

Highlands Healthcare Limited

Limes Residential Care Home

Inspection report

11 Fenstanton Avenue
North Finchley
London
N12 9HA

Date of inspection visit:
20 February 2017

Date of publication:
30 May 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 20 February 2017 and was unannounced.

The Limes Residential Care Home is registered to provide care and accommodation for 26 older people some of whom may have dementia. Highlands Healthcare Limited is the registered provider of the service since 24 May 2016 and this was the first inspection under their ownership.

There was a registered manager who had worked at the service for a number of years under the both the previous owner and current owner. 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.

On the day of inspection 21 people were living at the home and one of these people was in hospital.

We found two breaches of regulations in good governance and the need for consent. The service had changed ownership but arrangements had not been made for people's electronic records to be transferred by the new provider in a confidential manner. The computer containing records and the service e-mail account was taken by the previous owner following the change of registration in May 2016. When we inspected in February 2017 the matter had not been addressed as such the management team had not protected people's confidential information. They did not have access to people's Deprivation of Liberty Safeguards (DoLS) documents and supporting e-mails. This had resulted in one DoLS not being reviewed in a timely manner and there was no record of people's mental capacity in terms of their care and treatment or any conditions arising from the DoLS authorisations. The management team had not shown good governance in this respect.

People and relatives spoke positively about the care provided by staff in the service and told us staff were kind. However people had differing views about the staffing levels as some people felt more staff were needed some times. We found that the manager had adjusted staff shift times to provide more staff at busier times in the day and if staff were absent a replacement staff member was called in to cover their shift. There were recruitment systems in place to ensure staff were safe to work with vulnerable people. Staff confirmed they had received supervision and training to support them in their role.

All but one staff member had received safeguarding adults training and all staff spoken with could tell us how they would report suspected abuse appropriately.

There were appropriate systems in place for the safe administration and storage of medicines and the staff member administering medicines was well informed about their use. Medicines were audited on a monthly basis by the registered manager.

We saw evidence that people were supported to access appropriate health and social care services in a timely manner. People's health records were kept updated and the service provided freshly cooked meals and ensured people remained well hydrated. Staff provided support when appropriate to people to eat their meals whilst continuing to promote their independence.

The service was clean and staff used infection control measures appropriately. The service had decorated the communal areas and put down new flooring that improved the living environment for people. There were some new signs to support people to recognise where they were in the home.

People told us they were supported as they wished to be and people had individual care plans that detailed their support needs and they had been reviewed on a regular basis. However we did not see evidence of people signing their care plans and brought to the registered manager's attention that it would be easier for people to read typed care plans rather than hand written.

There was a complaints policy and procedure. People and their relatives told us they felt they could complain and raise concerns. People were asked their views in a survey about the service they received. The service manager undertook monthly audits to assure the quality of the service.

We made a recommendation with regard to care plan records being typed to allow them to be shared and read by people and their relatives.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17 Good Governance, and Regulation 11 Need for Consent.

You can see what action we told the provider to take at the back of the full version of the report. Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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.

There was not sufficient care taken to safeguard people's confidential information.

Most staff had received safeguarding adults training and all staff spoken with could tell us how they would report suspected abuse appropriately.

There were appropriate systems in place for the administration and storage of medicines.

Staffing levels were assessed and monitored to ensure people's needs were met. There were recruitment systems in place to ensure staff were safe to work with vulnerable people.

The service was clean and staff took appropriate measures to ensure good infection control.

Requires Improvement ●

Is the service effective?

The service was not always effective. The service had not applied for and reviewed Deprivation of Liberty Safeguards (DoLS) appropriately.

Staff had received supervision and training to ensure they had the necessary skills to offer care and support to people.

The service provided freshly cooked meals and ensured people remained well hydrated. Staff provided support when appropriate to people to eat their meals whilst continuing to promote their independence.

People were supported to access appropriate health and social care services in a timely manner.

The service was accessible by lift and the provider had decorated the communal areas and put down new flooring that improved the living environment for people.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring. People and relatives spoke highly of staff stating they were kind and patient. We saw sensitive interactions by staff when supporting people.

Staff supported people as they wished to be supported; as such people had gender to gender support as their care plan stated. Staff communicated with people in their preferred language and were familiar with people's cultural support needs.

Is the service responsive?

Good ●

The service was responsive. People had individual care plans that detailed their support needs and they had been reviewed on a regular basis.

There was a complaints policy and procedure. People and their relatives were encouraged to complain and raise concerns

Is the service well-led?

