

Limetree Healthcare Limited

# Limetree Care Home

## Inspection report

8 Limetree Close  
London  
SW2 3EN

Tel: 02086743437  
Website: [www.excelcareholdings.com](http://www.excelcareholdings.com)

Date of inspection visit:  
15 December 2020

Date of publication:  
24 December 2020

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Limetree Care Centre is a nursing home providing personal and nursing care to 87 people aged 65 and over at the time of the inspection. The service can support up to 92 people in one adapted building over three floors.

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

People told us they were happy with the standard of care and support provided at this care home. The service was now adequately staffed and was no longer reliant on any temporary agency staff. This had helped drive up the standard of care provided because most of the staff were now permanent and were therefore more familiar with the needs, wishes and daily routines of people living at the care home. The suitability and fitness of staff to work in an adult social care setting continued to be thoroughly assessed.

People were cared for and supported by staff who knew how to manage risk and keep them safe. The premises were kept hygienically clean and staff followed relevant current best practice guidelines regarding the prevention and control of infection. Safeguarding concerns were appropriately managed and incidents and accidents were regularly audited to minimise repeat incidents. People received their medicines as prescribed.

People were supported to participate in activities that reflected their social interests and to maintain relationships with family and friends to avoid social isolation. People's care plans were person centred, which helped staff provide them with personalised care and support. Staff ensured they communicated and shared information in a way people could easily understand. People's concerns and complaints were listened to and investigated by the provider. The service had systems in place to support people in line with their wishes when at the end of their life.

The provider recognised the importance of learning lessons when things went wrong and were keen to continuously improve the service. The quality and safety of the service people received was routinely monitored by managers and nursing staff at both a provider and service level. People's views were sought to drive improvement and the registered manager placed a focus on working in partnership with stakeholders.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 3 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We received concerns in relation to people's nursing care needs and safety. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern.

Please see the safe section of this full report.

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

### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Limetree 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 three inspectors and a Specialist Advisor who was a registered nurse.

#### Service and service type

Limetree 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

We gave a short period of notice of the inspection, this was because we were responding to risk concerns, and wanted to be assured that no one at the home was symptomatic in light of the COVID-19 pandemic.

#### What we did before the 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 and made the judgements in this report. We reviewed all the key information providers are required to send us about their service, including statutory notifications. We used all of this information to plan our inspection.

#### During the inspection-

We spoke in-person with ten people who lived at the care home and 14 staff members, including, registered nurses, care workers, senior care workers, activities personnel, maintenance personnel, the registered manager and the regional quality and improvement manager. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We contacted a healthcare professional who regularly visits the service.

We reviewed a range of records. This included seven care plans, medicines administration records, four staff files in relation to their recruitment, rotas, policies and audits.

After the inspection

We spoke with four relatives to gather their views. We continued to seek clarification from the provider to validate evidence found. We looked at the maintenance file and additional audits.

# 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 improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection in August 2019, we identified a breach of Regulation 18 (Staffing of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the service did not deploy sufficient numbers of permanent staff to meet people's needs and keep them safe. We also identified, not all staff were trained to use equipment which meant people were having to wait for care to be provided.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- The service was adequately staffed by people whose suitability and fitness to work in an adult social care setting had been thoroughly assessed.
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Staff files contained proof of their identity and right to work in the UK, full employment history, a health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.
- People told us the service was now suitably staffed with experienced staff who knew what they needed and wanted. For example, the service had not used any agency staff in the last six months, which managers and staff confirmed. One member of staff told us, "It's been quite a turnaround going from being totally dependent on agency staff to not using any at all right now, which is great news for everyone living and working here."
- Staff were visibly present throughout the care home during our inspection. We observed staff respond quickly to people's requests for assistance or to answer their questions. On one occasion, we saw there were enough staff present in a communal area to enable staff to respond immediately to an incident that could have potentially challenged the service. Two staff managed to safely deescalate the situation by calmly reassuring and gently talking to a person who had become distressed and agitated. One person also told us, "There's plenty of staff around who always seem to come quickly if you call them. I rarely need them but it's nice to know they're there."
- There was a flexible approach to planning the staff rosters. The provider used a dependency tool to calculate the number of staff that needed to be on duty at any one time in order to meet people's needs. A manager told us how this dependency tool had recently been used to increase the number of care staff who worked on a particular unit because it showed the personal care needs of some of the people who stayed there had changed and that they required additional support.

