

Lime Tree Court Limited

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Inspection report

Church Street
Twyford
Buckingham
Buckinghamshire
MK18 4EX

Tel: 01296730556

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 14 and 16 November 2018 and was unannounced on the first day. During our last inspection in October 2017 we found the service was in breach of regulations. Care and treatment was not provided in a safe way. Manual handling was not carried out in a safe way to avoid injury to people. Nutritional needs of people were not always met and the service did not have systems in place to monitor care. We found during this inspection the service had made improvements and was now meeting the regulations.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well led to at least good.

Lime Tree Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates 23 people in one adapted building across two separate units, each of which have separate adapted facilities. The units specialise in providing care to people living with dementia. At the time of our inspection there were 19 people using the service. The service changed ownership on 6 June 2018.

The service is required to have a registered manager to manage the service. 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.

People and relatives gave positive feedback about the service. People told us that they felt safe because steps had been taken to improve the security of the building, doors leading to the stairs were now locked to prevent accidental falls and they were surrounded by caring staff. One person commented "I feel safe because now they lock the stairs off and people can't get up or fall down them." A relative said, "The atmosphere makes the place feel safe. Lime Trees has what it takes- not an old peoples' place it is a home."

Staff we spoke with understood the importance of treating people as individuals irrespective of their lifestyle or physical and mental abilities. The service had policies and systems to guide staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Robust recruitment procedures meant that only suitable staff were appointed. People were supported by suitable numbers of staff who had received training to enable them to provide high quality care. Medicines were managed appropriately people received their medicines as the prescriber intended.

We saw people had a choice of meals and said they had plenty to eat. Food was sourced locally and was cooked fresh on the premises. People who required specific diets were monitored to ensure they consumed adequate nutrients. Snacks and drinks were available throughout the day.

Activities and social events were available for people to avoid social isolation. Families and friends could visit without restriction.

There was a procedure in place to allow people to make comments or raise an issue. Relatives and people told us they knew how to make a complaint if the need arose. The service had systems and processes in place to record and learn from incidents and accidents that identified trends and helped prevent re-occurrence.

People were able to attend outside healthcare visits to ensure their needs were met. The provider had systems in place to ensure the service offered quality care and support. Where issues were highlighted the service took action to enable improvements to be made.

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.

Medicines were managed appropriately.

Staffing levels ensured people received care when they needed it.

Recruitment procedures ensured only suitable staff were appointed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff with the relevant training.

Staff received regular supervisions to monitor their performance and development

Is the service caring?

Good ●

The service was caring.

People's dignity was protected and staff treated them with respect.

People and their families were involved in care and treatment plans.

People were encouraged to personalise their rooms with personal furnishings of their choice.

Is the service responsive?

Good ●

The service was responsive.

People were able to take part in activities to avoid social isolation.

People were supported at the end of their life.

The service had a complaints procedure to follow if they needed to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The service had undergone refurbishments to enable people to live in an environment that supported their independence.

The service had a clear vision about how it should support people.

The service monitored care to enable high quality delivery of care and to make improvements when required.

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Detailed findings

Background to this inspection

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

This inspection took place on 14 and 16 November and was unannounced on the first day. The inspection was carried out by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We reviewed notifications and any other information we received about the service. A notification is information about important events which the provider is required to send us by law. In addition, we requested feedback from the local authority commissioning with experience of the service.

We spoke with the new owner of the service, the registered manager, six members of the care team, the activity coordinator and the chef. In addition, we spoke with 12 people who lived at Lime Tree Court and five relatives. We also spoke with the visiting GP.

We reviewed each person's medicine record, five care plans, four recruitment files and other documentation relating to the way the service was run.

We observed practice throughout the service and used a Short Observational Framework for Inspecting (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to communicate with us.

Is the service safe?

Our findings

During our last inspection on 02/12/2017 the provider had not ensured care and treatment was provided in a safe way. Manual handling was not carried out appropriately to avoid injury to people. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well led to at least good. We found during this inspection the provider had made improvements and people received care in a safe way.

