Lime Trees Residential Care Homes Limited

The Lime Trees

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Requires Improvement**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 14 September 2018 and was unannounced.

At our last inspection on 13, 15 and 19 March 2018, we found breaches of regulations relating to person centred care (Regulation 9), treating people with dignity and respect (Regulation 10), consent to care (Regulation 11), safe care and treatment (Regulation 12), safeguarding people from abuse (Regulation 13), premises and equipment (Regulation 15), good governance (Regulation 17), staffing (Regulation 18) and fit and proper persons (Regulation 19).

The service was rated inadequate and placed into special measures following the March 2018 inspection. Special measures are designed to ensure a timely and coordinated response where we judge the standard of care to be inadequate. Its purpose is to ensure that inadequate care significantly improves and provides a clear timeframe within which the provider must improve the quality of care they provide. When a provider is placed into special measures, the CQC will re-inspect within six months.

A Notice of Decision was served on the registered provider on 23 March 2018 to impose a condition to restrict the admission of new people without authorisation from CQC. Full information about additional CQC regulatory responses to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The Lime Trees is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Lime Trees is registered to accommodate up to 20 people and does not provide nursing care. At the time of this inspection, there was one person living at the home. This meant that although we could carry out an inspection we could not fully rate the quality of the service as we had insufficient evidence on which to do so.

The registered manager had left the service three weeks before the inspection, a new manager was in place who had started the process of applying to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At this inspection, we found that the provider had achieved compliance with seven of the nine regulations previously identified as breached during the comprehensive inspection in March 2018. However, we found improvement was still needed with regards to safe staff recruitment and equipment being fit for purpose. This meant the provider was still in breach of two regulations.

We identified concerns with how staff were recruited. While checks such as criminal records checks (DBS) and identification checks were completed, the provider's referencing process was not sufficiently robust at

ensuring staff were suitable to work with vulnerable people.

In two bedrooms, we found old odorous urine stains on mattresses from when the bedrooms were last occupied. We identified additional environmental concerns such as a water leak in one room and some kitchen equipment in a poor state of repair. Some of these concerns were addressed either during the inspection or shortly afterwards.

Increased quality assurance processes were in place which helped the service identify areas for improvement. New quality monitoring checks included weekly medicines audits, dining experience and cleanliness checks. However, we could not be assured that the quality monitoring systems in place were robust as we identified repeated areas of concern at this inspection.

Staff had received training around medicines management and had their competencies assessed. The person living at the service was receiving their medicines safely and processes had been implemented to ensure medicines were monitored effectively.

Staffing levels were appropriate for the level of occupancy at the service.

No safeguarding concerns were identified during this inspection. Staff had received training on safeguarding and knew where they could report concerns.

The provider had implemented procedures to ensure compliance with the Mental Capacity Act 2005.

The person living at the service was happy with the care they received and complimentary of care staff and the management team.

The person had a care plan and risk assessment in place which identified their care needs, risks associated with their care and provided guidance to care staff on how to work with the person.

Staff received training in areas such as fire safety, first aid, infection control and basic life support. They received regular supervisions and an annual appraisal. This helped ensure they had the knowledge and skills to provide effective care.

At this inspection, we identified repeated breaches of regulations 15 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We continued to identify concerns with how staff were safely recruited.

Although there were noticeable improvement to the overall cleanliness of the service, the premises and equipment were not consistently clean and well maintained.

There were sufficient staff on duty to ensure the person using the service received timely care and support.

Medicines were safely managed for the person using the service.

Risks associated with the person's care and support had been identified and guidance was available for staff.

There were improved processes in place to ensure people using the service were protected from abuse.

Is the service effective?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service was providing care to one person.

Staff had received refresher training since the last inspection. Staff were supported with regular supervisions and an annual appraisal.

The person using the service told us they were happy with the meal choices on offer.

The person was supported to access health services and maintain good health.

The service had taken steps to comply with MCA 2005.

The person's care plan was based on their assessed care needs which was reviewed and updated regularly.

Is the service caring?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service was providing care to one person.

The person told us that staff were caring and respectful. We observed kind and caring interactions between the person and staff present.

