

Lily Care Ltd

# Limefield Court Retirement Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Limefield Court Retirement Home is a large detached property in its own grounds, on the outskirts of Bury. Accommodation is provided over two floors. The service provides accommodation and personal care for up to 32 older people, some of whom are living with dementia. At the time of our inspection there were 21 people living at the home.

This was an unannounced inspection which took place on the 7 and 12 September 2017. The inspection was undertaken by two adult social care inspectors and an expert by experience.

The service was last inspected in July 2016; the service was given an overall rating of Good. However we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because staff did not receive appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties effectively. Also the provider was not working within the principles of the Mental Capacity Act 2005 (MCA). This resulted in us making two requirement actions. Following the inspection in July 2016 the provider wrote to us to tell us the action they intended to take to ensure the regulations were met.

At this inspection we found that improvements had been made and the requirement actions had been met. However during this inspection, we found three further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of Care Quality Commission (Registration) Regulations 2009. This was because premises were not clean or maintained properly, records of care were not accurate or updated when people's needs changed, systems to monitor the quality of the service were not robust enough and the service had failed to make the required notifications to CQC.

You can see what action we have told the provider to take at the back of the full version of the report.

We also made two recommendations about activities on offer at the home and ensuring people were aware how to provide feedback on the service and any improvements that they think should be made.

On the first day of our inspection we found that there was a strong smell of urine in the corridors, several areas of the home were not clean and some communal areas of the home, including a shower area had not been maintained properly. On the second day of our inspection we saw that all these issues had been addressed.

People's needs were assessed before they started to live at the home. Care records were detailed and contained risk assessments and care plans to guide staff on how to provide the support people needed. We found one of the records was not accurate and another had not been updated when the person's needs had changed.

Systems were in place to monitor the quality of the service, but they were not robust enough and had not

highlighted incomplete records and issues with cleanliness and maintenance in some areas of the building.

The service had not notified CQC of all events they are required to. They had notified CQC of safeguarding concerns, serious incidents and events but had not notified CQC when DoLS applications were authorised.

There was a limited programme of activities and social events on offer to reduce people's social isolation. We have made a recommendation that the provider explores current good practice guidance on suitable activities for people living with dementia.

There was a system in place to record complaints and the service's responses to them. We saw there was a system for gathering people's views about the service. We have made a recommendation that the provider ensures people who use the service and their families are aware of how they can provide feedback on the service and suggest improvements.

People told us they felt safe living at Limefield Court Retirement Home. Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them. Staff were confident any issues they raised would be dealt with.

There were safe systems of recruitment in place and sufficient staff to provide people with the support they need.

People got their medicines as prescribed and medicines were managed safely.

Accidents and incidents were appropriately recorded. Health and safety checks had been carried out and equipment was maintained and serviced appropriately.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People who used the service, visitors and staff were positive about the registered manager and the way the service was run.

People had access to a range of health care professionals. People at risk of poor nutrition and hydration had their needs regularly assessed and monitored. People told us they liked the food.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating from the last inspection in the entrance hall and on their website.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service not always safe.

Some areas of the home were not clean and the home was not maintained properly.

Care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. Medicines were managed effectively. Staff had been trained in medicines administration.

The recruitment of staff was safe. There were sufficient staff to provide the support people needed.

### Is the service effective?

**Good** ●

The service was effective.

Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service.

Staff received training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

People were supported with their health needs and were supported to access a range of health care professionals.

The home was undergoing a programme of redecoration and refurbishment.

### Is the service caring?

**Good** ●

The service was caring.

People we spoke with told us the staff were caring.

We observed staff offering support and found staff interaction with people to be caring, calm and respectful.

The registered manager and staff knew people well.

### Is the service responsive?

The service was not always responsive.□

Care records guided staff on the care people needed but records were not always accurate or updated when people's needs changed.

There was a limited range of activities on offer to help promote peoples social interaction.

There was a suitable complaints procedure for people to voice their concerns.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.□

The providers systems of quality assurance and governance checks and audits were not sufficiently robust.

All the required notifications had not been made to CQC.