People commented, "All very safe here, we don't have any problems, staff are very friendly, the biggest thing is we've got company and are not on our own it makes it feel safe", "No worries, totally safe because you are never on your own, and "I don't feel I need to lock the door, yes safe enough." Relative's said, "The atmosphere makes the place feel safe. Lime Tree has what it takes; it's not an old peoples' place, it is a home" and "Safe now...she [the person] can't access the stairs."

Staff we spoke with told us they had undertaken training in safeguarding adults. Staff were aware of their responsibilities to report concerns to the relevant authority. We saw safeguarding information displayed in the main entrance area and in the staff room.

Risk assessments were in place, such as for bed rails, moving and handling and for people at risk of malnutrition. However, we saw that a specific risk assessment was not in place for a person with diabetes. For example, there were no actions listed for what staff should do in the event of the person suffering a hypoglycaemic attack or hyperglycaemic attack. We discussed this with the registered manager and the provider during our feedback. The provider updated their risk assessment for the person and sent us evidence that this was in place following our inspection. This demonstrated the service was proactive in ensuring systems were in place to protect people.

We saw that personal emergency evacuation plans (PEEPs) were in place in the event of an emergency such as a fire. Medicines were managed well and where incidents occurred these were investigated and addressed to prevent further occurrences. We saw when people required 'as required' (PRN) medicines a protocol was in place. However, the outcome of administering the medicine was not in place at the time of our inspection. We requested this to be considered and the provider sent us evidence following our inspection that this was now in place and used by staff to record the outcome of the PRN medicines.

Accidents and incidents were recorded and documented when incidents occurred. Correct procedures were followed when an incident occurred.

Staff we spoke with told us they had completed infection control training and used personal protective equipment (PPE) such as disposable gloves and aprons when carrying out personal care. We observed all areas were exceptionally clean. Hard to reach areas had been cleaned and the attention to detail was exceptional. We saw that toilet areas and shower rooms were clean and fixtures were in good conditions. There were no detectable odours in the buildings.

We observed staff using PPE appropriately and changing gloves between rooms. We saw that toilet areas were well stocked with hand washes and disposable towels. Gels for hand hygiene were readily available around the building. Relatives said, "Very clean; it was one of the things that made Lime Tree stand out and "Improvements we have noted are the general ambience of the home, so much nicer entering through the new front door to a welcoming, clean and odour-free living area."

We saw that there were sufficient staff to attend to people's needs without rushing. People commented, "If I need to use the commode I press the button and they are there straight away-no long waits" and "Bell... never a wait."

The provider had systems in place to assess the suitability and character of staff before they commenced employment. We looked at recruitment files and found relevant documentation was in place which included Disclosure and Barring Service (DBS) checks. Staff who worked at the service had worked there for many years and agency staff were not used. In the event of staff absence this was covered by the services own staff who were happy to work an additional shift.

Is the service effective?

Our findings

During our previous inspection we found the nutritional needs of people using the service was not always met. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well led to at least good. We found during this inspection improvements had been made and people's nutritional needs were identified and met.

Staff were trained and supported to carry out their role effectively. Staff completed induction training when they first joined the service. This included the Care Certificate, which is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe and compassionate care. We observed a number of people's moving and repositioning interactions by staff. Staff were skilful, followed good practice guidelines and supported people in a way that encouraged them to be as independent as possible.

We saw that staff had a good knowledge of how to interact with people living with dementia by reading the body language of people with limited communication capacity and using a variety of appropriate guidance techniques and interactions. Staff and relatives told us that they had recently attended a 'dementia bus' training session. This is an interactive training method for learning about living with dementia.

We saw that relatives were part of the care process. Relatives were encouraged to learn about and understand what people living with dementia may be experiencing. One relative told us that they had recently undertaken 'dementia bus' training and appreciated being invited to have the experience. They told us they had learnt a lot from the training and it helped them understand their relative's condition.