The person had been consulted about their care preferences.

Is the service responsive?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service was providing care to one person.

The person was receiving care which was reflected their needs and preferences.

The person was supported to engage in activities based on their interests.

The provider had a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The person told us they were happy with overall service provision. Staff told us they were valued and supported.

There was a new manager in place at the time of this inspection.

Additional quality assurance systems had been implemented by the time of the inspection. We saw significant improvements made to many previously identified areas of concern. However, some areas of concern remained which did not assure us that the quality assurance systems in place were sufficiently robust and embedded.

The Lime Trees

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 September 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection, we reviewed information we held about the service including an action plan submitted by the provider following the last inspection.

During the inspection, we spoke with the one person using the service, the provider's nominated individual, the home manager and two care staff. We received feedback from one health professional working with the service.

We checked the environment of the service, which included all bedrooms and bathrooms. We reviewed one person's care record which included their care plan, risk assessments and medicines administration records. We reviewed four staff files which included recruitment, training and supervision records. We looked at quality monitoring, health and safety and other records associated with the running of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in March 2018, we found that not all staff had undergone appropriate recruitment checks prior to working with vulnerable people as an employment history or references had not been obtained. The provider had not carried out their own criminal record checks on some staff. At this inspection, we found that although improvements had been made to how new staff had been recruited, we were not assured that the provider was operating a robust referencing process following concerns identified at the last inspection.

Since the last inspection, the provider had recruited one new staff member through an employment agency, who referenced the employee. We saw that the appropriate background checks had been carried out, which included DBS (criminal record) and identification checks.

We checked three additional staff files to check that documents identified as missing from staff files at the last inspection had been addressed. We found updated DBS disclosures on file which were completed by the provider for two of the staff files checked. For a third staff member, the DBS disclosure on file stated that their employer was a different organisation. The nominated individual told us this was an error made by the umbrella company and this would be rectified.

On all three files, we found an undated reference from one training company, however this referee was not on the employment history of any of these staff as ever having been an employer. For two staff members with employment history in the UK, no references were on file from any of the previous heath care employers detailed in employment history in their application forms.

This meant that new staff were not fully vetted before being allowed to work with people using the service, as suitable references had not been sought. This is a repeated breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in March 2018, we identified significant concerns with the cleanliness and maintenance of the premises and equipment used. We found that many mattresses and bedding in use was heavily soiled with urine and sometimes faecal matter. Bedding including pillows and duvets were worn. We found strong offensive odours throughout the home. At this inspection, we found that the provider had made significant improvements to the environment of the home, such as replacing mattresses and installing new flooring. The home was overall much cleaner and without significant odour. We checked the bedroom of the person using the service and found no concerns regarding cleanliness or maintenance. The nominated individual told us of additional refurbishment plans which included replacing old vinyl flooring in en-suite bathrooms.

However, we identified some ongoing environmental and cleanliness concerns. Following the last inspection, the provider told us in their action plan that they had replaced all stained and soiled mattresses. At this inspection, in two bedrooms, we found mattresses had noticeable stains that smelt of urine. This demonstrated failures to ensure the equipment used at the service was clean. We brought these to the

attention of the nominated individual who was present at the time of our checks. One of the mattresses was replaced immediately and the other mattress was replaced following the inspection.

In one bedroom, we found evidence of a leak from above as part of a wall was water stained and wet to touch. In another bedroom, we found a toilet chair to have rust on the legs and the paint was peeling. This demonstrated failures to ensure that premises and equipment was properly maintained.
We noted that at the time, these bedrooms were unoccupied. However, it was of concern that these environmental matters had not been identified by the management team despite them informing us of regular checks following the last inspection.

In the kitchen, we found the extractor fan was not working and was heavily clogged with grease. We found the oven had broken seals. This demonstrated failures to ensure the equipment was clean and properly maintained. Following the inspection, the nominated individual provided evidence that the extractor fan had been replaced.