Staff were positive about the way the service was being managed and felt supported and enjoyed working for the service

**Requires Improvement** ●

# Limefield Court Retirement 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.

This was an unannounced comprehensive inspection which took place on the 7 and 12 September 2017. The inspection was undertaken by two adult social care inspectors 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 care service. This person had experience of services for older people and dementia care.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. Prior to our inspection we had received information of concern about staffs knowledge of people who used the service cleanliness at the home, nutrition and access to medical professionals. We used all this information to help us plan the inspection. We also asked the local authority and Healthwatch Bury for their views on the service. They raised no concerns.

As most people living at Limefield Court Retirement Home were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with eight people who used the service, two visitors, the registered manager, the director; who is also the provider of the service, the team leader, seven care workers and the

cook.

We carried out observations in public areas of the service. We looked at three care records, a range of records relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

People who used the service told us they felt safe living at Limefield Court Retirement Home. One person told us, "It's safe, quiet and there's no bullying."

On the first day of our inspection we looked in all communal areas, communal toilets and bathrooms and shower areas.

We found some of these areas not to be clean and some of the corridors had a strong smell of urine. One of the shower rooms had mould inside the shower area both on the tile sealant and on the wall tiles. The laundry room was untidy and a disused vent had a build-up of fluff on it, indicating that it had not been cleaned recently. One toilet area had a build-up of cobwebs in one corner also indicating the ceiling area had not been dusted recently. These areas identified a risk of potential cross infection due to the lack of attention to cleaning the environment.

Two bathrooms contained wheelchairs or chairs which were being stored in them. One bathroom also contained a broken commode. These items would make accessing the rooms difficult for people and would limit the space available to staff who were supporting people.

All the bathroom areas and some communal areas had light bulbs missing. The lack of appropriate lighting could increase the risk of people falling or tripping over items and could also reduce people's ability to move around the home independently.

The emergency assistance pull cord was missing in one of the shower areas. This would mean that if staff or people who lived at the home needed assistance in an emergency they would be unable to summon help easily.

We looked at the room used for hairdressing. We found it was cluttered with old furniture and household items and areas around the sink area were dirty and tile grouting was dirty. We found two cardboard boxes stored in the cupboard that contained the electrical equipment for the patient lift, this could pose a fire risk.

During our tour round the home we found five radiator covers that were not fixed to the wall. They were resting against the walls; they were covering the radiators but were easily removed. This would mean that there was a risk of people pulling them onto themselves or the risk of people being scalded by contact with hot radiators.

These issues were a breach of regulation 15 1 (a) (e), 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and Equipment. This was because the premises and equipment were not clean or properly maintained and standards of hygiene of the premises and equipment were not appropriate.

We asked staff how they reported if any building repairs were needed, staff told us there was a maintenance



book. One staff member told us, "Repairs are not always actioned in a timely manner, even if we put them in the maintenance book." The director showed us the maintenance book. None of the issues we found were logged in the maintenance book as needing or waiting repair. We saw that the book was not always dated to indicate when requested repairs had taken place, and this meant we could not check out how long other repairs had taken to be actioned.

During the first day of our inspection all radiator covers were reaffixed to the walls. The director told us that all issues found would be repaired or cleaned immediately. On the second day of our inspection we looked around all the areas of the home again. We found the home had no malodours and smelt fresh and all areas of the home had been thoroughly cleaned. We saw the electrical storage cupboard was cleared of boxes, we saw that all the chairs and equipment had been removed from the bathrooms and the rooms were free of clutter. The shower room emergency pull cord had been replaced and non-working light bulbs had been replaced. We saw that tile sealant in the shower room had been replaced and an area of the shower room and hairdressing room had been re grouted.

We found one window restrictor where one of the screws fixing it to the window had become loose. Although the restrictor was still in place it could have been removed with very little pressure. Window restrictors are important to prevent people falling from heights. The director immediately fixed it in place and told us that they would ensure checking of window restrictor was added to the buildings checks.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff told us that PPE was always available and always worn. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that staff had received training in infection control.

We looked at the systems in place for laundry. On the day of our inspection we saw that two containers that had items waiting to be washed were over flowing. We were told by the director that this was because one of the two washing machines was out of action and awaiting repair. Records we saw showed that the repairs had been arranged and were awaiting parts to be delivered. The service used red alginate bags to safely transfer soiled clothing. Soiled items can be placed in these bags which then dissolve when put in the washing machine at a high temperature. This helps to reduce the risk of spread of infection or disease.

