

Limes Fenton Ltd

The Limes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Limes provides personal care and accommodation, for up to 55 younger and older people some of whom are living with dementia. The building consisted of two floors. At the time of the inspection there were 50 people living at the service.

People's experience of using this service and what we found

People's care files were not up to date to advise staff accordingly how to meet people's needs. Care files were not clear around people's level of capacity. People did not always have mental capacity assessments (MCA) or best interest meetings completed. People were at risk of been supported inconsistently by staff who were not clear on their capacity.

Staff spoken with did not always have a clear understanding of MCA or Deprivation of Liberty Safeguards (DoLS) legislation. Staff could not always identify which people were subject to DoLS in the home and how this application would restrict their liberty. People were at risk of not been supported in accordance with their needs.

The principles of the MCA were not consistent. The registered manager had carried out mental capacity assessments for some people, however there were not best interest decisions to support staff when providing care for people.

Applications were made to the local authority for DoLS. However, some of the applications were refused as these people did not lack capacity to understand decisions about their care.

The provider quality assurance system had failed to identify that people's mental capacity assessments were incomplete or there were best interest decisions to support staff when providing care for people. We found that people's risks were managed effectively. Risk assessments demonstrated that people's identified risks had been assessed and were being managed safely and reviewed regularly. People felt staff knew them well and supported them to express their needs and wants. People told us that staff treated them with dignity and respect, where all personal care was carried out behind closed.

Complaints were managed in a robust way and appropriate investigation and action had taken place.

People's communication needs were clarified through the assessment process and staff adapted their approach to ensure people with additional needs could access the information required.

The registered manager completed a month events analysis of the service, that focused on compliance issues. An improvement action plan was then devised to assist with the development of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (report published 13 March 2019)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the effective sections of this full report.

Enforcement

We have identified one breaches. The service was in breach of Regulation 11 (need for consent).

You can see what action we have asked the provider to take at the end of this full report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can see what action we have asked the provider to take at the end of this full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

The Limes

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed over two days. On the first day one inspector and one assistant inspector were present. On the second day one inspector was in attendance.

Service and service type

The Limes 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, nominated individual, regional manager, two senior care staff, five care staff, one cook, six people and one relative. We looked at sixteen people's care records. We looked at records of accidents, incidents, and complaints received by the service. We looked at recruitment records, staff supervision and appraisal records, staff training matrix and audits. We were unable to talk with some people about their experiences of care. We used the Short Observational Framework for Inspection (SOFI).

SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing risk, safety monitoring and management

- At the last inspection, improvements were needed to ensure people's risks were mitigated to protect them from harm. At this inspection improvements had been made.
- Risk assessment documentation provided guidance to staff and showed the actions taken to manage and reduce risks to people.
- Risks associated with people's weight were managed in a safe way. Where people had been identified as at risk of losing weight, "Malnutrition Universal Screening Tool" (MUST), were undertaken and appropriate referrals made. MUST is a tool which is used to establish people's risk of malnutrition. For example, referrals had been made to the district nurse where people's skin integrity needed support. For example, staff were monitoring people who were identified at risk of dehydration or malnutrition intake, to ensure they received enough to eat and drink to maintain wellbeing.
- Care files contained risk assessments for the use of equipment in the home, to ensure staff had the guidance they needed so moving people was completed safely. We observed staff using safe moving and handling techniques when supporting people.

Using medicines safely

- People's medicines were not always managed safely. We found that during the morning medicines administration round, two medicine trolleys were left unattended with the doors closed but not locked with people's prescribed medication inside. There were risks people's prescribed medicines could have been taken by people who they were not prescribed to. However, the provider had no recorded incidents where this had occurred.
- Where necessary, people had detailed 'as required' PRN protocols in place that were specific to their needs.
- Staff accurately completed Medicines Administration Records (MAR). The MAR charts provided a record of which medicines were prescribed to a person and when they were given. MARs evidenced that people received their medicines as prescribed.
- Staff supported people to take their medicines in a respectful way. Staff ensured that people's dignity was maintained when administering medication. People were asked if they were ready for their medicines and were given time to take them. One person told us, "They [staff] tell us what tablets they are and if the tablets change, they tell us why. They tell you what the tablet is for. They speak with your GP if needed."

Systems and processes to safeguard people from the risk of abuse

- People reported feeling safe living at the service. One person we spoke with said, "You couldn't wish for a better place. Definitely safe, when I first came here it broke my heart having to leave my home. If I wanted to

talk to them [staff] no matter how busy they were they would always give me time."

- Staff had received training in safeguarding. They were able to accurately describe what constituted abuse and what protocol to follow if they suspected abuse. Staff were able to name external agencies that were to be contacted, including the local safeguarding team and the Commission.
- Systems were in place to safeguard people from harm and abuse. For example, all recorded safeguarding concerns had been reported to the appropriate authorities.