At the last inspection, we identified that the walk-in shower in use was not fit for purpose, as when in use, people were not afforded sufficient privacy and were exposed to communal areas of the home. At this inspection, we found the shower was still in use. The shower was noticeably cleaner and a new shower curtain was hung in the corridor. The person living at the service told us they used the shower with no concerns. However, we remain significantly concerned with how the shower, in its current form can be used by people either with or without staff support in a way which can ensure privacy and protect their dignity as this is the only walk in shower facility in use in the home.

We found that the extractor fan in the shower was not working, which meant that if the shower was in use with the door closed, there would be a build-up of steam which would make it difficult for people to dry themselves. This demonstrated a failure to ensure that equipment was properly maintained. Following the inspection, the nominated individual told us that the extractor fan had been repaired.

The safety of the building was routinely monitored. Records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting, gas and electrical safety and legionella. We noted that although a lift servicing contract was in place, a LOLER (Lifting Operations and Lifting Equipment Regulations 1998) safety check was not documented. We discussed this with the nominated individual who told us that would look into it. Following the inspection, the nominated individual sent evidence of a 'Report of Thorough examination of Lifting Equipment.' The date on the examination was May 2016, more than two years prior to this inspection. The Health and Safety Executive (HSE) state that lifting equipment should thoroughly examined every six to twelve months.

The above evidence demonstrates a repeated breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in March 2018, we found significant concerns with how people were protected from abuse and improper treatment because of inadequate showering arrangements, soiled bedding and an unreported injury. Following the last inspection, staff underwent safeguarding and dignity in care training. At this inspection, we did not identify any current safeguarding concerns from our observations. Staff told us what they would do if they had concerns about people's safety. A staff member told us, "I would inform the manager, safeguarding team or CQC." The person using the service told us they felt safe living at The Lime Trees.

At the last inspection, we found concerns with how medicines were safely managed at the service. We found

quantities of PRN 'as required' medicines unaccounted for and staff were not clearly recording when PRN medicines were administered. We also found inconsistencies with record keeping. At this inspection, we found that the provider had made improvements to how medicines were managed. The person living at the home was supported by staff to take their medicines safely. Following the last inspection, all staff received medicines training and had their competency assessed.

We saw that stocks of PRN medicines matched records kept and the provider had implemented a daily stock check for PRN medicines. Where medicines were no longer required, they had been returned to the dispensing pharmacy. Medicine administration records contained no errors or gaps in recording and when PRN medicines were administered, the reason for doing so was clearly recorded. Medicines were stored securely in a medicines trolley. At the time of the inspection, no controlled drugs or medicines requiring refrigeration were in use.

At the last inspection, we found that risks associated with people's care had not always been identified and guidance was not available to staff. Not all people using the service had risk assessments in place in a timely manner following admission. At this inspection, we found that the risks associated with the care the person using the service had been assessed and documented. We saw that the person had signed their risk assessment and the risk assessment was updated on a regular basis. We spoke to the nominated individual and home manager about how they would assess risks for people with complex physical health needs, such as moving and handling, malnutrition, continence care or skin integrity. The home manager showed us new template risk assessment documents for these type of health scenarios.

At the last inspection, we identified concerns with infection control measures in place at the home. At this inspection, we observed improvements in this regard. However, the stained mattresses, toilet chair and unclean kitchen equipment concerns above posed a risk in this regard. We did not note any concerning observations with how care staff ensured robust infection control. Bathrooms were clean and contained hand washing facilities. Staff had received training on infection control. At the time of the inspection, staff were not providing continence care, therefore we were unable to assess how infection control was managed in this type of situation.

At the last inspection, we identified concerns with staffing levels and staff deployment. We found that staff were completing non-care tasks such as cooking, cleaning and laundry which meant that they were not always available to help people when needed. At this inspection, we found the staffing levels were appropriate for the current occupancy level at the service. There was one staff member on duty day and night. We observed the staff member on duty spend the day with the person engaging in activities and discussion. The nominated individual told us that they also slept in at the service in the event of an emergency.

At the last inspection, we identified concerns with fire safety. We found that Personal Emergency Evacuation Plans (PEEPs) were not readily available. We found that this had been rectified at this inspection. Regular fire drills took place which detailed how long the drill took, who was involved and any learning points.

