

Roseville Care Homes Limited

# Limetree House Upper Poppleton

## Inspection report

Chantry Green, Main Street  
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York  
North Yorkshire  
YO26 6DL

Tel: 01904795280

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31 March 2022  
07 April 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Limetree House Upper Poppleton provides accommodation and support with personal care for up to 26 older people, some of whom may be living with dementia. At the time of this inspection there were 22 people using the service. Accommodation was in one building over two floors which were accessed by stairs and a lift.

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

People told us they felt safe and supported by the staff who worked in the home. However, systems for oversight and checks of environmental related risk management had not highlighted shortfalls identified over the course of the inspection.

Work was required to ensure good infection control practice was effectively implemented. We have made a recommendation about this.

Work was required to improve the recording and auditing of some medicines. We have made a recommendation about this.

Where incidents and accidents had happened lessons had been learnt and action to reduce future risk had been taken.

Staff were recruited safely, and staffing levels were enough to meet people's individual needs.

Staff were supported by the management team and worked closely with healthcare professionals to meet people's needs.

For more details, please see the full report which is on the Care Quality Commission (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 2 April 2020).

### Why we inspected

We initially carried out an announced Infection Prevention and Control (IPC) outbreak inspection; this was to follow up on IPC arrangements. We inspected and found there were concerns with infection prevention and control, and window safety so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led only.

We looked at IPC 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

coronavirus and other infection outbreaks effectively.

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 good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Limetree House Upper Poppleton on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made recommendations about infection prevention and control, medicines practice and governance systems.

#### 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Limetree House Upper Poppleton

## **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.

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

One inspector carried out day one, and two inspectors carried out day two of the inspection.

#### Service and service type

Limetree House Upper Poppleton is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

We gave a short period notice of the original IPC inspection due to the COVID-19 outbreak and measures

that needed to be in place for our visit. Once the inspection was expanded to a focused inspection, we announced that we would be returning.

#### What we did before inspection

We contacted the local authority infection prevention and control team, safeguarding and commissioning teams for feedback and looked at information sent to us since the last inspection. We used the information the provider sent us in the provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with the registered and deputy manager, and briefly with a senior care staff.

We looked around the environment to review the facilities available for people and the cleanliness of the service.

We reviewed a range of records including multiple medication administration records, and two staff personnel files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service.

#### After the inspection

We reviewed evidence that was sent remotely as well as seeking clarification from the registered manager to validate evidence found. We looked at audit and governance data, three people's care plans, as well as infection prevention and control policies and procedures. We spoke by telephone with two people's relatives, and a senior care staff.

# 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Several areas of the home required maintenance and refurbishment, leading to areas that could not be cleaned effectively in order to prevent the risk of infection.
- Flooring in the sluice room was heavily stained and paint had chipped off the wood plinth a toilet was sat on. The tiling on a bath side was compromised. This meant it was permeable and could not be cleaned effectively.
- A sofa and two fabric chairs seat covers did not fasten. Black bin bags had been put over the foam underneath to try and protect it. Several fabric dining rooms chairs were stained.
- There was significant rust on units in the laundry, and flaking paint on the walls. Slight rusting was also noted on some storage units in the kitchen
- There was only one designated area on the ground floor for staff to dispose of compromised personal protective equipment (PPE). Staff told us they removed PPE in people's rooms and placed into waste bags. These were then carried to the designated disposal area. This meant staff were at times walking significant distances throughout the home carrying waste.

We recommend the provider reviews their infection prevention and control practice accordingly, taking into account good practice guidance.

- Following the inspection, the registered manager sent us an infection prevention and control action plan which detailed the actions they had taken, and planned to take to address the concerns identified.

### Visiting in care homes

- Relatives were able to visit people at the service as per the government guidance.

### Using medicines safely

- Staff had received training in the safe management of medicines.
- We identified some discrepancies with the storage and recording of topical medicines, and improvements were needed in relation to 'as and when required' (PRN) medicines.
- People had topical creams in circulation that had been discontinued. One of the creams was not recorded on a person's medicine administration record. Another had been stopped in February 2022. This meant people were at risk of not receiving topical medicines they were prescribed and being administered ones

they no longer required.

- Protocols were not always in place for administering PRN medicines, and when they were they did not always contain sufficient information. PRN protocols explain how people should receive their medicines to ensure they are only taken when needed and as prescribed.

We recommend the provider consider current guidance on the management and recording of topical medicines, and as and when required medicines, and take action to update their practice accordingly.

Assessing risk, safety monitoring and management;

- Systems in place to identify, assess and monitor risk were not always effective.
- Window restrictors used in the service did not follow the Health and Safety Executive guidance. We found they were not tamper-proof and could be disengaged.
- A window in one person's room was not sufficiently restricted and opened fully. This exposed the person, and others to the risk of harm.
- Some first floor windows were single paned glass and posed a risk of shattering, these risks had not been considered.
- We raised the immediate risks from window safety with the registered manager, following which we were provided with a window safety action plan, and action was taken to address the concerns and ensure people's safety including regular quality checks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse. Staff said they would not hesitate to report any concerns they had. Where issues had been raised action was taken to investigate and respond.
- Accidents and incidents were monitored to see if lessons could be learnt to improve and keep people safe.

Staffing and recruitment

- Staffing levels were safe and supported staff to meet people's needs.
- Systems were in place to determine the number of staff required on shift and the registered manager worked to this level.
- Most feedback regarding staffing levels was positive, though we received some concerns from staff and relatives. We shared this with the registered manager to consider this when determining their staffing levels.
- Staff were safely recruited. The provider undertook pre-employment checks to help ensure prospective staff were suitable to care for people. The provider ensured staff were of good character and were fit to carry out their work.



# 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 has changed 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

- Systems and processes had failed to identify the concerns we found during inspection.
- The issues we found with environmental risk management, infection prevention and control, and the recording and auditing of medicines had not always been identified or addressed.
- The management team did not promote good IPC practices within the home.

We recommend the provider update their governance systems to incorporate the above areas, and update their practice accordingly.

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

- The registered and deputy manager were a visible presence at the service, and knew the people living there well.
- People and relatives spoke positively about communication with the service and said they could raise any issues they had. One relative told us, "[Staff] always keep me involved. If I had any concerns, I would raise them with [registered manager] who is brilliant, and I know these would be addressed."
- The registered manager was aware of their obligations to be open and honest when things went wrong. Notifications had been submitted to CQC when required and to other agencies including the local authority safeguarding team.

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

- The registered and deputy managers held regular meetings with people and staff to update them on changes at the service and gain their views. Records of these meetings showed open and transparent communication took place.

Continuous learning and improving care; Working in partnership with others

- The registered manager was working on strengthening how the service continuously learned and improved people's experiences.
- The management team and staff worked with a variety of health and social care professionals to improve

practice and the support to people.