Staff we spoke with told us they had regular supervisions and found it very helpful. Records we saw confirmed supervisions were held on a regular basis. Staff told us they could approach the registered manager at any time if they had any concerns or worries.

People commented, "The staff know all about me; if they don't know they ask us" and "Staff know me well. I know the carers and knew their parents and grandparents." Staff could tell us about peoples' life stories, how they liked to be spoken to and their interests.

We saw that people were relaxed. When approached by staff people were really pleased to see them and the interactions that followed demonstrated that both staff and people knew each other very well and enjoyed each other's company.

People said that they had a good choice of meals and that if they wanted something different they could have it. We observed that sufficient staff were available to serve meals and help anyone who needed extra support. During lunch we saw that staff were encouraging people, especially those living with dementia to eat. Food was served and not just left in front of people and then taken away; staff constantly returned to people and asked if they needed help. People who were at risk of malnutrition had fortified foods as advised

by the dietitian and a food chart in place to ensure they received adequate calories. In addition, people's weight was monitored where necessary.

One relative told us, "The appointment of a new cook had seen a transformation in the food offered. [My relative] lived in Africa all her life and only ever had fresh fruit and vegetables and so truly appreciates the new variety on the menu and [name of cook] has made small portions of prawns and her favourite vegetables in the freezer for when she requests something light. The whole dining room setting and experience is much improved and the residents all appear so much more content sharing their meals together."

Another relative said, "[Name] always had an eating problem, even before she came here. Recently they have liquidised her food. I liked that. I am impressed with how much better she has got at having her food lately."

People commented, "If I don't like the dinner they will give you an alternative. They've got a list of things I don't like in the kitchen" and "Nice Sunday roast...roast potatoes, roast parsnips."

We saw that people had access to drinks wherever they were in the building. We saw staff offering hot and cold drinks. Rooms and communal areas were well supplied with drinks and we observed staff encouraged people to drink. We were told that food and snacks were available throughout the night to meet the varied needs of people, particularly those living with dementia.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment with appropriate legal authority. 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 were being met. We found the service was acting within the MCA. We saw that mental capacity assessments had been conducted and best interest meetings held with relevant others. We saw best interest decisions made for use of bedrails and restricting people's access to leave the building.

A relative said, "I sat down with the DoLS person [best interest assessor] two weeks ago we discussed all details of care with the senior carer. They fitted extra locks so [name] can't access the stairs on her own."

We saw people were able to access GP services, podiatrists, opticians and dentists. One person told us, "If I don't feel too good I tell [name of manager] and the doctor or practice paramedics come in."

We spoke with the GP who was visiting Lime Tree Court. They said that good systems were in place to support people who may need the services of the surgery. Paramedics were stationed at the practice and were the first call in the event of a medical issue. The GP went on to say that peoples' medications are managed well. They described Lime Tree Court as a nice place with good care.

The provider had recently completed refurbishments of the premises. We saw that the premises were well designed and provided people with an environment which promoted their independence. Communal areas were bright and well designed to provide people with a pleasant and safe environment in which to live. One person said, "When they came to talk to me [assessment] I said that I wanted a pink and green room. That's

what I got it made it more like home. I got my bits and pieces and pictures."

Relatives said, "The residents spent more time in the garden this year and whilst I understand weather has a huge influence on this, the garden access has been improved and the furniture so much more appealing" and "A lot of changes such as new carpets, flooring, chairs, redecoration, security measures changed; many things have been addressed."

All areas could be accessed by wheelchair and are free from potential hazards. Good natural daylight combined with LED lighting supported people living with sight impairments. People had views of nature from their windows and from communal areas. Rooms were wheelchair accessible and distinctive handrails provide support for people with mobility issues. We saw that people had personalised their rooms with family photos, memorabilia and items of personal furniture.

Is the service caring?

Our findings

We received positive comments about the caring nature of staff. Feedback included, "Some carers are especially nice. I am friends with most of them", "Everyone in here is well cared for. I can assure you of that", "Well cared for. I used to come here for the day and then go home. Now I am here full time. Wonderful place here", "Carers bring me back fridge magnets when they go on holiday." We saw the person was very proud of her large collection of magnets attached to her radiator.