## Using medicines safely

At the last inspection in August 2019, we made a recommendation that the service seek and follow best practice guidance from a reputable source about writing and using medicines care plans.

At this inspection we identified there were medicines care plans in place.

- People received their medicines as prescribed with dedicated trained staff to manage stock control, ordering and safe storage of medicines. Medicines were kept and secured safely, and only appropriately trained and authorised staff had access to the medicines.
- One person told us, "The staff are very good at making sure I take all my medicines when I should." A relative said, "The home contact us regularly and let us know any changes that are made to [relative's] medicine and why."
- The Medication Administration Record (MAR) charts were properly maintained, appeared properly complete and were easy to follow.
- Staff told us there were regular medicines audits and medicines were managed consistently and safely in line with national guidance, which was confirmed through our observations. Staff were observed being patient and kind during medication administration.

## Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems and procedures in place to keep people safe.
- People told us they felt safe living at the care home. One person said, "I haven't lived here that long, but I do feel safe here", while a second person remarked, "Nothing to be afraid of here. I would let you know if there was."
- The service notified us of safeguarding incidents in a timely manner. A healthcare professional told us, "[The management team] do let [CQC] know all of the safeguarding alerts. We work intensely with them in relation to safeguarding. We make sure we keep up to date and let them know what information we need and what needs to be done."
- Staff were supported to understand how to keep people safe and to raise concerns if abuse or neglect occurred. The provider had clear safeguarding and staff whistle blowing policies and procedures in place and staff told us they had received up to date safeguarding adults training.
- Staff knew how to recognise abuse and respond to it. A member of staff said, "If I ever saw anyone being abused, I would make sure the person was kept safe and out of any immediate danger, and then I would tell the nurse in charge about what I had witnessed."
- At the time of the inspection there were no open or pending safeguardings.

## Assessing risk, safety monitoring and management

- Staff demonstrated a good understanding of identified risks and how to prevent or manage them. Staff gave us some good examples of the signs they needed to look out for, such as changes to facial expressions or a person's voice or language, which might indicate a person was becoming distressed. Several staff explained what action they would need to take to appropriately manage such occurrences, which included calmly talking to people and gently reassuring them.
- Where risk assessments had been completed, these included steps needed to manage the risk in relation to falls, mobility nutrition and hydration, medicines, personal care and other relevant areas of support. Care plans utilised a 'traffic light' system to help staff see the areas of risk that they needed to be aware of. Risks were reviewed monthly but more frequently if needs had changed. Each person had a named nurse who would oversee the risk was reviewed.
- Recognised tools were used to assess the levels of risk, such as waterlow for the risk of pressure sores,



MUST for the risk of malnutrition and the Abbey pain scale for the assessment of pain.

- Where risk had been identified, records showed the provider took appropriate action. This included having relevant care plans to manage the risk, keeping records such as repositioning charts or food/fluid diaries and making referrals to the appropriate healthcare professionals such as the falls prevention team or the dietitian.
- The senior team held weekly clinical risk meetings. This helped to ensure there was a full review and good management oversight into all the risk within the home, including in relation to falls, pressures sores and malnutrition. The nominated individual said, "The risk is still there but how we view and act upon it is different now. The meetings allow us to have an overall picture about risk and what steps we are taking to keep people safe."
- There was clear guidance for staff to follow to help them deal with emergencies. For example, we saw people had their own personal evacuation plan in place which ensured staff knew exactly how to support people in the event of a fire or other emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills at the care home.
- We saw radiators were all safely covered and windows had been fitted with restrictors to limit how wide they could be opened. Records showed maintenance staff and relevant community health and safety bodies routinely checked the services gas and electrical installations and appliances, water systems and mobility equipment.

#### Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with Covid-19. This helped minimise the risk of people catching or spreading infections.
- Access to the care home had been restricted for non-essential visitors for most of this year due to the pandemic but was now open to visitors providing they followed the services strict IPC guidelines. All visitors were expected to pre-arrange their visit and on arrival have their temperature taken, wash their hands and wear appropriate personal protective equipment (PPE). In addition, visitors were now required to meet their family member or friend in a new designated visitors' room which had a clear perplex screen to safely separate people from their guests.
- We observed staff using PPE correctly and in accordance with current guidance. Staff had received up to date internal and external training in relation to Covid-19, IPC and the wearing of PPE. The service had adequate supplies of PPE. One member of staff told us, "We've never been short of PPE and the infection control training and support we've had from our managers and NHS staff has been absolutely amazing during this difficult year." A second member of staff remarked, "The nurses and managers are always walking around the place to check we're wearing our face masks properly, so that keeps us on our toes. To be fair we've got use to the PPE now and are pretty good and keeping our mouths and noses covered."
- A healthcare professional told us, "We did [IPC] training and the service have participated in this. They have an infection control champion, and they do ask for PPE and are accessing the portal. I have no concerns about their infection control. I'm really proud of how they've managed their infection control and they've contained the Covid-19 [cases] to one floor. That speaks volumes about their infection control procedures."
- Staff demonstrated a good understanding of their IPC role and responsibilities. Additional cleaning schedules had been introduced, including the routine cleaning of high touch points, such as door handles, hand rails and light switches.
- The service was engaged in the 'whole home' testing programme, which meant everyone who lives and works at the care home is routinely tested for Covid-19.

### Learning lessons when things go wrong

- The service were keen to ensure lessons were learnt when things went wrong and action was taken to mitigate repeat incidents. This was confirmed by a healthcare professional who told us, "During meetings we have [with the service], they review any safeguarding incidents and they review any lessons learnt. The lessons learnt are then shared with all the provider's services and if something positive comes out of that learning it is then implemented throughout all services."
- Incidents and accidents were analysed to minimise the risk of repeat incidents. A monthly falls analysis was completed by a clinical lead and weekly by staff. This detailed who was vulnerable, the incident, frequency, family involvement and where appropriate an action plan. These regular audits were filtered into the monthly meeting indicators and shared with management, so everyone was aware of the risks.

# 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 now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we had identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were inconsistencies in the recording of care plans.

At this inspection there had been sufficient improvement that the service was no longer in breach of the regulations.

- People received care and support that was planned and delivered in line with their identified needs and wishes. People looked at ease and comfortable in the presence of staff throughout out inspection. One person told us, "I think the staff, who are all really nice, have got to know me pretty well since I've been living here, and tend to know what I like and what I don't." A second person said, "The staff do treat me as an individual and ask me what I like."
- A healthcare professional told us, "I know [the service] are reviewing the care plans, and this is on-going work. They update a care plan a day, I don't have any concerns currently." A relative said, "The service sat down with me and we went through all kinds of things about my relative. They went through likes and dislikes and allergies, it took a while."
- Care plans were personalised and contained detailed information about people's social needs and wishes. For example, we saw 'This is me' forms were in place to ensure staff were aware about people's background, family ties and social interests, and preferred method of communication.
- Staff demonstrated good awareness of people's individual support needs and preferences. One member of staff told us, "We do try and treat everyone who lives here as individual's and it does help that we have so much detailed information about people in their care plan in relation to what they like to eat, activities they might enjoy and how they like to communicate."
- People were supported to participate in activities that reflected their social interests and to maintain relationships with family and friends to avoid social isolation.
- The service employed two full-time activity coordinators who were responsible for organising various social and leisure activities and events for people living in the care home. The service had a weekly activities schedule which showed people had numerous opportunities to engage in meaningful activities including, regular pampering, quiz, movie, dance and art sessions, for example,
- Throughout our inspection we observed the activities coordinators initiate a variety of social activities for