Staffing and recruitment

- People told us there were enough staff to support them promptly and meet their needs. One person stated, "Same staff, they are okay, they never get cross with you. When I call them there's no problem at all. They come quick. I am well looked after."
- Some staff felt since the number of residents had increased at The Limes, then one more member of staff would be needed per shift to help with people's needs. However other staff told us they thought they were just busier. We found that people were supported by sufficient numbers of staff. For example, when people required assistance, staff were quick to respond to support them.
- People were protected from the risk of being supported by unsuitable staff. The provider had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to support younger and older people and those living with dementia.

Preventing and controlling infection

- Staff were trained in the prevention and control of infections.
- Staff told us they had access to personal protective equipment, such as disposable gloves to use to help prevent the spread of infection. We observed staff using protective equipment on the days of inspection.
- The service was clean and free of malodour throughout the duration of our inspection.

Learning lessons when things go wrong

- All accidents and incidents were recorded, and staff told us they knew the process of reporting an incident.
- The registered manager took the necessary action to implement the required learning identified from accidents and looked at any common themes through a monthly audit.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The principles of the MCA were not consistently followed to ensure people were supported to make decisions about their care. The registered manager had carried out mental capacity assessments for some people, however there were not best interest decisions to support staff when providing care for people.
- For example, one person needed bedrails in place to keep them safe. This person was unable to consent to their care. There was not a decision specific mental capacity assessment or best interest decision completed to ensure the bedrails were in this person's best interests.
- Staff gained people's consent, however, some staff did not have a good understanding of mental capacity or how people needed to be supported in line with their authorised DoLS. For example, staff did not always know which people were subject to DoLS and how this would restrict their liberty. People were at risk of not being supported in accordance with their needs.
- Where best interests plans had been completed, the management team did not have any evidence from relatives or professionals who they stated they had consulted to come to this decision. For example, one person's MCA assessment was completed on the second day of inspection, where it stated the person's relative had been consulted. However, when speaking to the management team, they told us they didn't have any evidence of this conversation, and it had taken place over two years ago when the person came to the home.
- The registered manager had made applications to the local authority for DoLS. However, some of the applications were refused as these people did not lack capacity to understand decisions about their care.

This showed the registered manager did not have a clear understanding of how to apply the principles of the MCA. The registered manager told us they did not have a clear understanding of MCA.

- Following the first day of inspection the nominated individual developed an action plan to ensure all mental capacity assessments would be reviewed.

The provider had not ensured that care and treatment was provided with consent from the relevant person, furthermore, the provider had not followed the principles of the MCA. This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at The Limes, where one person stated, "The food is very good. There are always two choices. We had pancakes today; melt in your mouth."
- People's care plans clearly described how they wished to be supported with physical and emotional needs, as well as personal likes, preferences and their social interests. One person told us, "Yes they [staff] know what you can and cannot do for yourself"
- The cook had a notice board in the kitchen area that detailed people's specialist dietary requirements, and foods they liked and disliked. People received their meals in line with their preferred preference and needs.
- We noted that many files had oral care assessments in place. These detailed information such as whether the person had dentures, cleaned their teeth independently or required support.

Staff support: induction, training, skills and experience

- People and relatives told us they thought staff were trained well to carry out their roles. One relative stated, "Yes the staff are trained, staff are very, very good."
- The registered manager had a system to ensure staff received their mandatory training. The training matrix illustrated staff had completed the provider's mandatory training in a timely manner. However, we found when speaking to staff, they didn't always have a clear understanding of mental capacity and how this affected people who did not have capacity.
- All staff reported they had received an induction. One staff member told us, "I did online training, which included dementia, and face to face training in moving and handling and first aid."
- Staff confirmed they received supervision and felt that it was beneficial.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People confirmed that staff contacted relevant professionals if they were feeling unwell.
- The provider worked in partnership with GPs and specialist teams to make sure care and treatment met people's needs. We saw evidence of consultation with professionals to ensure people's changing health needs were met promptly.
- Relatives confirmed their family member's saw health professionals in a timely manner and received the healthcare support they required.

Adapting service, design, decoration to meet people's needs

- People brought furnishings of their choosing that gave them freedom to personalise their own rooms. For example, people had their own televisions and tv packages in their rooms.
- People were able to walk freely between different areas of the home throughout the day.
- The service was signposted through to help guide people with dementia and highlight rooms they were going into.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Care plans and risk assessments were completed and reviewed regularly and reflected people needs. People's preferences were recorded and met to meet their needs.
- People and where appropriate their relatives, were involved in decisions relating to their care. One relative stated, "I have seen [the person's] care plan and I'm happy with it, it reflects [the person's] needs."
- People felt staff knew them well and supported them to express their needs and wants. One person told us how staff had helped her to come out of her shell and the enjoyment she had experienced since living at the limes.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed positive and caring interactions between staff and people. However, we saw that one person was not attended to in a timely manner, where they were walking around the home without risk assessed equipment needed to prevent them from falling. We observed that this person's trousers were wet. We had to alert the staff, who then promptly attended to the person.
- All people felt that they were cared for. One person told us, "You couldn't wish for a better place, if you have any problems, they always try to sort it out for you". One relative told us, "Staff are very approachable, they always listen and act on it."
- People's personal information was stored securely. We observed staff knocked on people's doors before entering into their rooms.
- The provider ensured people's cultural, religious and sexual needs were explored and recorded in their care plans. For example, there were double rooms in the home that people could share with loved ones.