Comments from relatives were, "We were able to continue as a family because of Lime Tree Court.", "When I needed a hip replacement the [registered manager] organised respite care for [my relative]. When I came to visit I sat in the garden", "Care is good...quite often phenomenal" and "I think the girls [staff] do a brilliant job. I can't praise them enough."

One relative told us, "Our daughter was getting married, so we practiced the first dance with [our relative] and we walked with him to get him used to walking with a person...to enable him to be able to walk his daughter down the aisle."

The service enabled people and their families to be involved in decisions about their care and support. People said that they had a care plan and that usually they were involved and if things change. Comments included, "We definitely go through the care plan. If I need something I get it [care]."

One person commented, "They talk to me about the care that I have and need." During the day we saw examples of personalised care. We saw that people were involved and asked if they needed support and were listened to by staff.

We saw that people were smartly dressed and had their hair attended to. People were treated with dignity and respect. People were spoken to kindly, listened to and were well supported. People said, "They always knock on the door and respect when you want to be on your own" and "They always knock on my door and speak to me nicely."

The service supported people to access external bodies such as advocacy services when required. We saw advocacy service contact details displayed at the service. Advocates are people independent of the service who help people make decisions about people's care and promote their rights.

The service complied with the Equality Act 2010 and ensured people were not treated unfairly due to any characteristics that were protected under the legislation. Through discussion with the proprietor and registered manager, we saw that the service was proactive in promoting people's rights. For example, we saw that people could choose their choice of care staff and follow their preferred lifestyle.

Visitors were able to visit without restriction. We saw relatives and friends visited on both days of our

inspection.

People could be assured that information held about them was treated confidentially which complied with the General Data Protection Regulation. Records were stored securely in the service.

Is the service responsive?

Our findings

People's individual needs were assessed before they came to live at Lime Tree Court. The assessment reflected people's mental, physical, emotional and social needs. This included their individual preferences to enable people to have as much choice and control as possible. Care plans we viewed contained care objectives including sections on the activities of daily living. For example, areas covered included communication, eating and drinking, elimination and personal hygiene.

We saw that care plans were reviewed monthly or as people's needs changed. However, we saw that some information was not transferred on to one person's current care plan. This was in relation to how covert medicines were given. We discussed this with the registered manager and provider during feedback and they sent us evidence following our inspection that this had been rectified.

The service was responsive to people's needs. One relative told us, "When [family member] fell ill recently, we had an immediate phone call [from the staff] and discussed a plan of action of getting a medical review which was appropriate and ensured [family member's] stated wishes and needs were at heart."

The service offered a range of activities for people to take part in. A full-time activity coordinator oversaw a full programme of events. These including, one to one and group activities such as scrabble, board games, nail painting, hand massage and basic facials. Cookery sessions, arts and crafts and visits from animal specialists were also part of activities. People accessed the community and went out on a variety of trips including trips to the local coffee shop and shopping centres. Lime Tree Court had a resident cat and frequent visits from the staff's dogs were enjoyed by all. Visiting entertainers enhanced the programme. The coordinator had recently gained a fitness teaching certificate.

A range of social activities, attended by relatives, people and the local community were arranged throughout the year. People commented, "A dog comes in. There is lots of choice in things to do", "I like music mainly, I have a sing", "We listen to music and entertainers come in and play instruments and sing", "I go to all the exercise classes; it's important to have things to do", "Yes, I join in with things. I do the chair things [motivational exercises]" and "[a staff member] is marvellous, and takes me out shopping go to the café in the village."

One person told us that they felt that they were back in the playground when they take part in the exercise programme and they 'come alive.' One family member told us they had noticed a difference in their relative they said that, "When she [the person] came, she could hardly use her arm and now she is has much more mobility. She enjoys the mental stimulation." Another relative told us "[Name] joins in more now, doing more arts and crafts there is more motivation and enjoyment."

