A A Toorabally

The Limes Care 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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
The Limes Care Home is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

The service is purpose built with bedrooms and communal areas split across two floors. Due to the number of people living at the home at the time of our inspection only the ground floor was in use.

People's experience of using this service and what we found
People were not always protected from risks associated with their care and support. People remained at risk of falls due to inconsistent risk management. Opportunities to learn from patterns and trends of incidents had been missed. The home was not clean and hygienic, and staff used some unsafe practices that could increase the risk of infection. There were not always enough staff to keep people safe. Further work was required to ensure staff had skills and competency to provide safe and effective care.

Systems to ensure the safety of the home were still not fully effective. Audits had not identified issues, consequently these had not been addressed. Records of care and support were not always accurate or up to date. Personal sensitive information was not stored in line with legal regulations. The provider had not complied with conditions imposed upon their registration.

Since our last inspection, improvements had been made to medicines management systems. This meant people received their medicines safely, as required. Recruitment practices had also improved which meant staff were recruited safely.

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.

Overall, people had enough to eat and drink, however mealtimes were not always positive experiences. People were supported with their health needs and had access to healthcare services. Overall, the home was adapted to meet people's needs.

People were supported by staff who were kind and caring. People told us staff consulted with them about their day to day care and said they felt listened to. Staff respected people's right to privacy.

Although people told us staff understood their support needs, we found there was a risk of inconsistent support, as care plans were not always detailed or up to date. People did not consistently have enough to do with their time. People and their families felt comfortable raising any complaints or concerns. People were given the opportunity to discuss their end of life wishes.

Since our last inspection improvements had been made to better involve people, families and staff in the running of the home. The management team understood their duty to be open and honest with people and worked in partnership with external agencies.

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 Inadequate (report published 17 July 2019). This service has been rated as requires improvement or inadequate at the past five inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvements been made, however further improvements were required to comply with the regulations.

Why we inspected
This was a planned inspection based on the previous rating. It was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement
We have identified three breaches in relation to safe care and treatment, staffing and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Requires improvement'. However, we are keeping the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate

The Limes 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 Care Act 2014.

Inspection team
This inspection was carried out by two inspectors .

Service and service type
The Limes Care Home 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with three members of care staff (including those who work night shifts), two members of the domestic and catering team, the registered manager and two representatives of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three 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 policies and procedures.

Requires Improvement

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an ongoing risk that people could be harmed.

At our last inspection in May 2019, we found people were not provided with safe care and treatment and opportunities to learn from incidents had been missed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection further work was still required to comply with the legal regulations.

Assessing risk, safety monitoring and management

- People were not always protected from risks associated with their care and support.
- People remained at risk of falls. Falls reduction measures specified in care plans were not always in place. One person required a movement sensor to reduce the risk of falls. This was not in place which meant staff would not be alerted if the person got out of bed. The person had fallen three times in the past three months. This placed them at increased risk of further falls.
- Measures to reduce risk were not always effective. One person was known to try to enter people's bedrooms at night, this had caused people distress and personal items had gone missing. Risk reduction measures had been put in place but were not effective. Consequently, they continued to try and enter people's bedrooms.
- Inconsistencies in risk management placed people at risk of receiving unsafe care.

Learning lessons when things go wrong

- Opportunities to learn from incidents had been missed.
- Since the last inspection improvements had been made to ensure actions were taken to address individual risk following adverse incidents.
- However, patterns of incidents had not been identified and therefore they had not been acted upon. For example, 18 of the 23 falls in the past six months took place during night shifts, this had not been identified so no action had been taken to try to reduce risk.

Preventing and controlling infection

- The home was not clean and hygienic, and staff used some unsafe practices that could increase the risk of infection.
- Communal wheelchairs were not cleaned between uses and there was no evidence of regular cleaning. Consequently, several wheelchairs were stained and contained food debris.
- Although most staff had infection control training they did not always follow hygienic practices. We observed staff had placed a bin liner on a shower chair and had filled it with used continence wear. It was odorous, unhygienic and posed a risk of infection spreading as the chair was not cleaned after.

The failure to provide consistently safe care and treatment was an ongoing breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● There were not always enough staff to keep people safe.
● The provider told us they were facing significant recruitment challenges which had resulted in staff shortages. Staffing rotas showed there had been recent occasions when there had only been two staff on day shifts. This was not safe as it meant there would be times when there were no staff available to ensure people's safety or respond to their needs.
● Records showed there had been occasions where people had unwitnessed falls in communal areas. Staff were not present to reduce risk.
● Vacancies in the staff team had impacted other aspects of the home; the manager had to cover some care shifts which impacted on the running of the home and there were not enough domestic staff to ensure the home was cleaned effectively.

The failure to ensure there were enough staff to keep people safe was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last comprehensive inspection in May 2019, we found safe recruitment practices were not always followed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and there was no longer a breach of the legal regulations.

● Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

At our last comprehensive inspection in May 2019, we found safeguarding issues had not always been identified, investigated or referred to the local authority for investigation. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and there was no longer a breach of the legal regulations.