people in the main communal areas, which included a discussion group about today's news headlines and a Velcro darts match. We received a couple of negative comments from people who expressed being sometimes "bored" living in the care home, but most people said they were happy with the social activities they could participate in if they chose to.

- One person said, "I do miss the visits by the school children and the day trips out we use to have here before the pandemic...It's not the staffs fault we can't do these anymore, but hopefully things will change in the new year." A second person remarked, "I like the dancing and singing we do here. There always seems to be lots going on."
- The service took appropriate action to protect people from social isolation. For example, we saw several instances of staff spending one-to-one time engaging people who were either bed-bound or who chose to stay in their room. We also saw designated times for activity coordinator's to spend quality one-to-one time with people in their bedroom was also scheduled into the weekly activities timetable.
- People were supported to maintain positive relationships with people that were important to them. The care home was now open to all visitor's providing they followed correct IPC guidelines and staff continued to support people to use video and telephone calls to remain in contact with family and friends who were unable to visit the service in-person.

### 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.

At the last inspection, we recommended the service sought and followed best practice guidance from a reputable source about ensuring information about people's care is accessible to them.

- At this inspection we identified although care plans were in electronic format, the providers AIS policy clearly indicated people could request a hard copy.
- The policy also highlighted that easy read copies were available as well as in large print. The service ensured information relating to Covid-19 was available to people in their preferred language, for example, we were shown copies of both the Portuguese and Chinese Covid-19 easy read documents.
- People's communication needs and preferences had been assessed and were clearly recorded in their care plan.
- A member of staff gave us a good example of how certain staff were able to use Patois (an English-based Creole language from Jamaica) to help reassure and prevent a person using inappropriate and challenging language in communal areas. We also saw staff who were assisting people to eat and drink do so in such a way they were always in the person's line of sight to make verbal and non-verbal communication easier.

### Improving care quality in response to complaints or concerns

- Since the last inspection there had been 21 complaints, which had been fully investigated where appropriate and a positive resolution sought.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have. One person said, "Haven't got anything to complain about here, but I'm sure the staff would listen to me if I was upset about anything." A relative told us, "If there was anything I needed to complain about, I would contact the office and I know they will come back to me. I have logged a complaint before, and they took immediate action."
- The provider had a management of complaints policy which was reviewed every six months. The policy detailed what people can expect, how to raise a concern/complaint, staff's role and responsibilities and

what to do if dissatisfied with the outcome of their complaint.

#### End of life care and support

- People were supported to receive compassionate and personalised care at the end stages of their life.
- A relative told us, "They [the service] have asked me about my relative's wishes. I have told them her wishes and I know they have recorded this."
- Proactive Elderly Advanced Care (PEACE) were also in place, these were written up as part of a multi-disciplinary meeting involving GP's, the local hospice nursing team, people and their families.
- At the last inspection, the provider was working towards the Gold Standards Framework (GSF) in relation to end of life care. The registered manager told us they were no longer taking part in this but had moved towards a different model called 'Six Steps to Success Programme'. They were working closely with the local hospice in supporting people on end of life care pathways.