Requires Improvement ●

The service was not always well- led. The provider had not facilitated the handover of people's confidential information in a safe manner and the monitoring of people's DoLS authorisations had not taken place.

There was a registered manager who was supported by both the service manager and owner.

There was auditing of the service by the registered manager and service manager on a monthly basis.

People and relatives views were welcomed and a survey had been carried out and an analysis of the outcomes.

The service worked in partnership with the commissioning bodies.

Limes Residential Care Home

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 checked 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.

This inspection took place on 20 February 2017 and was unannounced.

The inspection team consisted of an adult social care inspector, a CQC officer who was observing the inspection process and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit we reviewed information we held about the service. This included previous notifications we had received. A notification is information about important events which the service is required to send us by law.

During our visit we spoke with ten people using the service and three people's relatives. We reviewed three people's care records and their associated documents including risk assessments and daily notes. We observed the medicines administration for five people and checked their medicine administration records and looked at the storage of medicines. We also observed interaction between staff and people at intervals throughout the day this included people's meal time support.

We reviewed four staff personnel files this included recruitment, supervision and training documents. We spoke with a support staff member, a team leader, the chef, the registered manager, service manager and owner during our visit. We also spoke with a visiting health and social care professional.

Following our inspection we spoke with the commissioning body.

Is the service safe?

Our findings

We found that people's confidential electronic records had not been considered when the ownership of The Limes Residential Care Home transferred from one provider to another. The registered manager, service manager and current provider told us that the previous owner had taken the computer containing people's confidential information and the service e-mail account when the service changed provider.

The e-mail account had been used by the registered manager for a period of time following the change in ownership until the password had been changed by the previous owner and the registered manager no longer had access to the account. The previous owner took the computer following the change of registration in May 2016 the matter had not been addressed when we visited in February 2017. People's confidential information was not kept in an appropriate manner. Following the inspection the registered manager confirmed the issue had been addressed and a new e-mail account created for the service.

The above concern was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17

People told us "It's lovely, the people are nice. ...I feel safe and everyone's so nice and nice to me...it makes me feel safe" Relatives told us that their family member was safe. "Oh yes, definitely. They're watched all the time." We found that all staff with the exception of one staff member had received safeguarding adult training. Staff told us how they would report an abuse concern appropriately. The registered manager told us when they would raise a concern and following our visit did raise a concern to the appropriate authorities. The registered manager undertook to ensure the staff member received safeguarding adults training to ensure they could report concerns appropriately.

People's care records contained risk assessments to keep them safe. These included moving and handling, prevention of falls, nutrition and skin integrity. People had personal emergency evacuation plans that detailed their support needs in the event of an emergency such as a fire. We saw that the registered manager reviewed people's risk assessments on a regular basis and risk assessments had considered changes of circumstances such as reduced mobility and incidents such as falls.

To ensure the safety of people and staff there were weekly fire alarm tests undertaken and there had been five fire drills in 2016. At each drill the service looked at staff response and identified any environmental issues such as clutter. The service undertook appropriate yearly checks to ensure fire extinguishers and emergency lighting were safe to use.

The service followed a recruitment procedure to ensure the safe recruitment of staff. The service required prospective staff to complete an application form prior to interview and then completed Disclosure and Barring Service (DBS) checks, obtained references and proof of identity to ensure staff were safe to work with vulnerable people. The registered manager could not find the DBS documentation for one staff member and the proof of identity for another staff member however these were supplied to us immediately

following our inspection. Copies of proof of address were not kept on staff personnel files however the service had a check list that ticked these had been seen by the management team.

People had mixed views with regard to staffing levels for example some people told us that there were not always enough staff on duty "Especially at night when there are two on average" and "They've got a good system in certain instances, they need a few more. Sometimes they're short of staff at weekends." Staff told us there was an improvement in comparison with the year before when they said they had always been very busy. They said "Yes I think enough...sometimes but not all the time." Staff confirmed extra staff were asked to work if staff phoned in absent. On the day of inspection we saw a staff member had gone home unwell and a staff member was contacted and agreed to come in as a replacement. As the rota stated there were two staff and a team leader on duty during the day with the registered manager who was active in the service to assist. The registered manager showed us they had changed the times of the staff shifts as a trial measure in order to provide extra cover at busy times in the service demonstrating they were actively monitoring the staffing levels and adjusting when necessary.