A member of staff said they noticed that one person had difficulty crocheting so they found them chunkier wool and a larger crochet hook. The person had degeneration visual impairment which impacted on them crocheting. This demonstrated the service was responsive to people's specific needs.

In addition to records of the activities and individual recording sheets, books were kept in the lounge, which anybody could write in if they had enjoyed something or something has gone well.

Links had been established with local schools. This enabled pupils to gain experience of working with older people and in turn enabled residents to remain in contact with younger people. Pupils from a local primary school came in to read to and interact with people. People had the opportunity to visit the school and spend time with the children.

We saw that people had the opportunity to attend a communion service once every four weeks organised and run by a local church. People wishing to speak to a member of the church community could have a visit arranged.

The complaints procedure was clearly displayed in the building and outlined how to make formal complaints and if necessary how to escalate them to the organisation or other agencies.

One relative told us, "We had unfortunately had numerous concerns in the preceding years which we did not feel were addressed at the time. Over recent months we have had rare need to make any comment and when we do ask it's addressed immediately and feedback given. One person said, "Complain and its sorted out on the spot straight away." We saw that three complaints were made this year, which had been addressed and closed.

The service supported people at the end of their life. This was supported by the local GP and the palliative care team. There was no one receiving end of life support at the time of our inspection. Do not attempt cardiopulmonary resuscitation (DNACPR) orders were in place for people, where necessary.

The service enabled people to have access to information they needed in a way they could understand. The service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw notices were displayed throughout the service which enabled people to have access to information such as community events recent meetings and activities taking place. We saw these were in a format people could understand and read with ease.

Is the service well-led?

Our findings

During our previous inspection we found the service did not have systems in place to monitor the service to drive improvements. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well led to at least good. We found during this inspection improvements had been made and people's nutritional needs were identified and met. We found the provider had made significant changes and improvements and the service now met the regulation.

Staff could describe the service's vision and values and how that impacted on the care delivery. Staff told us, "Management is very different now" and "We are a family here I absolutely adore it." They told us they were supported and could always approach the registered manager if they had any concerns.

The service had developed a new governance structure with clear accountability. We saw audits were completed to monitor the service. We found the auditing procedure was not robust enough to ensure the service could identify actions to be taken in the event of issues or concerns. We discussed this with the provider and they were keen to implement a more robust method of quality auditing to clearly identify areas for on-going improvements.

We received positive comments from relatives about the management of the service. Comments included, "I would say that a lot of thrust has gone in to the management structure. They are not complacent, they have a plan for improvement, they are not content with being an exceptional home." "Outstanding management. It has impacted on my life", "Management are constantly trying to help make things better for [name] and the family", "We are just delighted with the many changes [provider] has made. We know she feels there are still some things that need addressing but from our perspective, Lime Tree Court is in good hands and I no longer hesitate to recommend it to anyone."

People commented, "Very well managed, the jobs are shared out. It's nice with a very good atmosphere", "Managers, I can talk to them", "I know the manager; she comes in before she starts work, and asks me if I need anything from the shops," and "It must be well managed everything runs like clockwork."

Handover between shifts took place to enable any changes to care and support to be communicated effectively. Staff meetings were held on a regular basis to cascade information about events and the delivery of care.

Relatives commented the communication was good and they were kept updated of any concerns. They said, "[Name] had a couple of falls. Staff called the paramedics and phoned me", "When I ring up everyone is very pleasant they take the phone to my sister so I can speak to her", "Communication is good. I am quite often phoned with regular updates, newsletters and information notices are around about what is coming up", "As a relative I no longer dread visiting; we are literally around the corner so can pop in many times a

week."

The service was keen to involve families in the way the service was run. Plans were in place to hold regular family and residents' meetings to ensure everyone could contribute and voice their opinion.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. We had been informed about incidents and notifications and from these we were able to see appropriate actions had been taken. The providers Statement of Purpose was consistent with the service offered. The provider displayed their rating from our previous inspection both on their website and within the premises.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was fully aware of the requirement and had occasion where it was utilised.