One person who used the service raised concerns with us that other people who used the service had access to the kitchens and laundry when staff were not around. During our tour of the building we found that neither the kitchen or laundry area were locked when not occupied by staff. The laundry had a lock that the director told us was not used and the kitchen did not have a lock. This presented a risk that people living at the home could have unsupervised access to both the kitchen and laundry areas. As some people living at the home may not understand the risk associated with items in these areas, including chemicals that were stored in the laundry, we discussed with the director what arrangements were in place to ensure peoples safety particularly at night when staff may be busy supporting people in their bedrooms. The director told us that they would immediately supply a lock for the kitchen area and ensure in future that both areas were locked when staff were not present.

We looked at arrangements for identifying and reducing the risks for people and staff at the home. We saw there were risk assessments in place for hazards around the home such as, lifting equipment, slips trips and falls and smoking. We found people's care records contained risk assessments. We saw these records identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or

eliminate those risks. We found these included manual handling, bathing, falls, nutrition and skin integrity.

We looked to see how staff were recruited; we found there was a safe system of recruitment in place. We looked at three staff personnel files. We noted that all the staff personnel files were well organised and contained an application form or curriculum vitae where any gaps in employment could be investigated. The staff files we looked at contained interview notes, a health questionnaire, at least two written references and copies of identification documents including a photograph. All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw the service had policies and procedures to guide staff including recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know what was expected of them in their roles.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Training records we looked at and staff we spoke with confirmed staff had received training in safeguarding. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. One staff member said, "I have recently done my Safeguarding training and know which signs to look for that I would report to my manager." Another staff member said, "I can talk to [the director] about absolutely anything. [The director] would deal with it straight away."

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with told us they were confident they would be listened to and that the registered manager or the director would deal with any issues they raised.

We looked to see if people received their medicines safely.

We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and the action to take if someone refused to take their medicines. We found that protocols were in place to guide staff on administration of 'as required' medicines. We noted staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely. We observed a medicines round and saw that safe practises were used.

We looked at seven people's medicines administration records (MAR) during the inspection. We observed that each person had a MAR chart in place; this included a photograph of the person. The MAR also had codes on them for staff to use if a person did not take their medicines for any reason. All MAR records we reviewed were complete.

We found that medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for their misuse), were stored securely and only authorised and suitably qualified people had access to them. All stocks of medicines we reviewed, including controlled drugs medicines, were accurate. We saw that medicines fridge temperatures were taken daily to ensure that medicines were being stored correctly. Records showed there was a system of weekly and monthly medicines audits. These included stock checks of medicines and records including MAR.

We looked at the staffing arrangements in place to support the people who lived at the home. People who used the service we spoke with and our observations during the inspection showed that people received the support they needed in a timely manner. One person who used the service said, "Yes, I think there are enough staff. They're a bit pushed but they have time for everyone."

Examination of the staff rota's showed us staffing levels were usually provided at consistent levels and that absences such as annual leave and sickness were usually covered by existing staff. Staff told us new staff had been recruited and they had time to offer people who used the service the support they needed. Staff told us, "We usually have the right staffing levels to support people" and "There always seems to be enough staff, everything is taken care of."

Records we looked at showed there was a system in place for carrying out health and safety checks for equipment used in the home and that equipment was serviced and maintained appropriately. We found that regular fire safety checks were carried out on fire alarms, emergency lighting, fire extinguishers and gas appliances. Portable electrical appliances were checked for safety. We saw The periodic electrical installation report was completed in June 2012 and should have been renewed by June 2017. The director told us they had contacted the engineer and were awaiting an appointment. Following our inspection we received confirmation that the report had been completed and that all essential worked had been carried out and that parts had been ordered for other work that had been identified as being needed.

We saw that lifting equipment and the passenger lift were maintained. We saw that the last maintenance report for one of the bathing lifting chairs recommended that the provider complied with advice given in a government issued medical device alert with regard to the use and maintenance of lap belts or straps on bathing chairs. These alerts are issued to prevent injury future injuries or deaths. The advice is regarding appropriate use and maintenance of seats belts be fitted to the bath chairs. We discussed with the director the need to follow medical device alerts and they confirmed that they had checked what they needed to do and had taken appropriate action.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had an emergency contingency plan. This informed managers and staff what to do in the event of such an emergency or incident and included damage to the premises, lack of availability of staff, loss of telephone systems, loss of gas and severe weather. This means that systems were in place to protect the health and safety of residents in the event of an emergency situation.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. This included important information that staff would need to pass to emergency services. These were kept in a 'grab' file that could be accessed easily by staff in the event of an emergency.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers.