Medicines administration and storage was undertaken in an appropriate manner. The staff member was careful not to handle the medicines and washed the medicine crusher before and after use in addition to washing their hands and wearing gloves. The staff member gave people their medicines before their lunch as their medicine guidance directed and when necessary waited and encouraged people to ensure they swallowed their medicines. The staff member asked if people were in pain to determine if they would like their PRN (as and when needed) medicines. We found that the staff member was well informed about the medicines and could tell us what they were used for. We checked the storage of the medicines and controlled drugs and found they were kept securely and at an appropriate temperature. All medicine administration records looked at were completed appropriately and controlled drugs were administered according to the guidelines with two staff signatures to confirm the medicines were given as stated. The medicines were audited by the registered manager on a monthly basis.

People told us they were happy with the standard of cleanliness in the home. Some people told us that their bedroom was cleaned each day. We saw that the service looked clean and that following lunch the dining room floor was cleaned and table tops were wiped. Staff used protective equipment such as disposable gloves when supporting people. Domestic staff used colour coded mops to avoid cross contamination and could tell us they washed soiled linen at a suitably high temperature. The kitchen had recently received a 4 star food hygiene rating in November 2016. There was a monthly audit to ensure the service maintained a good standard of hygiene and infection control.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked if people had appropriate DoLS authorisations we were told some authorisation requests had been made. One appropriate authorisation was shown to us made to the statutory body the week before our inspection. A second document shown to us was a DoLS authorisation that was out of date and should have been reviewed by 9 September 2016. However although we were told that there were other people with DoLS authorisation requests or authorisations they were not available to view. We found no information with regard to DoLS in people's care records or on a central record. We were told by the registered manager that the other DoLS authorisations requests were held on a computer and e-mail account that had been taken by the previous owner.

We were also told there was another computer in the administration office that might have some information however the registered manager, service manager and owner did not have access to this on the day of inspection. There was no system available to the management team to check who had a DoLS authorisation as such they had no way to check the progress of people's authorisation requests or know if existing DoLS authorisations required reviewing or what conditions were specified on the authorisation. This meant there was no guidance for staff reference as to people's capacity with regard to their care and treatment and there was a lack of oversight by the management team. Following the inspection the registered manager told us all DoLS authorisations had been re written and sent to the Statutory Body.

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11.

Staff confirmed they had received MCA and DoLS training and could tell us how they gained people's consent before providing care. We saw some staff had received MCA and DoLS training some years ago and the registered manager demonstrated they are ensuring refresher training for staff. People confirmed they were given choice with regards to their care and care plans stated the need to give people choice for example "Will ask a carer of their choice" when requiring personal care and "Decides when they would like a shower". Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in their care records. We brought to the registered manager's attention that these forms should be kept for quick reference in the event of an emergency at the front of people's care records.

Staff confirmed they had received an induction prior to starting their role and received training in safeguarding adults, health and safety, food hygiene, infection control and manual handling. We saw most

staff had training in first aid, dementia and when appropriate medicines administration training. Some staff had received training in care planning and dignity and care and had the National Vocational Qualifications (NVQ) level 2 and 3. The service had an overview of staff training and had identified gaps in staff's training and ensured the training was provided. Staff told us they were well supported by the management team and received regular supervision sessions one staff member stating "You can tell your point of view it is all good and positive".

People and their relatives told us they were supported to access the appropriate health services. For example "Yes it's the patience and the care is good" and "It's good that they get her out to specific care options like links with community services and her hearing aid." Health professionals told us the staff were knowledgeable about people they referred and contacted them for advice. We saw evidence in people's care records that health services were contacted in a timely manner for example speech and language referrals, medicines reviews, and people also attended chiropodist, optician and GP appointments. People who required support with their mental health had a mental health care plan to inform staff of their support needs and there was evidence of referrals to the mental health team when people had increased confusion.

People told us they chose their meals the day before and said for example "The food is good and if someone just wants two fried eggs they will do it for you." However one person told us "More needs to be done, like a heated trolley to keep food warm would be good. The food needs more variety especially at supper and there's a limited choice." The chef showed us fresh vegetables and meat they had in store to prepare for people's meals and told us they had halal meat for someone who had that dietary requirement. We saw at lunch time staff asked residents if their food was nice and portions were a reasonable size. Food being served had steam rising from it which indicated it was hot. People were encouraged to eat in the dining area. Several people choose to remain in the lounge and staff pushed tables closer to them to enable them to feed themselves more easily and they also encouraged people to eat and drink throughout the meal time in a sensitive manner. One person did not want any food and was approached by staff on several occasions with suggestions of alternatives but refused all offers. We heard the support staff tell the chef "Save a meal for [X] he may like it later".