Systems and processes to safeguard people from the risk of abuse
● People were protected from abuse and improper treatment, however further work was needed to evidence action taken in response to unexplained bruising.
● Multiple incident records documented that people had sustained unexplained bruising. Referrals had been made to health professionals to ensure people's physical wellbeing. The registered manager told us they had conducted investigations to identify poor, or abusive practices. However, this had not been recorded which meant we were unable to assess the robustness of the investigations or what action had been taken to prevent further recurrence
● Since our last inspection, systems had been introduced to track and monitor any safeguarding concerns. This was an effective way of ensuring they had oversight of the outcome of any concerns raised to the local authority safeguarding adults' team.
● Staff had training in safeguarding and they understood the different types of abuse and their responsibilities to report any concerns.

Using medicines safely
● People received their medicines as prescribed.
● Since our last inspection improvements had been made to medicines systems and processes.

Consequently, we found medicines were well organised and managed safely. This was reflected in people's feedback.

● Staff had training in medicines management and medicines records were completed accurately.

● Where people received their medicines covertly (hidden in food or drink), advice from health professionals had been sought and there was clear guidance in medicines records.

Requires Improvement

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Improvements had been made to care plans since our last inspection. However, further work was needed to ensure care plans consistently reflected people's needs and preferences.
● There was a process in place to assess people's needs prior to them moving into the home. However, there had been no new admissions to the home since our last inspection, so we were unable to assess the effectiveness of this process.
● Although the tools the service used to assess people's needs were nationally recognised, they were not always used effectively. We have reported upon this further in the 'Is the service Safe' section of this report.

Staff support: induction, training, skills and experience
● Further work was required to ensure staff had skills and competency to provide safe and effective care.
● Since our last inspection, some staff had received updated training. However, there were still several areas where further training was needed. For example, only five of the 12 staff employed had first aid training. Only six staff had food hygiene training.
● Training did not always lead to competent staff. For example, although nearly all staff had moving and handling training, staff did not identify when a person required additional support to mobilise due to a change in their health. We saw staff continued to encourage the person to stand despite their obvious pain and distress.
● The provider told us further training was planned in the near future. However, we were not provided with a training plan.

The failure to ensure staff competency was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff had not consistently had supervision from the management team. This meant opportunities to manage performance and support development may have been missed. The registered manager had a plan in place to address this.

Supporting people to eat and drink enough to maintain a balanced diet
● Overall, people had enough to eat and drink, however further work was needed to ensure mealtimes were positive experiences and to meet people's dietary needs.
● The mealtime experience was inconsistent. Whilst breakfast was calm and relaxed, lunchtime was chaotic and on occasion people were not supported in a dignified manner. For example, staff assisted multiple

people to eat at the same time.
● People's dietary needs were not always met. One person required a specific diet due to a health condition, the catering team was not aware of this and records showed they had not been provided with the correct diet.
● People's weight was monitored and action was taken to seek professional advice to help people maintain a healthy weight.
● Since our last inspection improvements had been made to ensure staff completed records of how much people had eaten and drunk. This helped ensure people had enough to eat and drink.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported with their health needs and had access to healthcare services. This was reflected in people's feedback and relatives said they were kept informed about any changes to their relations' needs. A relative told us, "[Relation] looks healthier since being here."
● Staff sought advice from external professionals when needed. There was evidence that advice had been sought from external health professionals, such as GP's and specialist nurses.

Adapting service, design, decoration to meet people's needs
● The home was adapted to meet people's needs; however further work was required to ensure people's privacy was maintained.
● Some people's bedrooms could easily be seen into from the street. Adaptations, such as net curtains, or opaque film had not been offered to people to protect their privacy. The registered manager told us they would address this.
● The needs of people living with dementia and memory loss had been considered. There was signage throughout the home to help people find their way around and murals had been painted around the home.
● People's bedrooms were homely and personalised.

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 rights under the MCA were respected. Overall, where people's capacity to consent was in doubt an assessment had been completed and, if required, a decision had been made in their best interest.
● DoLS had been applied for when required. There were no conditions on any of the DoLS we reviewed.
● People who had capacity to consent were consulted with before support was provided and told us staff resected their wishes.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last comprehensive inspection in May 2019, we found that people did not receive person centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and there was no longer a breach of the legal regulations.

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

- People were supported by staff who were kind and caring.
- People and their families were positive about the approach of the staff team. One person told us, "It's very nice here, they (staff) are lovely ladies." A relative said, "The nicest things here is the affection staff show."
- People told us they had developed relationships with staff and said staff knew what mattered to them. A relative told us, "Staff understand everything about [name]. Staff are comfortable around [relation], they seem to like them."
- People told us they were treated fairly and free from discrimination.

