return (PIR) the provider told us, 'The manager uses the term by caring for someone 'as if they were your own relative'. This is how the home likes its residents to be treated.' Staff we spoke with told us they also took this approach when supporting people. One staff member told us, "The residents are the reason I keep so positive, they are like my family." Another staff member said, "Some people here are lonely and they just need someone to chat with. I always try and take time."

People told us and we saw, they were able to make decisions about their daily lives and where possible, were actively involved in their own care and support. One person told us, "You can decide to take part in as much or as little as you like. The staff ask what I want to do and I just tell them." We saw people were offered choices when being supported by staff, such as who they wanted to sit with for lunch, and whether they required assistance with personal care. Staff were discreet and respectful and gave people time to make their own decisions and understood the importance of supporting people to make their own decisions. One staff member told us, "It's about giving people dignity and working in their best interests."

People told us staff treated them with dignity and respect. One person told us, "Staff are polite and protect my privacy. They always knock on my door and ask if they can come in, even if the door is already open." People told us staff respected their diverse needs and encouraged them to talk about their cultural or religious needs and interests. In their PIR the provider told us, 'The home ensures that we meet the needs of people with protected characteristics. For example, some individuals have certain religious beliefs; the home has a resident with specific religious beliefs. This person's preferences are that the religious music discs that have been brought in to the home are played whenever the individual is distressed.' One person shared with us their views on how staff treated people, they told us, "Staff are pleasant and friendly and treat everybody the same, they never favour anyone, which makes me feel more comfortable."

Care plans we reviewed demonstrated a person-centred approach that reflected people's individual choices and preferences. All care plans included information about people's lives before coming to live at The Limes and staff we spoke with were aware of people's life histories and important relationships. One staff member told us, "People have led such interesting lives; if you know what they've experienced and lived

through it helps you to get to know them better and understand where they are coming from."

Relatives and visitors told us they felt welcome when they visited the home and we observed staff greeted people and knew them by name. One relative told us, "I always have a laugh with the staff here. They offer me a cup of tea and also ask me to have lunch here if I wish."

Is the service responsive?

Our findings

At the last inspection in November 2015 we rated the provider 'requires improvement' in the key question 'Is the service responsive?' This was because care plans did not always include people's personal history, individual preferences and interests, which meant they may not receive care that met their specific needs. At this, most recent inspection we found improvements had been made and information was now available to staff about people's individual needs and preferences. Staff we spoke with all demonstrated a good understanding of people's needs, interests and preferences.

People and the relatives we spoke with confirmed they had been involved in the assessment, planning and review of their care. One person told us, "I am getting all my need met here." A relative commented, "Since moving here staff get to know [person's name's] likes, dislikes and preferences well. My family are very happy about [person's name's] care at this home." Care plans we reviewed included detailed information about people's care and support needs and also offered staff clear guidance about how to meet people's holistic needs, including their social and emotional needs. Staff we spoke with shared with us examples of how they ensured people received care that was tailored specifically to them. One staff member told us, "We take a real interest in people, if someone is not sleeping at night for example, we need to consider, did they used to work nights? As this can make a difference. Knowing people's histories helps us support them better."

Where people's needs changed care plans reflected this and had been reviewed and updated. For example, where people required the support of new equipment, such as a pressure relieving mattress or cushion. One relative told us their family member had become unable to use a knife and fork and was pleased that staff quickly identified this and offered support. We saw that staff had involved the skills and experience of other external professionals in supporting people when their needs changed in order to ensure they received care informed by current best practice.

People told us and we saw there was a programme of activities available that people were invited to participate in. On the day of the inspection visit one of the communal lounge areas was being used for games, music, knitting, singing and craft activities and people took part according to their preference. Staff told us the range of activities reflected people's interests and we saw people enjoyed knitting together, or laughing together while playing a game of snakes and ladders. A film afternoon was also being planned and we observed staff asking people about their preferred choice of film or era. Staff we spoke with were enthusiastic about supporting people to take part in activities or follow their interests. Staff told us that recent day trips had included visits to the botanical gardens, Cadbury World and the local pub. In addition to this arrangements had been made for a company to bring animals in to the home, after some people shared with staff that they enjoyed it when visiting families brought their pets in to the home. One staff member said, "We like to test activities with people before booking them to come in to the home, we want to know that it's something people respond to and enjoy."

