

Lime Lodge Care Ltd

# The Limes

## Inspection report

6 Lime Tree Avenue  
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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Limes is a residential care home. It was registered for the support of up to six people. Four people were using the service at the time of the inspection. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The accommodation is provided over two floors. The upper floor being bedrooms, toilets and bathing facilities. The downstairs provides a communal lounge, a dining area and a large conservatory. There was a secure garden which was accessible from the rear of the property.

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

The provider had not always completed audits to reflect on areas of the home which may require changes or improvements. Other quality checks had been completed to ensure the day to day running of the home.

People received care from staff who were available to support them when needed. Relevant checks had been completed to ensure they were safe to work with people. Medicines were managed safely and risk assessments completed to reflect all areas of individual's care. People were protected from the risk of harm and the risk of infection. Lessons had been learnt when things went wrong.

Staff had received training for their role and used this to support their knowledge and practice. This was also supported by the latest guidance. People were able to choose the meals they received, and their health was monitored. Referrals were made to a range of health and or social care professionals.

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. People were encouraged to make their own decisions and had been supported to decorate their own personal space.

People had established positive relationships with people and told us they felt staff were kind and caring. Respect was shown to people and their dignity maintained. Relationships had been supported and any information was stored confidentially.

The service applied the principles and values consistently of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and

achieve the best possible outcomes that include control, choice and independence. People were supported with many opportunities for them to gain new skills and become more independent. Other people enjoyed activities of their choice.

The care plans were detailed and had been reviewed to ensure any changes had been documented and shared with the staff team. Communications methods were suited to the individual.

There was a complaints policy and any concerns raised by people or relatives had been addressed. The previous rating was displayed within the home and on the providers website links. The provider had sent us notifications about significant events and the outcomes following their investigations or actions.

The staff felt supported and people's views had been obtained to encourage or drive improvements. There was a homely atmosphere and people were able to enjoy their environment as they wished.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (Published 24 March 2017).

At this inspection we found improvements had been made in the effective domain, however we have reflected some further improvements were required in the well-led domain.

#### Why we inspected

This was a planned inspection based on the previous rating.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# 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

The inspection team consisted of one inspector.

#### 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 sought feedback from the local authority and professionals who work with the service.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We gave the provider the opportunity to share with us any areas of improvement during the inspection. We used all this information to plan our inspection.

#### During the inspection-

We spoke with two people who used the service. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and maintenance information. We spoke with one professional who regularly visited the service and contact two relatives by telephone.

# 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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There was a policy which clearly described how to keep people safe from the risk of harm. Staff we spoke with were aware of the policy and were provided with regular training to ensure that they could recognise the signs of abuse and report concerns confidently.
- The provider was working with the local authority to investigate and review any safeguarding referrals.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place which covered individual needs and the home environment.
- All the risks to people were reviewed regularly or after an accident or incident had occurred. The provider learnt from these events to reduce the risks of reoccurrence.
- People were well protected from environmental risks and regular maintenance was in place. Each person had an individual evacuation plan, should there be a need to evacuate the building, for example, in the event of a fire.
- Risk management was personalised and encouraged independence. For some people this meant support to budget and manage their money. Other people told us they had staff support to go out and to help them to make meals.
- Some people had plans in place to support them to manage behaviour which could cause harm to themselves or others. Staff we spoke with were knowledgeable about these plans and the action they could take to help people when they saw the signs of anxiety or distress.

Staffing and recruitment

- There were sufficient staff to support people's needs. The provider had a flexible approach to ensuring people's care needs were met. This involved additional staff for outings or medical appointments.
- The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions

Preventing and controlling infection

- People were protected from the spread of infection. The home appeared clean and there were cleaning schedules in place.

- We saw staff used protective equipment (PPE) like gloves and aprons when they provided personal care or when serving meals
- The kitchen and food preparation area was well maintained. All the staff had completed training in the handling and in the preparation of food. There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

#### Using medicines safely

- Medicines were managed safely. People had their medicines administered safely by competent and experienced staff. Staff had received regular training and the staff competency was checked to ensure they had the knowledge and understood the importance of the recording aspects of administration.
- We observed how people received their medicine. Staff ensured people were aware of their medicine and why it was important. When eye drops were administered, staff used PPE to protect the person from any additional risk of infection.
- We checked the storage of medicines and found this was being stored in line with guidance.



