

The Limes Retirement Home Ltd

The Limes Retirement Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Limes Retirement Home is a residential care home providing accommodation and personal care for up to 26 people. The service provides support to some people who were living with dementia. At the time of our inspection there were 24 people using the service.

The service provides personal care to people living in one adapted building and two of the bungalows on site. There are other bungalows on site, the service is not permitted, under their registration, to provide any personal care support to the people who live in them

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

The provider had improved the systems to identify risks and guide staff in how to mitigate them to reduce the risks of avoidable harm and abuse. Where an incident had happened, the provider had put systems in place to reduce them happening again.

Staffing levels were being kept under review and recruitment of staff was done safely. Medicines were being managed safely and people received their prescribed medicines. The service was clean and infection control systems reduced risks to people. Government guidance was followed in relation to the COVID-19 pandemic, including supporting people to have visits from family and friends.

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's care plans had improved and further development in this area was ongoing. The care plans included information to guide staff on how people's needs were being met, including their end of life decisions. People were able to participate in activities to reduce the risks of boredom. There was a complaints procedure in place.

The provider had made improvements since our last inspection which were ongoing. The provider had accepted the support from the local authority to develop the service, including workshops for staff in recording. The service was monitored by the management team to identify and address any shortfalls.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 May 2021) and there was breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider assessed the staffing levels at night in line with people's dependency needs to ensure they were receiving the care they needed in a timely way. At this inspection we found the provider had assessed the night routines for staff and made changes in night staff duties to improve.

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to investigation. As a result, this inspection did not examine the circumstances of the incident. However, we did review how the provider had learned from the incident and systems put in place to reduce future incidents.

The inspection was prompted in part due to concerns received about recording, seeking emergency support and oral care. A decision was made for us to inspect and examine those risks.

We found the provider had taken action to mitigate risks to people using the service. Please see the Safe and Well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of Safe, Responsive and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last inspections, by selecting the 'all reports' link for The Limes Retirement Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Limes Retirement Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

The Limes Retirement Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Limes Retirement Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. The registered manager is also a director of the organisation.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including safeguarding. We used all this information to plan our inspection.

During the inspection

We visited the premises on 14 April 2022, we spoke with the registered manager and four staff including care, training and domestic staff. We also spoke with five people who used the service and two relatives about their experience of the service provided. We observed staff interactions, lunch time and medicines administration. We reviewed a range of records including two staff recruitment records, training records, medicines records, risk assessments and records relating to the management and governance of the service.

On 15 April 2022 we sought feedback from relatives and staff. We reviewed the care plans of four people using the service and a record of actions taken as a result of our last inspection. We also fed back our findings of the inspection to the registered manager.

We received electronic feedback from three relatives and one staff member.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place designed to safeguard people using the service from abuse, this included staff training and safeguarding policies and procedures.
- One staff member told us, "I feel we have definitely received the right training to be able to identify and report abuse."
- Where incidents had happened, the systems were reviewed, and measures put in place to reduce the risk of future incidents.

Assessing risk, safety monitoring and management

- Since our last inspection improvements had been made in how risks to people were assessed and mitigated. Risk assessments provided guidance for staff in how to reduce the assessed risks to people.
- Weekly meetings had been started with the management and senior team, where any arising risks were discussed and agreed actions to reduce them.
- A health and safety review had taken place and actions taken following recommendations made. This included a check on the environment on if there were any risks associated with asbestos and electrical installations. In addition, checks were undertaken on the environment and equipment to reduce risks to people.
- A new fire safety system had been installed. During our inspection visit we saw staff respond appropriately when the fire alarm sounded.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

At our last inspection we recommended the provider assesses the staffing levels at night in line with people's dependency needs to ensure they are receiving the care they need in a timely way.

- At this inspection the provider had assessed the night staffing levels including shifts undertaken by the management team. Changes had been made in the night staff duties to free them up to provide care to people using the service. The registered manager told us there was an on-call system in place in case needed and the night shifts were regularly assessed to ensure people received the care and support they required.
- The registered manager told us how the service was staffed throughout each 24 hour period, which was confirmed in the rota reviewed. The registered manager told us a new system to calculate the numbers of staff to meet people's needs was being developed.
- We received feedback from people using the service, staff and relatives and no concerns were raised about the staffing levels in the service. One person told us, "Always someone there to help when needed." One relative said, "When we visit there always appears to be sufficient staff to manage the care the residents need."
- Feedback from staff and records showed checks were made before any new staff started working in the service to reduce the risks of them being unsuitable. This included references and Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- We observed part of the lunch time medicines round, which was done safely. One person told us they always received their medicines when they needed them, "You saw then, they [staff] always bring it round."
- Regular audits supported the management team to identify any shortfalls or risks relating to medicines and to address them promptly.
- Records showed people received their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following government guidance in relation to people having visitors.
- We received feedback from relatives and people using the service which showed people were supported to have visits from their relatives and friends.

Learning lessons when things go wrong

- The service had taken action to reduce the risks of incidents happening in the future, this included the development of new policies relating to falls and potential head injury and actions staff should take when people take specific medicines. These guided staff to call emergency health care support where required.

- Reminders were provided to staff in accessing emergency services where needed and to record all checks undertaken at night.
- The new electronic care planning system being used, assisted the management team to analyse incidents and check for any patterns or trends.

Is the service responsive?

