

Sanctuary Care Limited

Lime Tree Court Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lime Tree Court is a residential care home providing personal care to up to 60 people in one adapted building over three floors, each of which has separate adapted facilities. The service provides support to older people, people living with Dementia and sensory impairment and younger adults. At the time of our inspection there were 49 people using the service.

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

People were supported by staff who had received training in how to safeguard people from abuse. Staff reported any concerns and incidents were investigated. Risks to people's safety were assessed and plans put in place to reduce them. People had their medicines as prescribed.

People were supported by enough staff who had been safely recruited to the service. Where incidents occurred, the provider ensured there was learning in place to prevent these from happening again.

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.

People had their needs assessed and plans put in place to meet them. Staff were trained and had the skills to meet people's needs. People had meals and drinks which were suitable for their needs and met their preferences.

People were supported by staff with meeting their health needs including having access to other health professionals. The provider had ensured the home was adapted to meet people's needs and there were processes in place to ensure people received consistent support.

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 supported to receive person-centred care. The provider was meeting their duty of candour. We found the provider had adopted a learning culture and changes were made following learning from events. The provider had oversight of the service through regular checks and audits which were identifying areas for improvement.

People and their relatives were positive about the service and felt involved. Staff told us they were supported and felt listened to by the registered manager.

Rating at last inspection

The last rating for this service was good (14 October 2021)

Why we inspected

We received concerns in relation to the management of medicines and the management of nutrition and hydration risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well led sections of this full report.

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 remained good based on the findings of this inspection.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lime Tree Court Residential Care 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

This inspection was carried out by one inspector 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.

Service and service type

Lime Tree Court 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. Lime Tree Court 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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. 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 used all this information to plan our inspection.

During the inspection

During our inspection we spoke with seven people and eight relatives. We also spoke with the registered manager, deputy manager and regional manager. We spoke with six staff including, care staff and team leaders. We looked at the care records for five people and nine medicine administration records. We looked at records relating to the management of the service, including audits carried out within the home.

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.

Using medicines safely;

- At our last inspection medicines were not being managed safely. At this inspection the provider had made the required improvements.
- People received their medicines as prescribed. One person told us, "I have tablets in a morning and again later in the day. Staff manage these for me and are never late giving them." A relative told us, "[Person's name] is on quite a lot of medication. They seem to change it every time they go to the hospital and then they update us. They always give it to them regularly and we haven't had any problems."
- Medicines were stored safely. We saw medicines were secured safely in lockable facilities, medicines which required refrigeration were stored at the correct temperature.
- Medicines administration records were in place and accurately completed and stock levels of medicine were checked using a electronic system to ensure people had enough medicine supply.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- People told us they felt safe living at the service. One person said, "It is very nice here I feel well looked after." A relative told us, "[Person's name] was somewhere else before and we had a lot of problems. All the worries we had before have now gone. [Person's name] is safe [in this home]. People check on [person's name] and look after them all the time."
- Staff had been trained in how to recognise abuse and understood how to report this if they identified concerns.
- Where safeguarding concerns had been identified these had been reported to the appropriate body for investigation.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans put in place to reduce the risks. A relative told us, "The staff have been using a hoist recently as [person's name] has been more unsteady on their feet. [Person's name] doesn't seem worried by the hoist and the staff explain what is happening."
- Staff had clear guidance in place to support people with managing risks to their safety and could describe how they helped people manage risks to their safety. For example, one staff member told us how they supported someone who was living with diabetes including what to look for with high and low blood sugar and the actions they would take to keep the person safe.
- Risk assessments were documented, and plans put in place to minimise risk. Staff told us the guidance in

place helped them to keep people safe. For example, there were plans to support people with risks related to falls, skin integrity and nutrition and hydration. Reviews were completed when things changed, and plans were updated. One relative told us, "The staff arranged for [person's name] to have physio to try and help with falls and they are a lot better now."

Staffing and recruitment

- People were supported by enough staff. People told us they did not have to wait for their care and support. One relative said, "I believe the staffing ratio is correct. There always seem to be staff on hand. They are always visible."
- We saw staff were able to respond promptly to people's needs. Staff we spoke with confirmed there were enough staff to keep people safe.
- The provider had systems in place to ensure staff were recruited safely. This included pre-employment checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had a system in place to monitor the level of staff required to meet people's needs and this was reviewed on a regular basis.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

People were able to have visitors to the home at any time without restrictions. Visitors were asked to see people in their bedrooms. One relative told us, "I can visit when I want which is nice and I hadn't been expecting that."

Learning lessons when things go wrong

- There was a system in place to learn when things went wrong. Accidents and incidents were reviewed and analysed to identify patterns and trends. Actions were taken to ensure lessons were learned and future risks were mitigated. A relative told us, "[Person's name] had an accident they changed the position of the bed in the room to prevent this happening again. They are proactive at helping to resolve things."