# 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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection we asked the provider to take action to make improvements to ensure staff reflected their training. We saw this action had been completed.
- Staff had received a range of training for their role. This involved some online and some face to face training. Staff were also supported to do long distance learning or training to further their knowledge or career paths.
- Training was relevant to the people the home supported and covered training linked to people's long-term conditions. Staff we spoke to reflected different aspects of their learning. For example, the differences some people with autism experience and how to support these needs.
- When staff commenced their role, they were supported to receive training and shadowing experienced staff. One staff member told us, "I was given two weeks of support and I had time to read the care plans to help me understand people's needs."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed, and the history of the persons long term conditions used to understand their individual needs.
- We saw that the latest guidance was available and had been reflected in the care planning. Staff were able to share with us knowledge of people's specific needs.
- People's needs, and choices were met in line with national guidance and best practice, including registering the right support. They had care plans in place which promoted their independence, choice and inclusion. People's protected characteristics were considered so that they were safeguarded from discrimination.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that they enjoyed the food and drink. One person told us, "I can choose what I like, and this is included in the menu."
- Staff provided the meals at the home. People were encouraged to assist in making their meal or in preparing their own drinks and snacks. Staff were aware of people's dietary needs, these included the consistency of food and drink and health conditions such as diabetes.
- People had the opportunity to request different meals and be part of the menu planning.
- Some people required support to reduce the risk of them choking and this was provided in a friendly

supportive manner.

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

- People's health care was monitored. Staff had a good knowledge of people's health conditions, and care plans contained clear personalised information to support this. For example, one person had recently had several falls. The provider had ensured that all possible medical aspects which could be affecting the person falling had been investigated.
- People's care plans showed that they were regularly accessing medical professionals such as GP's, district nurses and community psychiatric nurses.
- People had received support in relation to their vision and hearing. When they were provided with aids for these needs, staff ensured they were in place. This meant the person was supported to see or hear more clearly.

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

- The home was decorated to ensure that there was a homely feel. We saw that new furniture had been purchased when people's needs reflected this. For example, a new bed or seating to support a person who required a more supportive sitting position.
- People's bedrooms were decorated according to their choice and we saw personal memorabilia was displayed to give them a comfortable and homely feel.

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.

- People's capacity had been assessed and records showed that where people may be lacking the capacity to make particular decisions, a two-stage assessment of their capacity was carried out.
- People were asked to provide their consent to receive care and support. We saw that staff encouraged people to make daily choices and obtained their consent before commencing any care support.
- Some people had been referred to the local authority with regard to a DoLS. Where an assessment had been completed and authorised, if any conditions had been identified they were followed.

# 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.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had established positive relationships with the staff. One relative told us, "[Name] is always telling us how nice the staff are to them." We observed staff with people and there was a clear connection between the staff and the people. We observed fun and banter, along with moments of affection.
- Staff we spoke to, told us how much they enjoyed working in the home and with people. One staff member said, "It's lovely to see the person develop and enjoying their day."
- Staff communicated with people using methods appropriate to their needs. Some people responded to pictures, sign language or a choice of two objects.

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

- People were encouraged to express their wishes.
- Some people did not have family who could support them to express their preferences. We saw they were supported to use independent lay advocates. Lay advocates are independent of the service and can support people to make decisions and communicate their wishes.
- People were able to mobilise around the home and were free to access the garden. We saw one person enjoyed this element of freedom, coming to staff when they required assistance. This showed they felt comfortable in their environment and with asking for support when they required it.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. For example, if people wished to spend time on their own this was recognised. Other people had been able to choose when they got up or went to bed.
- Records in respect of people's care needs and other confidential information was kept in a secure office.
- People's relationships with those important to them had been encouraged. There were regular arrangements with family members and other communication methods were also used to share information and news. For example, emails relating to activities or events were shared with family.