# Is the service effective?

## Our findings

People we spoke with told us they were consulted about their care and the service provided them with the care and support they needed. One person who used the service told us, "The staff are alright, they meet my needs."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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). 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.

At the time of our inspection authorisations for DoLS were in place for two people who used the service. Applications for DoLS authorisations had been made for a further four people. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

During our last inspection we found that assessments of people's capacity were not always clear and the provider was not meeting the requirements of the MCA. At this inspection we found the required improvements had been made and the requirement actions had been met. Records we reviewed contained assessments of capacity and records of best interest decisions that had been made.

One of the care records we reviewed identified the person had capacity. Their care record was signed by the team leader but did not show evidence that the person themselves had been involved in decisions about their care or had given their consent to it. We discussed this with the team leader who told us that the person had sat with them on a number of occasions to discuss their care records and had been fully involved. We spoke with the person whose records they were and they confirmed what the team leader had said and told us they had been fully involved in decisions about the support they needed. We discussed this with the director and registered manager; they told us they would review how they evidenced in people's records that the person had been involved in decisions about their care and support.

Staff we spoke with were aware of the two people who had DoLS authorised and demonstrated how they gained people's consent to the support they provided; they understood the principles of the MCA. Staff we spoke with were aware that other applications had been made but two staff were unclear whether the four DoLS applications had been authorised or not. We discussed this with the registered manager who told us the information about DoLS was given at handover each day but that they would discuss it again at the next

team meeting. Training plans we looked at and staff we spoke with showed that staff had received training in MCA and DoLS.

We looked to see what support staff received to develop their knowledge and carry out their roles effectively. During our last inspection we found that staff did not receive all the training, professional development, supervision and appraisal that was needed to enable them to carry out the duties effectively. At this inspection we found the required improvements had been made and the requirement actions had been met.

Records we reviewed showed that staff had received supervisions and regular team meetings. We saw that team meetings were used to discuss best practise and to provide staff with information and opportunities to discuss different policies. The team leader had completed appraisals with all staff and there was a planned schedule for supervisions. Staff we spoke with were positive about the support they now received. One staff member told us, "I have supervision with my senior every few months and an appraisal every year. I can ask for extra support if I need to."

We were told that new staff who had not worked in care homes before or who did not have a level two qualification in Health and Social Care received an induction to the service that included completing the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This was a twelve week induction which included an introduction to the home, information about the individual staff member's role and policies and procedures. The registered manager also told us that any staff who did not have a qualification in care were enrolled to undertake a level two health and social care qualification at the same time as their induction. Staff we spoke with were positive about their induction. One said, "The induction process was really thorough, the senior took the time to explain everything clearly to me."

Records we looked at and staff we spoke with showed that staff training had improved and staff received training that included health and safety, first aid, nutrition, MCA and DoLS, moving and handling, infection control, safeguarding adults, medicines, food safety and dementia awareness. Staff were positive about the training opportunities offered by the provider. One staff member told us, "We seemed to have stepped our training up in the last year or two, we have done quite a lot of new ones" another said, "We do moving and handling training in house so we know how to move people safely using the proper equipment."

We toured the building during the inspection and looked at all communal areas, several bedrooms and the bathrooms. The registered manager told us the home had recently had some refurbishment. We saw communal areas had been redecorated and new flooring and some new furnishings purchased. We saw that some bedroom windows were 'blown' and the glass was not clear, the director told us they would organise replacement panes of glass. We also saw that the outside windows were in need of repainting. The director showed us confirmation from the decorator that they were planning to start the work the week following our inspection. The director told us that after the outside was finished there were plan for more internal redecoration. We found the bedrooms were personalised with peoples own furniture, photographs and possessions.

There was a dining area and a communal lounge area, both of which were bright and well decorated. There were large gardens surrounding the building and there was an outside space in the garden area for people who used the service to access. One person who used the service told us they enjoyed sitting out on the grass in a chair when the weather permits.