People's care plans stated their food likes and dislikes for example "likes salt" and "plain biscuits" "honey on toast" and "no sugar in tea." Some people required specific support and we saw one person was brought food items of their choice to their bedroom. They used a percutaneous endoscopic gastrostomy (PEG). This is an endoscopic medical procedure in which a tube known as the PEG tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate to enable them to receive enough nutrients. The staff member supported the person to flush through the PEG prior to use as per their care plan. Another person received one to one staff support to eat their meal in a sensitive manner. We saw people were encouraged to drink soft drinks and were served teas and coffees at intervals through the day and after their meal.

The Limes Residential Care Home is not a purpose built service and was converted from two residential homes. The service had a lift that was newly repaired and a stair lift to enable people to access the service. One bedroom that was not being used at the time of inspection was at the top of one of the stairs. The registered manager explained they only used the bedroom for people they risk assessed as safe to be so close to the top of the stairs. People who had more complex care needs were placed on the ground floor where they could get to the lounge and dining room with ease and were closer to the office to allow the registered manager to monitor their care. There was an accessible lounge, dining area and conservatory which was heated to enable people to use for activities. There was an accessible garden used by people who smoked and others with staff support in the warmer months. Refurbishment had taken place to update the

service this had included replacing flooring and decorating the communal areas. However we noted that some the bed frames were old and bedding looked faded and worn and would benefit from being replaced as they made those rooms appear shabby and tired.

Is the service caring?

Our findings

Relatives spoke favourably about the staff "The staff are all very caring and nice to [X] and they do their best, they're all good" and "They're lovely, really nice people, caring and very patient." Relatives said they would recommend the service "Yes I would. It's small and homely." Another relative explained "I visited a lot of homes in this area and decided on this one. In the end it's not the decorations and furnishings that matter, but the 'feel' of it."

People told us "Everything's good about it. It's very friendly and you don't feel alone. There's always somebody to talk to" and "It's easy and free and not too many regulations. The standard of care is pretty good." One person told us they liked all the staff but they had concerns about one staff member's manner towards other staff we raised this with the registered manager who took appropriate action following our inspection.

Staff told us they show people they care about them by "always speaking with them, even though they have dementia, you have to be close and listen to them, it is important to everybody, they must trust you." Another staff member told us "When you work here you get attached to the people."

People told us they were given support as they wished to be supported, one person told us they were involved in their care and support but they did not know what a care plan was. Care plans were not signed by people to show they had been discussed however they were personalised in their content and did show clear indications of what people wanted to happen and how they wished to be supported. Care plans had been updated each month by the registered manager and captured changes in circumstances. However care plans were hand written by the registered manager, reviewed and updated by hand this could be difficult for people and their relatives to read.

We recommend that for clarity and for sharing care plans, typed documents would be more effective and clearer to read.

People told us staff maintained their dignity for example by knocking on their bedroom door before entering and giving them privacy when offering personal care. People's care plans noted for example when supporting a person to bath "Carer present throughout ...maintaining dignity". Staff told us if they were supporting someone in a communal area who perhaps had become unwell they would use a screen to protect their dignity and privacy.

The service was meeting people's diversity needs. Relatives told us the service respected their family member's support needs. "My mum needs a woman carer and that's respected here." Care plans stated for example "Would not like a male carer". Relatives told us that some care staff could speak their mother's birth language and communicated with her in that language, also that the chef would come and speak with a person who spoke a shared language. We saw one person was addressed as "auntie" a culturally acceptable term for this person, we observed them smile and respond when addressed as "auntie". Two people who spoke the same language were sat together in the lounge by staff and we saw they were

comfortable in each other's company. Communication was clearly referred to in people's care plans for example "Responds to both Greek and English and can communicate in second language".

People had their end of life wishes recorded in their care plan. We saw one person's care record that contained a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) it was not at the front of the care record and therefore were not readily available for quick reference. We brought this to the registered manager's attention.

Is the service responsive?

Our findings

People's care plans stated how they wished to be supported. Care plans included, for example daily living and socialising, mobility support needs and personal care support. People's preferences were detailed for their personal care support stating for example "would like to have a bath" as opposed to a shower and stating the need for the "female carer" to be "present throughout" the bath time. Night care support was also detailed for instance "Likes to have a bottle of water by her bedside".