# 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.

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

- Care plans were person centred and detailed about people's needs and wishes which meant that staff provided care in the way that people wanted it.
- The care plans had involved the person and relatives. There were details of people's life and medical or long-term conditions history.
- The care plans had been reviewed on a regular basis and any new information or changes had been updated. This mean the care plan were reflective of people's current needs.
- Staff received a handover prior to them commencing their shift, this provided them with an overview of the previous 24 hours. This ensured people received care which was appropriate to their needs. A communication book was also used to ensure appointments or planned visitors or visits were recorded.

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 service worked within the principles of AIS. People's communication needs had been assessed and appropriate guidance was in place for staff to understand how to meet individual's needs.
- Information was available to people in easy read and pictorial formats. Staff told us they used words, pictures, objects and body language to communicate effectively with people. We observed staff using some of these methods.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to follow their interests and participated in activities which were socially relevant and suitable to them. For example, day services or social groups.
- People had access to the local community and its facilities. The service had its own transport, and this enabled people to access places of interest including parks, shops, libraries, and trips out to a range of locations.

Improving care quality in response to complaints or concerns

- The provider had the processes in place to act on any complaints that had been received. People and relatives told us they felt able to raise any concerns. One relative said, "If we raise anything it is dealt with

swiftly." There had been no formal complaints since our last inspection.

- The complaints policy was displayed in the reception area of the home. This was an easy read version, which displayed the relevant contact details to make any concerns known.

#### End of life care and support

- No one using the service required end of life support. Some aspects of people's end of life care needs had been considered. This was in relation to any agreed funeral plans.
- The registered manager informed us they were developing a new end of life plan to consider people's personal needs, wishes and aspects of care which may need to be considered when this time is required.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

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

- The provider had not established a range of audits to reflect on the quality of care and when improvements were required. For example, although a medicine check had been completed, this had not been formally recorded. We identified that the stock levels had not been recorded to ensure the number of medicines were reflective of the prescribed needs. Although there was no system in place, there had been no impact on people's safety, however this was an area the provider agreed to address formally.
- There was no infection control audit to consider how this impacted on the environment. We noted that a paper towel dispenser was not in place in the toilet and the bins within the home were not foot operated pedal bins. These bins are required to reduce the risk of cross contamination.
- The registered manager had meetings with the provider, however these were not recorded. This meant we could not be sure any areas raised were followed up formally.
- Other audits or systems had been used to drive improvements. For example, the home had a new conservatory, a decision made by the provider to create some additional communal space within the home.
- The provider had a daily check list in place, which ensured that people's needs, and the daily environment check had been completed. Any information from these checks list was cascaded to the daily handover to staff.
- When people had an accident or incident this was recorded, and the registered manager completed an analysis of these. Recently one person had fallen on several occasions, the registered manager had instigated a range of medical checks to consider if there was an underlying reason for the falls. In addition, they had implemented other safety measures, for example a sensor mat so staff could respond swiftly should the person fall.

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

- People enjoyed the atmosphere of the home. We saw people enjoyed walking in the garden independently or relaxing in the lounge or completing some table activities in the dining area.
- Relatives we spoke to felt there was a relaxed atmosphere and their relative's were comfortable at The Limes. They also reflected that the providers were approachable and responsive.

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 provider and registered manager had developed a staff team which reflected a clear vision and a strong set of values.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.
- We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.

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

- Relatives and those people who were able had been given the opportunity to comment on the service through a quality questionnaire and regular review meetings.
- We reviewed the questionnaires and found the responses to be positive. Any areas identified as needing improvement had been addressed. For example, one person required a change in seating and this was being sourced.

Continuous learning and improving care; Working in partnership with others

- The provider ensured people received the care they needed. For example, when people's needs increased the provider consulted health and social care professionals to support the person's needs.
- Other people were being supported to develop their independence. For example, one person was being supported to move to supported living. They had encouraged the person to learn daily skills and to be supported at classes for independent living.
- The provider had worked with a range of partners to support the people with their current and changing needs.