

Limes Fenton Ltd

The Limes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

The Limes is a residential care home that was providing personal care to 38 people at the time of the inspection. People who used the service had physical disabilities, sensory needs and mental health needs; such as dementia.

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

People's experience of using this service:

Improvements were needed to ensure the newly implemented systems in place to monitor the service were imbedded and sustained. Improvements were needed to ensure records were updated in a swift manner.

We recommended the provider seeks nationally recognised guidance to ensure information was consistently presented in a format to aid people's understanding.

People were supported by safely recruited staff who had the skills and knowledge to provide safe and effective support. People were supported to manage their risks, whilst promoting their independence. Systems were in place to ensure that people received their prescribed medicines. Effective care planning was in place which guided staff to provide support that met people's needs, which were in line with their preferences.

People consented to their care and were supported in their best interests. The provider has systems in place to ensure that people's capacity was assessed in line with the Mental Capacity Act. People were supported to eat and drink sufficient amounts in line with their assessed needs. People's diverse needs had been planned for, which ensured people received individualised care in all aspects of their life. Professional advice had been sought and acted on to ensure people's health and wellbeing was maintained.

Staff were kind and caring towards people and promoted choices in line with individual communication needs. People were treated with dignity and their right to privacy was upheld.

People had opportunities to be involved in activities both within the service and in the community. People and their relatives were involved in the planning of their care, which meant people were supported in line with their preferences. Complaints systems were in place, which people and relatives knew how to use. There was no one receiving end of life care at the time of the inspection. However, people's advance decisions were planned.

There was an open culture within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care. Feedback was gained from

people who used the service.

Rating at last inspection:

Requires Improvement (report published 13 July 2017).

Why we inspected:

This inspection was carried out to check the provider had made improvements since the last inspection.

At the last comprehensive inspection in May 2017 the service was rated requires improvement overall (in the key questions of Safe, Effective, Caring, Responsive and Well Led). There was a breach in regulation because people were not always safeguarded from potential harm. We asked the provider to forward an action plan to show how they planned to make improvements to people's care.

At this inspection improvements had been made to meet the regulations. However, some further improvements were still needed in the key questions of Safe and Well Led. The service had met the characteristics of Good in Effective, Caring and Responsive. Therefore, the overall rating is Requires Improvements.

Follow up:

We will continue to monitor the service through the information we receive.

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 consistently safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

The Limes

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

The Limes 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 Limes accommodates up to 55 people in one adapted building.

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:

The inspection was unannounced.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information was not requested prior to this Inspection. We reviewed other

information we held about the service. .This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with seven people who used the service. We observed care and support in communal areas to assess how people were supported by staff. We spoke with four members of staff, the deputy manager, the registered manager and the provider.

We viewed five people's care records to confirm what we had observed and staff had told us. We looked at how medicines were stored, administered and recorded for five people. We also looked at documents that showed how the home was managed which included training and induction records for staff employed at the service. The registered manager and provider showed us how they monitored and managed the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the last inspection, improvements were needed to ensure people's risks were mitigated to protect them from harm. At this inspection improvements were still needed.
- Risk assessments and support plans were in place which gave staff guidance to follow to keep people safe. However, staff had not always followed care plans to ensure risks to people were lowered. For example; one person displayed behaviours that may challenge services and their care plan stated behaviour charts needed to be completed. Staff had not completed behaviour plans for this person when there had been incidents. This meant that this person was at risk of inconsistent care and the potential risks to others had not been detailed to ensure people were protected from harm.
- The provider forwarded details of the action they took immediately after the inspection to ensure staff understood how to monitor this person's behaviours. We will assess the effectiveness of this at our next inspection.

Learning lessons when things go wrong

- The provider told us that they had taken learning from the last inspection and the local authority monitoring visits, which had helped them to focus on the improvements needed. An action plan had been put in place and some actions had been made to make improvements to the care people received.
- The registered manager had started to analyse incidents that had occurred at the service. However, improvements were still needed to ensure the system was imbedded and contained details of the actions taken because of the analysis.

Systems and processes

- At the last inspection there was a breach in Regulation 13 because action had not always been taken to protect people from alleged abuse. At this inspection, improvements had been made.
- People told us they felt safe when staff supported them. One person said, "I feel really safe here. I didn't at home."
- People were protected from the risk of abuse because staff understood the procedures in place to recognise and report suspected abuse.
- The registered manager had reported all safeguarding incidents to the local safeguarding authority where required.

Using medicines safely

- People received their medicines when they needed them. One person said, "I always get my medicines on time, if I need pain killers I get them."
- People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered. Staff were trained to ensure they were competent in medicine administration.
- Guidance was available for staff to follow when people needed 'as required' medicines, which ensured people received their medicines when they needed them.

