

Lime Lodge Care Ltd

Lime Lodge

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lime Lodge is registered to accommodate up to nine people in one adapted building. People living at the service had a learning disability and / or autism. At the time of our inspection, seven people were living at the service. Accommodation is provided over two floors and within the grounds of the service.

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

Right Support

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support the best practice.

Improvements were required in how people were involved in their care and treatment that maximised their choice, control, and independence. People's independence was not always sufficiently promoted and there were limited opportunities to engage in meaningful activities based on people's interest and hobbies.

Risk assessments and support plans review and monitoring needed improvement. Risks in relation to the environment and infection prevention control had not been fully assessed and mitigated.

Medicines management processes did not follow best practice guidance.

People who lacked capacity to make certain decisions for themselves or had fluctuating capacity did not have their mental capacity assessments regularly reviewed to ensure the decisions made by staff on their behalf were in line with the law and supported by effective staff training and supervision.

The examples of menus we saw did not consistently promote healthy, varied diet. We did not find evidence of staff supporting people to be involved in preparing and cooking their own meals in their preferred way. Access to the kitchen was restricted by a pad lock which did not promote people's independence. People's cultural preferences in regard to diet were respected.

People were referred to health care professionals to support their wellbeing, however the updates and guidance from the professionals was not always recorded and we could not be assured if all the staff were aware of the guidance.

The interior and decoration of the service was not fully adapted in line with good practice to meet people's sensory needs. People's care and support was not always provided in a clean and hygienic environment. People personalised their rooms and were included in decisions relating to their own room's decoration.

Right Care

There was a risk people may not receive consistent safe care because their support plans and risk assessments had not always been developed or were not up to date.

Staff did not ensure all people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills. People, those important to them and staff, did not review plans regularly together. There was a lack of clear pathways to future goals and aspirations, including skills teaching in people's support plans. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse.

Right Culture

The provider did not frequently check staff's competency to ensure they understood and applied training and best practice. The provider's systems and processes used to monitor quality and safety were not fully effective. The provider's internal governance, systems and processes had not fully identified the shortfalls we found. There was no ongoing action plan to drive improvements. The provider had limited oversight and monitoring of the service.

Prior to our inspection, following a whistleblowing concern, we had contacted the provider and established that some staff did not complete mandatory training. This meant people were at risk of being supported by staff without the essential skills and qualifications. The provider addressed it immediately and at the time of our inspection all staff had received the mandatory training. People were supported by staff who had received basic mandatory training, however this did not include training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions.

Safe staff recruitment checks were completed before staff commenced their employment.

Staff were positive about the support and leadership of the provider. An external professional and relatives gave overall positive feedback about the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 July 2021) and there were breaches of regulation. At this inspection we found the provider remained in breach of two regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about medicines, training, infection control and management of the service. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with the overall oversight of the service, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

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

service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lime Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safety, need for consent and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from 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 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 well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Lime Lodge

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

Two inspectors completed a site visit.

Service and service type

Lime Lodge 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.

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 not a registered manager in post. However, the provider had recruited a new manager after the inspection and they were in the process of applying to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also contacted Healthwatch for feedback about the service. 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 all of this information to plan our inspection.

During the inspection

We spent time observing care and support in the communal areas. We spoke with one person who used the service and one relative. We spoke with the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with four care staff. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including the staff rota, audits and checks. We also reviewed the internal and external environment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who liaise with the service.



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 requires improvement. At this inspection this key question has now remained the same.

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.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risk assessments and care plans relating to the health, safety and welfare of people were not always completed or reviewed regularly. For example, one person did not have a care plan or risk assessments in place. Another person was prescribed emollient cream but there was no guidance in the care plan on how and when to use the emollient cream and no risk assessment for the risk of flammability of the cream.
- Staff did not always adequately assess people's sensory needs and did their best to meet them. For example, there was not enough prompts and adjustments in place for a person who was registered blind.

Ultimately, sensory experiences can help an adult with a disability live a more enriching life.

- People were at risk of not receiving their medicines safely. We identified an occasion, where staff who had not completed medicines administration training was asked by the manager to administer medicines.
- There were no protocols to guide staff on how to correctly administer 'when required' (PRN) medicines. The service manager was not aware of what PRN protocols were. One person was prescribed a medicine to be taken "once or twice a day when required" but there was no guidance for staff on when the person should be given the tablets or the reason.
- The service did not always manage incidents affecting people's safety well. Incidents were not always reported appropriately, and the manager did not always thoroughly investigate incidents and shared lessons learned.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection we received a whistleblowing concern regarding lack of training. We followed this up and we had identified not all staff received safeguarding training. The provider addressed it and at the

time of our inspection all staff completed the mandatory safeguarding training.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff told us they would be confident in reporting safeguarding to the service manager or externally if needed.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of trained staff were deployed to meet people's individual care and support needs increased the risk of harm. This was a breach of Regulation 18 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff and a person who use the service, told us there was sufficient levels of staff to meet people's care and support needs. However, we saw staff had limited time to provide person centred care and support due to the additional domestic tasks expected of them.
- Prior to the inspection we identified not all staff who worked in Lime Lodge completed the required mandatory training. We asked the provider to address this and at the time of the inspection all staff completed the mandatory training.
- Recruitment processes were safe. Pre-employment checks were performed on staff to ensure they were suitable to work for the service.