One the first day of our inspection we noted that some bedroom doors had photographs of the person who

lived there, but there was no signage around the building indicating different rooms or are, such as toilets and bathrooms. Signage including photographs or pictures can help people living with dementia orientate themselves and support their independence. We discussed this with the director who said they would put some in place. On the second day of our inspection we saw that all toilets and bathrooms and the dining area had pictures on the doors indicating what they were.

We looked at the systems in place to ensure people's nutritional needs were met. Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

We spoke with the cook on duty in the kitchen. The person was a support worker who was acting as cook whilst a permanent replacement was being recruited. We were told by the director that a cook had been interviewed and was undergoing the pre-employment checks. We found the person in charge of cooking had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. They were able to tell us about people's preferences and how they made sure people's preferences were respected. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. We found the kitchen was clean. The service had received a 5 star rating from the national food hygiene rating scheme in October 2015.

Staff we spoke with told us people's special dietary requirements were met by the service. One told us, "Some people that live here have a soft diet; we go to a lot of effort in the kitchen to make sure they have a variety of things to eat. We also cater for two people that are Vegetarian." During our inspection we saw staff saving meals until later in the day for a person who was asleep. When the person woke, staff warmed up the food when the person was ready.

People who used the service told us they were happy with the food provided and that they were offered choices of what to eat and drink. People who used the service told us, "They [staff] come regularly with drinks" and "The food is very good, but the portions are too big, I prefer a smaller portion." Others said, "We have a sandwich tea at 4 o'clock; nothing after. It should be later", "Food is good but it depends whose on in the kitchen." One person told us they regularly woke during the night and wanted something to eat. They said, "They [staff] will get me a snack if I want during the night. They never let me down." Staff we spoke with confirmed that snacks were provided later if people were still hungry.

During our inspection we observed a lunch time meal. The dining room had sufficient seating to accommodate all those who wished to eat in the dining room. It was furnished with good quality tables and chairs and a display dresser with ornaments and crockery on it. Tables were set with table mats, matching cutlery and crockery a choice of hot and cold drinks were served.

We saw that staff encouraged people to eat in a gentle and kind way. Those people who needed support to eat were helped carefully and empathetically by staff. We noted that condiments were not available on the tables as one person who used the service kept moving them. We discussed this with the registered manager who told us the person liked to help staff. They told us they would talk to staff about how the person could be supported to help but also ensuring other people had access to the condiments. A visitor we spoke with told us, "[person who used the service] is OK now. Staff give good support with eating. There're good choices, good quality and its well-presented."

People we spoke with and care records we looked at showed that people had access to a range of health care professionals including district nurses doctors, speech and language therapists, chiropodist and opticians. One person who used the service said, "Staff will call the doctor and let me know too." During our inspection we saw that a recent appointment that a doctor had had to cancel had been rearranged by the staff. We saw that records were kept of any visits or appointments along with any action required. This helped to ensure people's healthcare needs were met.



# Is the service caring?

## Our findings

All the people we spoke with thought the staff were kind, treated them with respect and acted on what they said. People who used the service said, "The staff are down to earth", "The staff are helpful", "They [staff] are brilliant", "They shorten my name to [name]... but I don't really mind being called that", and "They do what I want. More or less." A visitor told us, "Residents can get up and go to bed when they wish. [Person who used the service] can go out."

People who used the service told us that staff always asked their permission before providing support and people told us their choices were respected by staff.

During the inspection we spent time observing the care provided in communal areas of the home. We found the atmosphere to be calm and pleasantly sociable, with conversations going on around the room. We observed staff chatting to residents and offering them choices where possible. We found people who used the service were well presented.

Staff we spoke with knew people well and were able to tell us people's likes and dislikes. People who used the service said, "Yes, the staff seem to know me well" and "Staff are good, they know me." People told us the visitors were made to feel welcome and there was no restriction on visiting times.

Staff we spoke with said, "I would be happy for my family members to live here, People are well looked after" and "I spend some time with each person. I put time side to sit and chat with them[ people who used the service]"

During our inspection we observed staff dealing sensitively with people who had behaviours that challenged the service. We saw one person who used the service, who had become angry, was dealt with calmly by staff and redirected to a safer place. Staff told us they knew how to support people with behaviours that challenge because they knew people well and care records informed them of how to provide the correct support. One staff member told us, "I feel I can work confidently if someone's behaviour is challenging because I know the residents really well, I have learnt strategies and encourage people to take some time out."