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

- People told us staff consulted with them about their day to day care and said they felt listened to.
- People's relatives felt involved in the care of their family members. A relative commented, "Staff always give us updates and if there is anything [relation] needs we just ask and they will sort it."
- People and their families were given opportunity to be involved in developing their care plans. Some people had shared information about their personal history, family background and likes and dislikes. This was inconsistent and further work was needed to ensure staff had access to person centred information about people.
- People had access to an advocate if they required one to help them express their views and there was information about advocacy displayed in the service.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy. This was reflected in people's feedback.
- Staff treated people with dignity and we observed staff were patient, gentle and respectful.
- People were supported to be as independent as possible. One person told us, "I am independent, staff only help me if I need it, it reassures me that they are there."
- Overall, people's areas of independence were reflected care plans and staff demonstrated a good understanding of this.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were at risk of receiving inconsistent support that did not meet their needs.
- Since our last inspection some improvements had been made to care plans. For some people care plans were detailed and up to date. However, for others care plans lacked detail, or had not been updated to reflect their changing needs.
- One person had sustained a wound two weeks before our inspection, however the care plan was only updated with this information on the day of inspection. This placed people at risk of receiving unsafe support that did not meet their needs.
- There were no strategies in place to encourage good oral care for a person who was known to decline this care. There were no records to evidence if the person's teeth had been brushed.
- Despite the above, people and their families told us staff had a good understanding of people's needs. One person said, "The staff seem to know what they are doing well enough."

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 did not consistently have enough to do with their time.
- Several people told us there was not a lot to do and few opportunities to get out in the community.
- Some people were supported to visit the local community, however, there was no planned approach to this to ensure equality.
- There was no structured, organised approach to activities. Staff provided activities on an individual basis when they had time, however this was often cut short due to staff being required to provide care.
- Some people chose to spend their time in their bedrooms, they told us they had little social interaction or activity, other than when staff provided support with personal care.
- There were occasional visits from an external entertainer and people said they enjoyed these events.
- People were supported to maintain relationships with those close to them. We saw family and friends were welcomed into the home. A relative told us, "We are well looked after too!"

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 provider was meeting the requirements of the AIS. Most care plans contained information about each

person's individual communication needs and staff demonstrated a good understanding of this.
● Information was available to people in a range of formats. For example, picture cards were available if people were unable to express themselves verbally.

Improving care quality in response to complaints or concerns
● People and their families felt comfortable raising any complaints or concerns. A relative told us, "I would feel comfortable talking to any of the staff if there were any concerns."
● Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns.
● There was a complaints procedure in place. There had been no complaints recorded since our last inspection.

End of life care and support
● People were given the opportunity to discuss their end of life wishes.
● People's wishes were recorded in people's care plans and there was evidence that people's families had been involved in those discussions where appropriate.
● Training was planned to enhance staff skills in this area.

Inadequate

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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last comprehensive inspection in May 2019, we found ineffective governance and leadership had a negative impact on the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found further improvements were required to ensure compliance with the legal regulations.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The Limes Care Home has been rated as requires improvement or inadequate at the past five inspections. This demonstrated a failure to make and sustain improvements to the quality of the care provided since September 2017.
- Systems to ensure the safety of the home were still not fully effective.
- Audits had not identified issues, consequently these had not been addressed. A manager's daily audit recorded that all wheelchairs were clean and in good condition, this was not the case. Care plan audits had not identified the issues found in relation to risk management.
- Some management checks had not been completed as regularly as required. The tool used to determine staffing levels had not been updated since October 2019. Consequently, it was incorrect. This meant staffing levels were not based upon an accurate assessment of people's needs.
- The failure to identify and address issues with risk management, staffing, infection control and staff competency, posed a risk to people's health and safety.
- Records of care and support were not always accurate or up to date. Investigations of incidents had not been recorded thoroughly. This failure to keep accurate records meant there was limited evidence in some areas to show people received safe and effective care.
- Personal sensitive information was not stored in line with legal regulations. Personal care records were left unattended in a communal area where visitors were present for a period of 45 minutes. This posed a risk that visitors to the home could access confidential information.
- The provider had not complied with conditions imposed upon their registration. After our February 2019 inspection we imposed conditions to enable us to monitor the quality and safety of the service. This required the provider to send monthly action plans. These had not been provided and consequently this limited our ability to monitor quality.

The provider's failure to ensure effective leadership and governance was an ongoing breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Effective improvements had been made to some areas of governance. For example, regular audits of care records such as food and fluid charts had enabled the management team to identify and address poor practice and improve the quality of support.

At our last inspection we found there had been a failure to notify CQC of some events within the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations.

● At this inspection we found the provider had notified us of all events as required. This meant the provider was no longer in breach of this regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The management team told us they had a vision to provide high quality care, however they had not implemented the changes required to achieve this and meet the legal regulations.
● Despite our findings, people and their families were positive about the atmosphere and care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Since our last inspection improvements had been made to better involve people, families and staff in the running of the home.
● The provider had introduced 'listening forms' which they completed on a one to one basis with people to enable them to share their views and voice any concerns. People and their families had also been invited to share feedback in a questionnaire. Feedback on the service was largely positive.
● Regular meetings for staff had been introduced. These were used as a way of improving staff practice and were focused on key areas for development such as communication and dignity. This had a positive impact on staff practices is reflected in the improved rating of the caring section of this report.

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 management team understood their duty to be open and honest with people. Records showed the registered manager had been in touch with people and their families following incidents to share information and try to prevent the same from happening again.

Working in partnership with others
● The registered manager worked in partnership with others, such as health and social care professionals to ensure people got the care they required and to make improvements.