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

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

At our last inspection in August 2019 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were no robust systems in place to ensure maintenance issues were monitored and completed and despite action plans being in place which identified discrepancies in people's assessments, these issues remained during the inspection. We also identified incidents were not always well managed and leadership was not consistently delivering high quality, person-centred care for people.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- The quality and safety of the service people received was routinely monitored by managers and nursing staff at both a provider and service level. Managers were keen to improve the service and they recognised the importance of continuous learning. For example, regional quality managers regularly visited the care home to carry out audits and observe staffs working practices. A regional manager told us, "Recently I've carried out two themed quality assurance audits at the care home to look specifically at nutrition and falls prevention, which has really helped staff improve their practice in these important areas."
- The managers had also improved the care homes oversight and scrutiny arrangements by introducing daily walk about tours of the premises to observe staffs working practices and people's mealtime experiences. Other audits that were routinely conducted at the service included those in relation to medicines management, infection control which also covered cleanliness and PPE, care plans and risk assessments, staffing levels, and staff training and supervision.
- Audits were routinely analysed to identify issues, learn lessons and implement action plans to improve the service they provided people.
- The registered manager understood CQC regulatory requirements. Notifications were submitted in a timely manner. We went through these with the registered manager on the day of the inspection and he explained clearly the process that was in place following an incident or allegation that needed reporting and further investigation.
- The registered manager told us there had been managerial changes since the previous inspection which had a positive impact on the management of the home. He told us he felt well supported by his managers

and that he had a leadership team that he could rely on. He told us, "I have two quality care managers, they act as the clinical leads. One of these positions is vacant and we are recruiting for. They are my deputies and we meet every day." He also praised the support he was given by the regional support manager and the nominated individual. "I have worked in several companies but something I like about here is the support they give me. When things go wrong, I get excellent support from my line manager. Every week we meet on Friday for a management catch-up. She wants to know what is going on so she can help."

- The registered manager was aware of his responsibilities under duty of candour. He said, "Duty of candour is taking responsibility when things go wrong. When something goes wrong, and it can happen for example if someone falls and has a fracture, that comes under duty of candour. You apologise to the family, take ownership." He also said that it was the provider's policy that a letter is sent to families of people following an incident. "If we receive a complaint, the first thing we would do is send a holding letter. We will organise a meeting with the family so we can resolve the issues."

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

- People living at the care home and staff working there all spoke positively about the way the service was now led by the relatively new management team, which included the registered manager and various regional quality assurance managers.

- One person said, "I really like the new manager. He's very friendly and easy to talk to." A member of staff also remarked, "The home is definitely improving now we've got a good manager who knows what he's doing. Less agency, staff morale up and most of us staff seem to be singing from the same hymn sheet right now. I do like the new manager, who is very approachable and a good listener." A relative said, "We think the home is an A1 place and really glad our relative is there. I wish there were more homes like Limetree as they are one in a million and the management team are really approachable."

- Staff that we spoke with were aware of the whistle-blowing procedures and told us they had received training in this topic. The registered manager said. "Most staff have direct contact with (the nominated individual). If staff don't feel that I am taking action - they can go direct to her."

- The registered manager said one of the key achievements that he was most proud of was the fact that the provider had not used any agency for the for the past 6 months which was an issue at the previous inspection. He said "When I started more than half were agency staff, it just doesn't work - their commitment (to people using the service) is not the same. We have managed to change that completely." He felt the over reliance on agency staff had contributed to low staff morale which was a lot better now. "We listened to the staff, I don't believe in coercion, I believe in communicating and developing relationships with my staff."

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

- The provider had sent out quality assurance questionnaires to 84 people, their relatives and stakeholders, of which two were returned. The questionnaires were based around the care and support, information sharing and other matters relating to the Covid-19 pandemic.

- Where issues had been identified, swift action was taken to address these concerns and to mitigate repeat incidents. For example, one relative stated they had not received an update on their relative's wellbeing following them moving into Limetree Care Home. Following this disclosure, the service now ensures relatives are contacted and updated within 48 hours.

Continuous learning and improving care and Working in partnership with others

- Records confirmed the service actively sought partnership working to drive improvements and enhance the care and support people received. A healthcare professional told us, "The management [team] are transparent. Anything that happens or if there are any concerns the [registered] manager contacts me."