Care records we reviewed gave staff information to help promote peoples independence. Most people we spoke with told us the service did help to maintain their independence. One person who told us they were very independent and didn't need much support and told us, "They have nothing to do for me, I clean my own bedroom and bath room, make my own bed and so on." Another person said, "I have an electric reclining chair which goes down to a bed. So I can sleep there and I can get up by myself..... I can go out, dress myself and I usually choose what I wear." Some people we spoke with told us they were encouraged to go out shopping or to visit friends or facilities such as a local park.

Care records we looked at showed that people had been offered the opportunity to discuss their wishes about how they wanted to be cared for at the end of their lives. We saw that consideration was given to



people's religious and spiritual needs.

We found that paper and electronic care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

## Is the service responsive?

### Our findings

People we spoke with told us the service was responsive to meeting their needs. They told us they could discuss the support they needed with staff and most people we spoke with told us they were consulted about any changes in their care.

The registered manager told us that before people moved into Limefield Court Retirement Home their needs were assessed. We looked at three people's care records. We saw they contained copies of these assessments. We found the assessments were detailed and were used to develop care plans and risk assessments to guide staff on how to support people.

We found care records included information about people's daily living skills, routines and preferences. They included information about people's life histories and what was important to them. Care records we looked at included information about falls, communication, personal care, mobility, eating and drinking, safe environment, medical conditions, moving and handling, skin integrity, social contacts, continence, challenging behaviour and night time routines. Most of the records we looked at gave sufficient detail to guide staff on how to provide support to people in a way that met their needs and preferences. One person's records showed that in the last twelve months they have been exhibiting behaviours that challenge the service. We found that the care records did not contain instructions to staff to guide them on how to best support the person. We discussed this with the registered manager who said they would update the care plan. Records were kept by staff of any incidents but no records made of any action taken to review the support provided or prevent future incidents. During our inspection we did observe staff providing appropriate support to the person when they became upset or angry. Guidance to staff on how to support people with behaviours that challenge is important to ensure staff have strategies to deal with the person's behaviours and that they respond in a consistent way.

The care records we looked at had been reviewed regularly and information had been updated when changes had occurred. However in two records we found that care records had not been updated when changes had occurred. One person's care record indicated that the person was on thickener to be used to ensure their fluids were the correct consistency to allow them to swallow safely. However on discussion with staff and looking at MAR we found the person was not prescribed thickener and never had been at the home. The director confirmed thickener had never been used for the person and that the information had come from the hospital when they first started to live at the home. The director also checked this with the GP who confirmed the person did not need thickener added to fluids.

Another person's care records including their MUST assessment indicated that they had been at medium risk until May 2017 and had then lost weight and become high risk in August of 2017. The MUST score was complete and accurate and we saw that staff had acted accordingly and records showed staff had started to weigh the person weekly instead of monthly when the risk changed and had sort advise from the GP. However the person's care plan for nutrition had not been updated and indicated that they were at low risk and should be weighed monthly. Staff had written in the log for this care plan that they were weighing the person monthly.

These issues were a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The provider had failed to maintain accurate and complete records of the care and treatment provided.

We saw that where required, records were kept of people's weights, personal bathing, falls, food and drink intake and positional changes to prevent pressure sores.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. Staff we spoke with told us they could look at care plans and were made aware of any changes in a person's support needs in the daily logs and at the handover which happened at the start of each shift. One staff member said, "We do have staff report meetings in the mornings to notify staff coming on duty of any changes that have occurred during the night." Records we looked at showed that records were kept of the handovers and detailed daily logs were kept for each person. We saw these included appointments people had planned for that day and important events that had happened during each shift.

We looked to see what activities were offered to people that lived at Limefield Court Retirement Home. On the first day we saw little evidence of activity going on, we saw some people were playing dominoes with staff. On the second day we saw people playing a card game and also a quiz. Most people who used the service told us they were happy with the activities on offer at the home. One person said, "There nothing going on, it's the same thing day after day. I just sit." One person said, "I don't have an awful lot of activities. I used to knit and sew a lot. I still do some. Churches come monthly, there's the piano but no singing, dominoes, maybe jigsaws." A visitor we spoke with told us, "There's a singer and piano each week, in the evening, dominoes, craft activities."