Respecting and promoting people's privacy, dignity and independence

- People felt they were treated with respect and told us, "They read [care plan] out to me. Some of the things, I can't believe how I've changed, in a good way. I'm more independent than I was."
- Relatives we spoke with all agreed their loved ones were treated with respect and their dignity promoted. One relative stated, "Yes they treat [person] with dignity and respect. Example one member of staff, when bringing drinks, [person] asks for a plastic beaker but they will encourage a normal cup because its more dignifying."
- Staff always knocked on people's doors and waited for permission to enter. Staff told us how they provided care, "We respect people's wishes, always ask before we do anything, always give choices, for example what to wear and what to eat, we promote independence".
- All personal care was carried out behind closed doors to maintain people's privacy and dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and placed people's views and needs at the centre of the care provided. People told us they had been involved in their own care and stated, "I have seen my care plan."
- Relatives informed us that people were supported how they wanted to be cared for.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had ensured people received information related to the service and their support in a format they could understand. All care files contained a 'how we communicate' care plan. For example, one person's stated, "Staff to speak clearly and slowly using face to face techniques. Staff use eye to eye contact when speaking to [person]. Staff to use open questions. [Person] wears hearing aids."
- The registered manager told us, that they had food cards for meal times and would also write on a white board to help one person understand questions and offer them a choice from the menu.

Supporting people to develop and maintain relationships to avoid social isolation;

- People told us there were activities on at The Limes that they enjoyed and took part in. People told us, "We have a new activities coordinator. We have quizzes, I love quizzes and I love bingo" and "Activities are good, we aren't bored."
- People told us they had a choice if they wanted to get involved with the activities. People had access to group activities. On the days of inspection, it was seen that people were enjoying a 'spring slide show'. The registered manager told us they had a number of outside entertainers that would come to the home each month.
- People had access to individualised and group activities and received the necessary support to follow their interests. The service advertised different events that were due to take place. For example, an event with a local nursery and primary school was scheduled.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or complaint.
- Complaints were managed robustly and in a timely way. Where a complaint had been raised, the appropriate investigation and action had taken place. We saw evidence of how complaints were managed effectively

- Staff were aware of the procedure to follow should anyone raise a concern with them.

End of life care and support

- People's end of life care preferences were recorded in their individual care plans, with family involvement when needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At this inspection the registered manager had not ensured the service was working within the principles of the Mental Capacity Act to safeguard people from abuse.
- The provider's quality assurance system had failed to identify that people's mental capacity assessments were incomplete or there were best interest decisions to support staff when providing care for people.
- The provider failed to ensure staff were trained appropriately to meet the specific needs of people. For example, failing to adequately ensure staff are trained to understand mental capacity.
- However, the registered manager had a number of quality and trends audits they completed to monitor the progress of the service and to look at improvements.
- The registered manager completed an events analysis of the service monthly, that focused on compliance issues, for example with complaints, medicines, incidents and bruise and pressure ulcer analysis. An improvement action plan was then produced monthly to focus on specific actions, to assist with the development of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management systems were in place to promote person-centred care. However, we found care plans were not specific to people's needs mental capacity assessments.
- There was a clearly defined management structure within the service.
- Staff told us they felt supported by the registered manager and could raise concerns. One staff member stated, "I feel management are approachable and feel all staff enjoy working here, but communication could be better." A second staff member told us, "Yes I feel supported. For example, I speak with [registered manager] about staff levels. we talk about it in the supervisions."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their Duty of Candour, to be open and honest when things went wrong, and had recorded when they had informed the next of kin following an incident or accident. They told us it was about being as transparent as they can. All incident forms highlighted if the next of kin had been informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager gained feedback from relatives and people via questionnaire. A relative told us, "I completed two questionnaires since [relative] moved in. Staff are very friendly, warmth to them. I think they try to make it homely as much as they can. I'm happy with the care."
- An action plan was drawn up for areas that scored below 80%, with actions to move forward with service development.

Working in partnership with others

- The registered manager had good working relationships with GPs, occupational therapists, district nurses and the speech and language therapy team. It was seen in people's files that professionals had made notes following visits to update about people's health.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that care and treatment was provided with consent from the relevant person, furthermore, the provider had not followed the principles of the MCA. This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.