Since the last inspection, no accidents or incidents had been recorded at the service. The nominated individual told us that they had implemented a monitoring log to review and learn from any future accidents or incidents. The form also specified whether CQC should be notified.

Inspected but not rated

Is the service effective?

Our findings

At the last inspection in March 2018, we found that the provider had not ensured all staff had been suitably trained to carry out their roles. Not all staff had received training in areas such as first aid, fire safety and basic life support. At this inspection, we found that all staff had completed the following online training courses since the last inspection: fire safety, first aid, health and safety, moving and handling, safeguarding adults, infection control, food hygiene, dignity in care and medicines. In addition, staff had undergone classroom based medicines training provided by a pharmacist, and end of life care provided by a local hospice. The nominated individual told us that they would organise classroom based moving and handling training when necessary as the person living at the service had no moving and handling requirements.

We spoke to staff who confirmed that they had completed recent training. One staff member told us, "We have had lots of training." We identified a concern regarding a staff member's understanding of a certain area of training which may place people at risk of harm. We advised the nominated individual of our concerns who advised they would ensure all staff understood.

Staff told us they had regular supervisions with the management team which was confirmed by documents seen. Topics discussed at supervisions included CQC inspection findings, improvement plans for the service and staff training needs. Staff had also received an annual appraisal since the last inspection which involved a self-appraisal and manager appraisal.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

At the last inspection, we found that some people were bring deprived of their liberty without lawful authorisation which had caused some people considerable distress. At this inspection, the person living at the home was not subject to a DoLS authorisation as they consented to living at the home and had capacity to make that decision. The person's care plan contained a section to document their capacity and they had signed their care plan to indicate that they had consented to their care. We discussed with the home manager and nominated individual, how they would ensure compliance with MCA in instances people did not have capacity. We were shown template MCA assessments and best interests decision making forms.

The person living at the service told us they were happy with how they were supported to eat and drink. We observed on the inspection, that they were offered regular hot drinks and snacks. The nominated individual told us the person was asked daily what they would like for meals. The person's care plan detailed their food

likes and dislikes. Discussions with the home management team showed that they were aware of weight monitoring practices and the community professionals to contact if concerns arose.

At the last inspection, some people did not have a care plan in place. One of those people was the person currently living at the service. Following the last inspection, a care plan had been created for the person which was based on their assessed care needs. We saw that the care plan was reviewed monthly and updated as and when their care needs changed. The service had a comprehensive needs assessment form available to discuss and record the varied needs of anyone considering moving into the service.

The person using the service told us that they had been supported to access health professionals and was being supported by staff to attend GP and hospital appointments. We saw that care records documented the support the person was receiving for specific health concerns. However, we noted that information was lacking for more routine health appointments such as optician and dentist. The new home manager told us that they also noticed this and had established contact with the local optician to book an eye-test. We saw evidence of other upcoming health appointments which staff told us they were aware of.

Inspected but not rated

Is the service caring?

Our findings

At the last inspection in March 2018, we found that people were not treated with dignity and respect. People told us of poor care experiences and we observed poor care practices throughout the inspection. At this inspection, the person using the service told us that staff were kind and they were treated with respect. They said, "They are looking after me well."

We observed kind and caring interactions between the management team, staff on duty and the person using the service. We observed informal and friendly conversations and the person was included in decision making about meal and activity choices. Staff engaged the person in conversation at length about their interests and current affairs. The person appeared to be comfortable and at ease with the staff present.

The person's care plan indicated that they had been consulted in planning their care. Their care plan detailed their life history and important life events which led to them moving into the service. Their care plan addressed their individual needs and preferences, for example, how they wished to be addressed. Their communication preferences were also detailed with guidance given to staff in this regard.

Inspected but not rated

Is the service responsive?

Our findings

At the last inspection in March 2018, we found that not all people had care plans in place, care plans were not person centred, people were not receiving adequate care, particularly with regards to continence management and people were not supported to engage in meaningful activities. At this inspection, we did not identify concerns around the care the person using the service was receiving. They told us that they were happy that all their care needs were met. In reference to the staff, they said, "They are very helpful."