Staff we spoke with told us, "The people who use the lounge all day don't often want to join in any activities, but we do try to do some fun activities and encourage people to join in as best we can" and "Residents seem to enjoy it when we have a spa session, doing their nails and hand massages etc."

Records we looked at showed that there was a programme of activities. These included; crafts, nail painting, music, piano, games and monthly religious services. Records were kept of activities people took part in. One activity listed for one person was 'getting ready for bed'. There was a reminiscence session which involved staff talking with people but there were no activities designed specifically for those people living with dementia. Activities are important to promote peoples social interaction, movement and wellbeing. We recommend the service explores good practise guidance on providing activities particularly for those people who are living with dementia.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Staff we spoke with knew how to respond to any complaints. One staff member told us, "We have a book where we can put complaints and compliments, we would also inform our manager about these as they happen"

Records we saw showed that there was a system in place for recording complaints, compliments and concerns. This included a section to record any action taken. One person we spoke with told us, "I haven't got any complaints."

## Is the service well-led?

### Our findings

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as accidents, incidents and safeguarding concerns. During our inspection we found they had not notified CQC when all DoLS authorisations had been granted. The registered manager had informed us of one authorisation but not about one other. The registered manager told us this had been an oversight. They told us that at the time the DoLS was authorised they had been absent from work. This failure to notify us meant we were not able to see if appropriate action had been taken by the service to ensure people were kept safe. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notifications of other incidents. The provider had failed to make the required notifications to the Commission.

We looked at the quality assurance systems in place within the service. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations.

The registered manager showed us audits of care records, medicines, infection control, cleaning, bed and mattresses, kitchen and training. During our inspection we found that the providers systems of checks and audits had not been sufficiently robust and had not identified the issues we found during this inspection. These included inaccurate care records, notifications and building cleanliness and maintenance.

These issues were a breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The provider had failed to assess, monitor and improve the quality and safety of the services provided.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People we spoke with were positive about the registered manager and the way the service was run.

Staff were positive about the registered manager and the director of the service. Staff said of the registered manager; "[Registered manager] is a star", "Our registered manager is very helpful and mucks in to help people when we need a hand with something, we don't use any agency staff" and "[Registered Manager] is supportive and approachable, we can talk about anything." Staff told us the director was, "Very hands on". One staff member told us that at the end of each shift, before the night shift started, the senior member of staff who was going off shift was asked to telephone the director and let them know if there were any issues of problems. Staff told us this helped them feel supported. Staff told us they could always get hold of either the registered manager or the director if they needed any advice.

Staff told us they enjoyed working at Limefield Court Retirement Home. They said, "It's excellent here, the

care is excellent. They [people who used the service] come first", "The Care staff are outstanding with the residents, and Seniors are hands on. At first I couldn't work out who was in charge because everyone is hands on", "I am happy with the support we get from managers here, I have worked here for a long time and have no plans to go anywhere else."

We saw there was a service user guide and statement of purpose. These documents gave people who used the service and professionals the details of the services and facilities provided at this care home. This helped to ensure people knew what to expect from the service.

We looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided. Some people who used the service were not aware of residents' meetings, surveys or any opportunities to express their views about the care they receive, but they were all aware of the suggestions box in the hall. Others told us they had attended the residents meetings. One person said, "There's a suggestions box in the hall. Nobody asks us how well we're looked after, except for you, [CQC]." We saw that the service sent out a residents and relative survey in July 2017. We saw that 89% of people who had responded felt safe at the home. We saw that residents meetings had been held in May and August. Records showed that staff supporting people to go outside to smoke was discussed and people had been asked what they thought of the laundry and also the food provided. Records showed that no one had raised concerns about laundry and people had been positive about the food provided. The director told us that a recently planned relatives meeting had been cancelled as no one had indicated they would be attending. We recommend the provider ensures people who use the service and their families are aware of how they can provide feedback on the service and suggest improvements.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the entrance hall of the home.

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 18 Registration Regulations 2009 Notifications of other incidents  Notifications of other incidents. The provider had failed to make the required notifications to the Commission.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  This was because the premises and equipment were not clean or properly maintained and standards of hygiene of the premises and equipment were not appropriate.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to maintain accurate and complete records of the care and treatment provided  The provider had failed to assess, monitor and improve the quality and safety of the services provided.