Staffing levels

- People could be assured that there were enough staff to provide their care and support in a timely and personalised manner. One person said, "I always get help when I need it." Another person who was sitting in a small unsupervised lounge said, "Staff pop in throughout the day to make sure I am okay." On the day of the inspection we saw there were enough staff available to ensure people received support when they needed it.
- The provider had a contingency plan in place to ensure people were not affected when there were staff shortages at the service.
- Safe recruitment practices were followed to ensure people were supported by suitable staff.

Preventing and controlling infection

- The home was clean and the providers cleaning and infection control systems protected people from the risk of infection. People and their relatives told us the service was always well maintained and clean. We saw that all areas of the home and equipment were clean.
- Staff wore gloves and aprons, which demonstrated that systems were in place to ensure the risk of cross infection was minimised.
- The registered manager carried out checks to ensure infection control risks were lowered and to ensure staff were following procedures to prevent and control infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- At the last inspection improvements were needed to ensure staff received training to carry out all aspects of their role. At this inspection improvements had been made.
- Staff received a formal induction into the service before providing support to people. Staff told us they were given time to understand people's needs and felt knowledgeable to support people effectively.
- Staff told us they had received training and they felt this helped them to carry out their role. We observed staff moving people safely and in line with guidance. One person told us, "Staff know what they are doing."
- Staff received a supervision, which ensured staff were up to date with best practice and discussed areas of staff performance where improvements were required.

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

- People's needs were assessed before they started to use the service. This ensured people received support that met their needs.
- Support plans had been developed with people and their relatives, which ensured their preferences and needs were met in all areas of their support. Staff understood people's diverse needs and explained how they supported people in all aspects of their lives.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed the food on offer and we observed people's experience was positive at mealtimes. One person said, "The food is lovely here I can't grumble." Another person said, "The food is very nice. We get two choices and some lovely puddings."
- People's nutritional needs were monitored and managed to ensure they received adequate food and drink which was prepared in a way that met their individual needs.
- Advice was gained from professionals such as the Speech and Language Therapist Team (SALT) to ensure people's nutritional risks were managed. We saw staff followed the advice provided.

People are supported to have healthier lives and have access to healthcare services

- People had access to healthcare professionals. One person said, "They [staff] get the doctor right away for me, they are good like that. I have a bad chest and they got the GP out, I am now on antibiotics."
- Records contained advice provided by healthcare professionals which we saw was followed by staff. This ensured people were supported to maintain their health and wellbeing.

Staff providing consistent, effective, timely care

- Senior staff attended a handover meeting at the beginning and end of each shift. This highlighted any immediate changes in people's needs during the shift and detailed people's high-level needs. This information was passed to care staff. However, staff told us that they had a brief verbal handover, which they felt could be improved upon.
- We fed this back to the registered manager and provider who stated they would implement an improved handover for care staff.

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

- The design of the service enabled people to move around freely. People had access to communal rooms where they could socialise if they chose to. There were signs within the service to help people's orientation and people's private rooms contained photographs to help people identify their own bedrooms independently.
- The service had been adapted to ensure people remained safe. Equipment such as a bath seats and raised toilet seats with grab rails were in place to ensure people were safe whilst promoting their independence within the service.

Ensuring consent to care and treatment in line with law and guidance

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were encouraged to make decisions about their care. We saw staff gained people's consent before they provided support to ensure people had choice and control in their lives.
- The registered manager had submitted referrals to the local authority where people were being deprived of their liberty to ensure people were supported in the least restrictive way possible.
- Staff were knowledgeable about the MCA and how they needed to support people in their best interests. Mental capacity assessments had been completed to ensure staff were aware of people's ability to consent to their care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection improvements were needed to ensure people's dignity was consistently protected. At this inspection improvements had been made.
- Staff treated people with dignity and respect and promoted their independence. One person said, "They [staff] are respectful to me, they always knock on my door." We saw staff spoke with people in a polite and respectful way and were sensitive when asking people if they needed support. For example; one staff member asked a person if they would like to 'freshen up' before lunch, which was understood by the person as visiting the toilet. This way of asking protected the person's dignity.
- Staff respected people's wishes when they wanted to spend time in the privacy of their own rooms. Staff supported people to access their rooms when they wanted to.
- People were supported to maintain their independence. One person said, "My independence is so important and they [staff] respect that, they may ask if I need help but allow me to do as much as I can."

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make choices in the way they received their care and people's choices were respected. People told us they could make choices to live their life as they preferred. One person said, "I choose when I got to bed, get up or if I want to join in the activities. I choose how I spend my day."
- Staff understood people's individual methods of communication and support plans were in place to give staff guidance on the most effective way of communication to help people express their views.
- People who had sensory impairments were supported to be as independent as possible. For example, we saw staff gave one person guidance in all aspects of their care. This person could eat their meals independently because staff gave clear explanations and used the person's hands to guide them.