People told us they knew how to raise a complaint if they were unhappy about the care they received. One person said, "There is nothing to complain about, however, I am quite confident to discuss any issues or

concerns I may have directly with the manager." People told us they felt staff listened to them and respected their views and opinions. One person told us they had been given a copy of the complaints procedure when they moved in to the home so they knew how complaints would be dealt with. Relatives told us they felt able to express their views and one visitor told us they were aware the provider sought some feedback through a suggestions box in the home's reception area. Although there were no ongoing complaints, at the time of the inspection visit, we reviewed the provider's complaints log and found any concerns raised had been investigated and a response provided to the complainant with information about whether the complaint had been substantiated or not. Information was also provided to complainants about any improvements that had been made following their suggestions or complaints. This demonstrated the provider took people views and complaints seriously and acted in accordance with their own policies and procedures.

Although there was no-one living at the home at the time of the inspection who was receiving end of life care, staff had recently received some training to equip them to support people sensitively at the end of their lives. Care plans we reviewed reflected conversations staff had held with people and relatives discussing their wishes and preferences in relation to end of life care. The registered manager told us further training would be offered to staff and they were confident that with the support of community healthcare professionals, people could receive appropriate support at the end of their lives.

Is the service well-led?

Our findings

At the last inspection in November 2015 we rated the provider 'requires improvement' in the key question 'Is the service responsive?' This was because although there were systems in place to monitor and improve the quality of the service provided, they had not been effective in identifying any areas of concern, compliance with the regulations, and consistently meeting people's needs.

At this, most recent inspection we found the provider and registered manager had responded to the concerns raised at the last inspection and improvements had been made.

Since the last inspection the registered manager and provider had developed and improved the systems and audits used to monitor the quality of care provided at The Limes. The registered manager and provider told us they had reviewed the staffing structure at the home as part of the improvements and in response had developed the role of 'quality managers'. These staff positions had then been advertised and staff invited to apply for the role. Staff spoke positively about the introduction of this role and told us they felt they 'had someone to go to' if they had any questions or concerns. One staff member said, "I always felt I could go to [name of registered manager] but now we have the quality managers as well. They give you support and will try and help with any problems." The registered manager told us the quality manager's role was to support the staff team as well as ensure high standards were maintained. They also took some responsibility for auditing and quality monitoring checks. The provider told us, "We are striving for excellence, we don't want to be the same as we were yesterday, we want to improve."

We reviewed records and audits the registered manager and quality managers completed to ensure the standard of care provided met people's needs. These included infection control audits, monitoring of DoLS applications and authorisations as well as monitoring of falls, medicines and staffing dependency tools. We saw records had been completed where staff had been assessed for their practical competence in certain skills. We saw feedback had been given to staff about things they did well and any improvements required. The registered manager told us, "We are encouraging staff to be open to change, if something isn't working then we need to change the way we do things." Where audits had identified areas of concern we saw these had been addressed through additional staff training, or information provided to staff to remind them of the importance of undertaking certain tasks.

There was a registered manager in post. Staff we spoke with expressed confidence in the registered manager and told us they found them to be approachable. One staff member said, "This home is well managed, you can go to the manager about anything and [name of provider] is available too." Another staff member shared similar views, commenting, "[Name of provider] is approachable. If you really need something, you can ask for it and you get it. The residents come first here." The registered manager demonstrated a clear understanding of the responsibilities of their role and registration with us. They had reported significant events to us, such as safeguarding incidents as required by law.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the

care and treatment they received. We found that the provider was working in accordance with this regulation within their practice.

All of the staff we spoke with told us they felt the staff team worked together well and we observed staff were quick to support each other in caring for people. For example, when one member of staff was supporting a person who had difficulty walking, another staff member anticipated the need for a wheelchair and provided one, in order that the person received what they needed without delay.

Relatives and visitors spoke positively about the management of the home. One relative told us, "I have seen some recent changes, the staffing level has increased and there is a more positive, relaxed environment. I would recommend this home to others." People told us resident's meetings took place and we reviewed minutes taken at recent meetings. This gave people an opportunity to share their views, opinions and ideas. We saw in a recent meeting people had been asked for feedback on the Christmas decorations at the home and whether they were happy with the sandwich selection available during tea time. Relatives told us they felt well informed about their family members and felt the management team kept them updated with any changes. One relative told us, "The manager is welcoming and always gives me an update when I arrive here."

Where people, relatives or staff had made suggestions we saw the provider had listened to their views and made changes. For example, a radio had been introduced in the reception area of the home following some feedback and a vending machine had been provided for staff after a request was made.

People and relatives told us they were happy with the quality of care provided at the home and were pleased with the atmosphere and environment of the home. One person told us, "It's a very reassuring place, more like have my family here." A visitor commented, "There is a positive atmosphere here for me and my relative."

We found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.