- Records showed advice was sought from other professionals and risk assessments and care plans were reviewed and updated as needed.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives were involved in assessments. Staff used these to guide the support people received. A relative told us, "It is a very happy atmosphere there. The staff are very caring and will do their utmost to entertain people and put themselves out for the residents. They want to be involved with people and also involve the families."

- People had preadmission assessments completed which detailed their needs and preferences.

Assessments considered people's protected characteristics. For example, how people expressed their sexuality and gender and the support needed to meet their cultural needs.

- The provider had an electronic care record system in place. The system had care plans which detailed the individual support people needed and alerted staff when these needed to be reviewed.

Staff support: induction, training, skills and experience

- Staff received training to support them in their role. A relative told us, "They have a booklet that comes out to us telling us what has happened at the home and what is planned. It mentions new staff and says that staff have all received the relevant training. I have every confidence in the staff, they seem well organised and seem to know what to do."

- Training records detailed staff training was in place and up to date.

- Staff told us they received regular updates to their training and felt supported in their role. One staff member said, "We have staff meetings, training and supervision, we receive regular updates on things and the registered managers door is always open to us."

- Records showed there were regular team meetings in place and staff had an induction into their role and their competency was assessed.

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

- People were supported to maintain a balanced diet. One person told us, "The food here is really nice, we have a good choice available for each meal." A relative told us, "[Person's name] is more than happy with the food most of the time. I think they do quite well with the food. They have a choice and get a snack or a drink when they want. They often have cake in the afternoon."

- Staff understood people's needs and preferences for nutrition and hydration. For example, staff could describe how to support people with modified diets and where people had supplements in place to help them with their nutrition.

- Risk assessments and care plans were in place to support with nutrition and hydration. For example, where people were at risk of choking people had been assessed by the speech and language therapy team and guidance was in place for staff to follow to keep people safe.

- People had their food and fluid intake monitored when required. Staff took action to encourage people to eat and drink.

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

- Where health professionals had given advice, we saw this was included in people's care plans, understood and followed by staff. A relative told us, "The Doctor comes in every Wednesday and if we ask them to put [person's name] on the list to see the Doctor they will. They are going to arrange for a Dentist to come out to see about [person's name] dentures."
- Staff received a comprehensive handover at the start of their shift. Team leaders told us this helped them to know what had happened during a shift and ensure people's care needs were met.

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

- The service had adaptations in place to meet people's needs. There were adapted toilets and bathrooms. Some communal areas had been decorated and furnished to give different areas for people to use. For example, a cinema room and café area.
- Signage was in place to support people with locating their bedrooms and communal areas. The signs included pictures to show communal spaces such as bathrooms and personal items and pictures were used to help people locate their bedrooms.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider working within the principles of the MCA and where needed, appropriate legal authorisations had been sought and were in place to deprive a person of their liberty.
- Staff were observed seeking consent from people when delivering their care and could describe how they made decisions in people's best interests.

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 good. At this inspection the rating remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Provider systems were not consistently identifying areas for improvement. For example, where people had not met their fluid targets, action was taken to discuss this with health professionals however this was not always recorded. The registered manager confirmed checks in place would be extended to ensure this was recorded accurately in future.
- Other audits were in place and effectively driving improvement. For example, medicines audits, environmental audits and infection prevention control audits.
- Checks were in place on equipment including hoists, mattresses and bed rails. Where issues were identified these were addressed.

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

- People and relatives told us there was a great atmosphere in the home and people felt well supported. A relative told us, "Before [person's name] went to the home the registered manager sent her a video of the home and checked on [person's name] needs. I thought that was very good. The registered manager seems very knowledgeable and cares about people."
- Staff understood people's needs and preferences. Staff could describe for us how they supported people. One staff member told us, "The assessment and care plan are good at giving information about people's needs and preferences, builds up over time, as we find out more about people and their likes and dislikes."
- People were supported to improve their wellbeing. One relative told us, "We are really happy with the care. This home is above and beyond all the others we have seen. [Person's name] is now going into the lounge and actually mixing with people."
- The provider had systems in place to ensure they met their duty of candour.

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

- People who used the service told us they were involved in the service. We saw meetings took place to discuss the home. One meeting notes showed discussions about ring and ride applications being made to enable people to have transport to places.
- Relatives told us they had good communication with the home, with someone always available to talk

with about their relatives and opportunities to get involved. One relative told us, "They send a newsletter out and they try to get people's opinions on things. They have had a relatives meeting, I didn't go, but they are planning more."

- Staff told us they were well supported and felt listened to. One staff member said, "We are definitely listened to by management team. They are supportive. It is all about the people and it's nice to see, I finally found my forever home with a care home, I don't want to leave here it is good."

Continuous learning and improving care; Working in partnership with others

- There was a learning culture in place at the home. The registered manager had systems in place to review any incidents, safeguarding and complaints and any learning resulted in actions to make improvements.
- We saw changes had been made following a complaint to how checks were completed on people's care delivery
- The provider responded immediately to issues we identified in the inspection and made changes to address these straight away.
- The provider was engaged in working with others. For example, there was contact from a doctor who visited regularly to monitor people's health.