The person's care plan detailed what they could complete independently and where they required assistance from staff. Areas of care assessed included personal care, continence care, nutrition and hydration, health and medicines, mobility and behaviours. Their care plan was reviewed monthly and updated as necessary. For example, we saw that the service supported the person to apply for a Freedom Pass so they could go out in the community more. The home manager told us that he was in the process of rewriting the person's care plan. This was sent to the inspection team following the inspection.

The person was supported to engage in regular activities of their preference. During the inspection, we observed the person engage in a card game with staff and the management team. We saw staff engage the person in conversation regarding their music interests and current affairs. Records indicated that the person went into the community accompanied with care staff.

At the time of inspection, the service was not providing end of life care. However, we saw staff had recently received training from a local hospice. Care plans contained a section for advance care planning that could be used where people wanted to discuss their end of life care.

The person using the service told us they were happy with the care they received and had no complaints. They told us they knew where to raise concerns. Since the last inspection, we saw that the service had received no complaints. We saw that the complaints procedure was on display on the hallway of the home.

Requires Improvement

Is the service well-led?

Our findings

The person living at the service told us they were happy with the care they received. We observed the management team engage proactively with the person which the person appeared to enjoy. The person told us, "It's very, very nice here." Staff spoke positively of the current management team in place at the home. They told us that they were supportive of staff ideas, listened and asked staff for their opinions.

A new home manager had recently commenced employment at the service. Both staff and the nominated individual spoke positively of them and the changes they were planning to make to improve the service. Feedback included, "More involved in trying to lift this place" and "Good ideas, excited and passionate."

At the last inspection in March 2018, we found serious concerns with the governance systems in place which resulted in people receiving a very poor standard of care. We identified significant concerns with management oversight of ensuring people were safeguarded from abuse and improper treatment, ensuring people were treated with dignity and respect, ensuring a clean and safe environment, care planning, medicines management and risk assessments.

Since the last inspection, both the previous home manager and nominated individual carried out regular audits of the service to assess quality of care. Monthly audits completed by the previous home manager included a staff recruitment audit, a home maintenance audit which included emergency lighting and water temperature checks, a housekeeping audit which included daily room checks and cleaning checks and an administration audit which included checking that regular meetings, risk assessments and workplace assessments took place. The audits completed generally did not identify any concerns or actions to be completed.

The nominated individual commenced quality checking following the last inspection. Their audits included a weekly medicines audit, first aid box checks, and a maintenance audit which checked electricity, gas and water checks were in date and maintenance issues were addressed. We saw an audit dated 1 September 2018 identified that a door needed repairing and that an electricity test was due. The nominated individual also carried out a cleanliness audit on 1 September 2018 which identified that the oven and extractor, a toilet seat and old flooring required replacing and walls in a bedroom were discoloured. An action completed date was set for 30 September 2018. The replacement of the extractor fan in the kitchen was completed following identification of concern by the inspection team.

The nominated individual also carried out a dining with dignity floor walk which reviewed people's dining experiences in areas such as choice, staff support and food quality. The outcome of a recent check was positive with the person using the service advising that they enjoyed their meal experience.

Despite the increased quality checking processes in place which had the potential to ensure a higher standard of care, we identified concerns with the some aspects of the quality checks as we found continued concerns with the cleanliness and maintenance of the premises and equipment and how staff were safely recruited as detailed in the 'Is it safe?' section of this report. The above audits had not identified those

concerns.

We saw that a customer survey took place in 2018 which asked for people's feedback on areas such as the overall service, meal times and experience, the environment, activities, medical care and staff. The response to the survey was positive and no concerns were raised.

The service worked in partnership with external health and social care professionals to ensure the person in their care had access to appropriate services. In addition, the nominated individual worked with an external care consultancy agency to implement and embed improvement actions for the service following the last inspection. The nominated individual told us that they were shortly commencing a mentoring programme with a care consultancy.

Since the last inspection, the occupancy of the service had reduced from 17 people to one person. At this inspection, we did not identify any concerns with the care the person living at the home was receiving. The provider was meeting their assessed care needs. However, at this inspection, we were unable to determine how effective and sustainable the improvements made were as the service was not providing care to people with more complex needs in areas such as pressure care, continence care, mobility or dementia.