Ensuring people are well treated and supported

- People told us staff treated them in a kind and caring way. One person said, "The staff know me well, we have a laugh and a joke." Another person said, "Staff are good, I like them all."
- We observed staff showed patience when supporting people and ensured people were comfortable throughout the inspection. Staff hugged people and spoke kindly with them, which made people smile.
- People were supported to maintain relationships that were important to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection improvements were needed to ensure staff were consistently responsive to people's needs. At this inspection improvements had been made.
- People told us they had opportunities to access interests and hobbies that were important to them. One person said, "I like to join in the activities." Another person said, "[Staff member's name] does quizzes with us and we play darts, dominoes and bingo."
- During the inspection, people were involved in a reminiscence session and manicures were offered to people in the lounges.
- There was a dedicated activity staff member who organised events and spent time with people. For example; two people had been to a culture and cuisine at the local college where they had afternoon tea, singing and music. There were plans in place for school children to visit people and a trip to the local market.
- Staff knew people well and supported people in line with their preferences. One person said, "The staff know me well, they know my likes and dislikes." The support plans detailed people's preferences which were followed by staff when they provided support to people.
- People and their relatives were involved in the planning and reviewing of their support which ensured people received support in line with their wishes.
- People's communication needs were identified, recorded and highlighted in care plans and were shared appropriately with others. Staff understood how to ensure people had access to information. Noticeboards and information leaflets were not always in a format to aid people's understanding.

We recommend the provider seeks nationally recognised guidance to ensure information was consistently presented in a format to aid people's understanding.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint if they needed to. One person said, "I am happy with the care, no complaint. I would speak to the manager if I had any problems."
- There had been no recent complaints received at the service. However, there was a system in place to investigate and respond to complaints received.

End of life care and support

- At the time of the inspection there was no one who was receiving end of life care. However, we saw information with regards to people's wishes if they became unwell, which included DNACPR's. DNACPR is a

document issued and signed by a doctor, which informs the medical team not to attempt cardiopulmonary resuscitation (CPR).

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection improvements were needed because the provider's governance systems were not effective in reducing risks to people. At this inspection some improvements were still needed.
- There had been some improvements to the quality assurance systems in place. For example; the registered manager had implemented a training schedule to ensure staff received training to carry out their role. There was an effective medicine audit and infection control in place, which had identified and rectified concerns raised. However, care plan audits had not always identified that staff were not completing behaviour charts as required.
- Records had not always been updated in a swift manner. For example; one person's pressure needs had deteriorated. Although staff were aware of the actions needed to lower this person's risks, this information had not been updated to ensure staff had detailed guidance to follow.
- The provider told us they felt improvements had been made since the last inspection, but they still needed to ensure the systems they had put in place were imbedded in the service to ensure staff followed these in practice.
- There was a local authority action plan in place which the provider had oversight of to ensure improvements were being implemented as required. The action plan showed the progress made and the areas that still needed to be improved.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and relatives felt able to approach the registered manager. One person said, "The manager is very good, she listens to what I say." Another person said, "The manager is lovely, you can ask her anything, she is great and the deputy manager too."
- Staff spoke positively about the registered manager, deputy manager and senior carers. Staff told us they were approachable and supportive. One staff member said, "The management are supportive I can go anytime to the manager and she listens." Another staff member said, "Management do a good job, deputy manager and seniors are good, great support. I can go and talk to them."
- The registered manager understood the responsibilities of their registration. Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display.
- The registered manager promoted person centred care which were the values of the service. Through our observations we saw staff followed these values in practice.

- The registered manager attended meetings to share and receive good practice initiatives with other providers and professionals.

Engaging and involving people using the service, the public and staff

- Feedback was gained from people through questionnaires and resident meetings, which were used to make improvements to the service received. Details of the actions taken because of the feedback was made available to people and their relatives.
- Staff told us meetings were held, which gave them the opportunity to discuss any concerns or suggestions. One staff member said, "Communication between the management and staff is good. The meetings are a good opportunity for us to air any concerns and receive updates on practice."

Continuous learning and improving care

- Staff told us they had opportunities to undertake training on specific health conditions such as; pressure sores and diabetes management. This meant people received effective support because staff were supported to continually develop their skills and knowledge.
- Weekly management meetings had been implemented to discuss the progress against the Local Authority action plan to ensure improvements were made to people's care.

Working in partnership with others

- The registered manager worked with other professionals about their health and wellbeing needs, which included people's physical health needs and support with people's emotional wellbeing. This ensured people received safe and effective support in all areas of their lives.
- Visiting professionals told us the registered manager was visible within the service and they felt the home was well run and managed effectively. One professional said, "The registered manager here is really on the ball about things, I think they are a good manager."