Preventing and controlling infection

- The provider did not always effectively promote safety through the hygiene practices of the premises. For example, one person's bedroom had a very strong odour of urine. Effective measures were not put in place to eliminate the concern and ensure hygienic environment.
- Prior to the inspection we identified that the provider's infection prevention and control policy was not up to date. We asked the provider to update it and it was completed when we inspected.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

The provider implemented the government guidance on visiting arrangements. This allowed people to stay in contact with their families and relatives during the COVID-19 pandemic.

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 good. At this inspection this key question has now deteriorated to requires improvement.

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

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

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.

- The provider did not demonstrate best practice around assessing mental capacity, supporting decision-making and best interest decision-making because the mental capacity assessments were not reviewed regularly. Some of them were not reviewed for several years and had not considered that people's capacity could fluctuate or change.
- The provider did not ensure that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests.
- People did not always have care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff, did not review plans regularly together.
- There were no clear pathways to future goals and aspirations, including skills teaching in people's support plans.

People's care was not always delivered in line with standards, guidance and the law. This is a breach of Regulation 11: Need for consent, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- We identified gaps in staff training prior to the inspections. This was addressed by the time we completed our inspection. However, there was limited training available to support staff managing people's distressed behaviour.
- Not all staff had the skills and experience to implement the best practice. We identified some staff did not continuously apply best practice, for example in relation to medicines management.

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

- People were not consistently supported to eat a healthy and varied diet to help them to stay at a healthy weight. Limited options of fresh fruits and vegetables were available to people. We found some expired products in the kitchen. We asked for the products to be discarded immediately.
- People had limited access to the kitchen area because there was a pad lock on the door, however they could request a drink or snack at any time from the staff.
- People were provided with food options in line with their cultural preferences and beliefs, for example there were people who were supported to eat halal diet as per their choice.

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

- The interior and decoration of the service was not adapted in line with good practice to meet people's sensory needs. For example, there was no visual or sensory aids in the home. Having more suitable sensory experiences and adjustments could help people communicate more effectively.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their rooms.

Supporting people to live healthier lives, access healthcare services and support

- Not all people had health action plans which were comprehensive and up to date.
- People's health appointments were not always followed up or recorded. There was no record of professionals' recommendations. For example, one person was referred for a diabetic eye check and speech and language therapy, however, there was no documentation to confirm if the appointments took place.

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 requires improvement. At this inspection this key question has remained the same.

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.

At our last inspection the provider had failed to establish systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- The systems and processes to monitor quality and safety were not fully effective in protecting people from the potential risk of harm. The provider had not identified all the shortfalls in the expected care standards found during the inspection.
- There was no registered manager at the service and the manager responsible for day to day running of the service did not have clear oversight of the service. There was no action plan to drive forward improvements at the service.
- Systems and process to assess, monitor and mitigate risks in relation to people's individual care and support needs were ineffective. Audits of care plans, mental capacity assessments, training matrix and medicines were not taking place. This increased the risk of harm to people.
- People's individual care records such as health action plans that recorded health related needs and guidance showed multiple gaps in information. This impacted on oversight and monitoring of people's care and support needs.
- Infection Prevention Control (IPC) audits were completed, however they were not always effective in identifying effective solutions to IPC concerns. Following the audit, effective measures were not put in place to eliminate the concern and ensure hygienic environment.
- When incidents occurred, they were not always recorded, escalated and appropriate actions were not always taken or documented. This prevented the provider from learning lessons and sharing outcomes with staff when incidents occurred.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

outcomes for people

- The service manager did not always lead by example because he did not always implement and share best practice, for example in regard to medicines management.
- Staff told us the management were visible in the service, approachable and took interest in what people and staff had to say.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a very limited number of relatives visiting the service and only one person who uses the service agreed to speak to us. The person we spoke with told us staff communicated with them and on the whole, they felt involved and consulted about their care and support.
- The health care professionals we spoke with felt the service had people's best interest at heart, however one health care professional told us the communication with the manager could be improved.
- The provider had not developed partnerships with advocacy organisations which would help to give people using the service a voice and improve their wellbeing.
- The provider had limited ways of seeking feedback from people and those important to them or use the feedback to develop the service

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

- We found no evidence of the duty of candour being required; however, the registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.