Our findings

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

At our last comprehensive inspection, we rated this key question requires improvement. At this inspection the rating has changed to 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

- People's care plans had improved and included information of people's specific needs and how these were to be met. The development of the new electronic care planning system was ongoing and further improvement was planned.
- A staff member told us how training and guidance was being provided to staff in relation to person centred care further improve people's experiences.
- We received positive feedback from people using the service and relatives about the service provided, how people's needs were being met and about the staff. One person said, "I am very happy here." Another person commented on the, "Perfect manners," of the staff team. One relative commented that their family member always smiled at the staff, "Which reassures me that they take care of [family member] as if [family member] was their [parent]."
- We observed staff being responsive to people's wishes. For example, one person asked for cereal for lunch and this was provided. The person said, "I can do what I like, have a lie in, they [staff] say don't worry get up later."
- A staff member explained how the provider was responsive to their comments and suggestions about meeting people's needs. They said, "If a resident's mobility needs change, we will be able to mention this to [registered manager] and straight away the correct measures will be put in place for them to be reassessed and any new equipment needed will be ordered straight away."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's records included information about how they communicated and guidance for staff in how to effectively communicate with people. This included the use of a board to write on to communicate with one person.
- Accessible information was available where required, such as documents provided in larger print.

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 have visitors and maintain relationships with those important to them to reduce the risks of isolation.
- During the pandemic people had received letters from children at a local school.
- People told us they had activities so they did not get bored and had access to the secured garden. One person said, "I go outside for some air, made some friends here all very nice."
- Social activities were being provided, including games, armchair exercises and art and crafts. The registered manager told us how they had started having entertainers, including a singer the day before our inspection. The afternoon of our inspection volunteers from the community brought in cakes.
- A staff member had worked with people and created a book with people's favourite meals and their memories associated with them.
- The registered manager told us they had been in contact with the local church with a view to commence their Bible study which was held prior to the pandemic.

Improving care quality in response to complaints or concerns

- There was a complaint procedure in place and records showed complaints and concerns were acted on and responded to.
- People's relative told us they would raise any concerns with the registered manager and were confident they would be listened to and acted on.

End of life care and support

- People's records included their decisions relating to the care they wanted if they were at the end of their life or became unwell. This included where they wanted to be cared for and if they wished to be resuscitated.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate people's current care needs and preferences were accurately recorded. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection the provider had purchased an electronic care planning system. The care plans and risk assessments had improved. A staff member showed us how the daily notes were recorded on handheld devices. The registered manager told us how the recording of people's care was continuously improving.
- We received positive feedback about the service and the registered manager and provider from people and relatives. Two relatives told us how they had received recommendations about the home. One relative said, "We did a lot of local enquiries about the home and everybody we spoke to who had elderly relatives residing at The Limes were very happy with the care that was provided. I think [provider's] really do a good job at The Limes."
- Staff were positive about the registered manager and how supportive they were.

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 role and responsibility relating to the duty of candour.
- People's relatives told us they were kept updated regarding incidents and accidents relating to their family members and actions taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and responsibilities in managing the service. This included notifying Care Quality Commission of specific incidents, which is required.
- The management team undertook a range of quality checks to assist them to identify shortfalls and

address them.

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

- People using the service and their representatives were asked for their views of the service, which were acted on. This included satisfaction questionnaires, we saw some completed questionnaires which had been returned to the service. The registered manager told us not all had been received, but when they were, they would be analysed and actions taken as needed. One relative told us, "I had a form in the March invoice to which I filled in and returned nothing I said was actionable."
- Relatives told us they felt any comments made were addressed by the registered manager.
- Staff told us they felt supported by the registered manager and their comments and views were listened to and acted on. One staff member told us they received one to one supervision meetings, "Where we are able to have a completely private discussion as to how we feel within our role here at The Limes," and, "We also have staff meetings regularly."

Continuous learning and improving care

- Since our last inspection, there had been several improvements made in the service and further improvements planned. This included a new call bell system which was in the process of being installed. The registered manager told us this will assist them in monitoring call bell response times.
- Two staff members had been employed with specific duties to assist the provider and registered manager in the development of improved systems. One staff member was reviewing and updating policies and procedures and risk assessments. The other was responsible for identifying and providing training for staff which was developed to meet the specific needs of the people living in the service.
- Staff told us they were provided with the training they needed to meet people's needs and identified recent training they had received. This included oral care, supporting people with behaviours other may find challenging and skin care. One staff member told us about the impact the training had on the care they provided, "We have a resident that on occasion may become agitated however with the training I have received I feel confident in how I can care for this resident in the correct way."
- Staff were being identified to act as lead/champions in specific areas such as safeguarding and infection control. They received enhanced training and could provide support to colleagues.
- There was signage in the service, such as on toilets, which assisted people to independently access and identify them.

Working in partnership with others

- A pack had been developed to provide healthcare professionals with important information about a person if they needed to be admitted to hospital for example. The registered manager told us this had been complimented by professionals who had attended the service in an emergency.
- The registered manager told us how they had accepted support and guidance from the local authority. This included with the development of their care planning and recording and the provision of workshops. We saw recent feedback and guidance on care records received from the local authority which was being implemented.
- A staff member told us how they had accessed tools from professionals to improve the staff training and monitoring of care provided. This included introducing dementia friend training and a tool to assess people's dining experience.
- The registered manager told us they had good relationships with health professionals including the GP and community nursing team.