One person told us "My mobility has improved; the staff have helped with that". The service demonstrated they were aware of the importance of maintaining people's independence. Care plans informed staff what people could do, highlighting for example that one person could walk with a zimmer frame for short distances with encouragement. People were supported to eat independently and we saw staff monitored and assisted people as the care plan guidance when support was required.

There was some signs in the service to support people to find their way to and from their bedrooms from the downstairs communal areas. If required some people had their photo on their bedroom door to indicate which room was theirs. This was important as it helped people find their way around the service when they confused or were not familiar with the lay out. People's bedrooms we looked at were personalised and had for example people's photos and items from their home.

There was an activity time table on a white board and a paper copy displayed to tell people what activities were occurring. We saw there were some activities taking place at the service for example we observed an art therapy session facilitated by an external art therapist. All people who attended the group had an individual folder with work from the previous week and the therapist supported people in a sensitive manner to benefit from the session. Other activities advertised were exercise sessions and a news discussion group. The registered manager told us two trips to the theatre were arranged and following the inspection confirmed these had taken place. The conservatory was heated to allow people to sit in there in the colder months and there were some games available to use there. We saw one person using this area to sort out their paperwork. Some people felt there could be more activities telling us they would like a gardening club or similar. Throughout the day people watched the two televisions screens in the communal area and staff interacted with people talking about the news and recent events. We saw photo evidence of birthday and anniversary celebrations for people.

There was a complaints policy. People and relatives told us they felt comfortable raising any issues or complaining to the registered manager. There was a complaints procedure displayed in the communal area. We checked and found that the service was recording complaints. Two complaints had been logged and responded to appropriately by the registered manager.

Is the service well-led?

Our findings

Most people and their relatives were positive about the service for example one person told us "love being here, love all the staff especially the manager". Several people said "It's 10 out of 10". Two people told us "I'd give it 7 out of 10" stating that it would improve "if they fundraise for a minibus to take people out on outings" and the "more staff to improve the rating" However both people felt "overall it's OK."

Staff also spoke positively about the service and registered manager. A staff member told us "Of course I can speak up, to our manager and even the owner. I can speak with them, it's lucky, other places are not like this". We saw there were good lines of communication in the service there was a daily handover to staff and saw night staff completed hourly notes to state if people were sleeping, awake or had received personal care. Staff confirmed there were staff meetings, we saw the minutes for one held in February 2017 and the previous one in December 2016 just prior to Christmas. Topics covered were for example encouraging people to move about the home and have their lunch in the dining area, what information was required in the daily notes and staff views on shift time changes. The registered manager explained they aimed for staff meetings every two to three months to update staff about changes, promote good practice and give staff an opportunity to speak up.

The registered manager monitored the staff throughout the day and was visible in the home and described as "hands on". The registered manager told us at regular intervals they stayed on to see the night staff and work alongside them until late to check they were working appropriately and understand any issues they might have. The registered manager was on call five nights a week and the service manager the other two nights for out of hours staff support and to give advice.

The registered manager told us they were well supported as the service manager was present in the service six days a week and the owner called in each day to talk with people and management to check the service was running smoothly. The registered manager gave an example that by speaking to the owner when he visited, a faulty radiator was fixed within two hours of reporting. They told us they now had access to a maintenance staff member shared with the other providers' homes and this they felt this worked well to maintain the service.

The service manager undertook monthly audits and checked that care plans, nutrition assessments, food and fluid charts and daily activities were completed appropriately by staff. In January 2017 whilst undertaking an audit they had spoken with six people and visitors and five staff and also completed an environment audit. The registered manager audited the medicines and medicine administration records each month and had arranged a pharmacist visit to have an external audit of the medicines administration process. However the lack of oversight by the management team of the DoLS and the lack of effective action to address removal of the computer and shared use of the service e-mail was not good governance.

The registered manager told us they quality assured by talking with people and their visitors informally and formally during service manager audits. In addition there had been a survey sent to people and their relatives in August 2016. A report had not yet been published but the registered manager showed us the

hand written draft report that had analysed findings and identified areas for improvement.

The service worked in partnership with the health and social professionals and the commissioning body.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11(1)(2) DoLS Authorisations and reviews not being made.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1)(2)(a)(b)(c)(d)(f) The registered manager and provider had not addressed the concerns with regard to the confidential information in an appropriate and timely manner. In addition they had not identified that the DoLS authorisation had lapsed and had no oversight of DoLS authorisation requests.