

# Highlands Healthcare Limited

# Limes Residential Care

# Home

## Inspection report

11 Fenstanton Avenue  
North Finchley  
London  
N12 9HA

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26 June 2019

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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

### About the service

The Limes Residential Care Home is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection some of whom were living with dementia. The service can support up to 26 people.

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

People were safe living at The Limes. Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow.

People were supported to engage in activities based on their hobbies and interests which had a positive impact on their well-being. Care plans were detailed, person centred and evidenced that people and their relatives were consulted around their care preferences.

People received their medicines, as prescribed. Feedback given to the management team by the inspection team regarding the management of prescribed creams was addressed following the inspection. There were enough staff to support people in a person-centred way.

Improvements made following the last inspection had been sustained and embedded. There were quality monitoring systems and processes in place to identify how the service was performing and where improvements were required.

Staff received appropriate induction, training and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and kind. People we spoke with and their relatives confirmed this. Staff provided comfort and support if people became anxious or upset.

Staff supported people to meet their health and nutritional needs. People were supported and encouraged to maintain their independence. Staff worked with health care professionals to maintain people's wellbeing.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 7 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Limes Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and one Expert by Experience who supported the inspector by speaking with people and visitors. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Limes Residential Care Home 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 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the action plan submitted by the provider following the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, operations manager, registered manager, team leader, care workers and the activities co-ordinator.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at six staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one health professional who regularly visits the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.
- Risks associated with people's health and care were assessed and detailed guidance was in place for staff to keep people safe. Risks assessed included, skin integrity, eating and drinking, falls and moving and handling.
- For one person who was at risk of choking and required a specialist diet, the information staff needed to know to keep this person safe was clearly documented in their care file. We observed staff following the information contained in the person's care plan around supporting the person to eat.
- Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided in the event of any emergency.
- The required risk assessments and maintenance checks related to the buildings and environment were completed and documented.

### Using medicines safely

- At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.
- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines and underwent a competency assessment.
- Some medicines were prescribed for people to take 'as required' (PRN), for example, painkillers. There were protocols in place to support staff to administer these appropriately.
- We found that the application of prescribed creams was not documented by staff. Following the inspection, the registered manager advised us that they had changed pharmacy and were implementing a new style of medicines administration chart which included guidance for the application of prescribed creams.

### Preventing and controlling infection

- At our last inspection the provider had failed to ensure people were protected from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The home was overall clean and free of odours. Feedback from people and relatives supported our findings. One relative told us, "Cleanliness its reasonably fine. The décor isn't 2019. My [relative] doesn't care. It's not an issue. We are not expecting a five-star hotel."
- Staff were aware of the precautions necessary to prevent the spread of infection to others. Personal protective clothing and equipment (PPE) were readily available and we observed staff using it appropriately.

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

- People told us they felt safe. One person told us, "I'm fine I always feel safe." A relative told us, "Yes, safe absolutely. They look after her very well."
- People were protected from the risk of abuse. Staff had received training in safeguarding adults, demonstrated an understanding of safeguarding procedures and when to apply them.
- Staff were confident any concerns they raise would be listened to and actioned appropriately by the registered manager.

#### Staffing and recruitment

- At the last inspection, we recommended that the provider implements a system to review staffing levels regularly based on people's dependency levels. This had been acted on.
- We observed, and people told us there were enough staff to meet their needs. One person told us, "The staff have time to chat." A relative told us, "Generally, there always seems to be enough staff."
- Rotas and our observations confirmed that there were three care staff, an activities co-ordinator, domestic and kitchen staff on duty daily in addition to management cover.
- Staff told us there was enough staff and when there were particularly busy periods, the registered manager provided additional assistance.
- Staff were safely recruited with the necessary pre-employment checks carried out.

#### Learning lessons when things go wrong

- Processes were in place to ensure accidents and incidents were recorded. Action was taken to reduce the risk of re-occurrence. For example, one person was referred to a health professional for a medicines review following increased falls.
- The operations manager collated and analysed information from all accidents and incidents each month to identify trends and learning points.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection the provider had failed to comply with MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.
- Staff had received training in MCA and DoLS and were knowledgeable around how the legislation impacted on the care they delivered.
- DoLS had been applied for as necessary and the management team kept an oversight of when applications were due for renewal and outcomes. The registered manager told us they were attending training around the upcoming changes to MCA shortly after the inspection.
- CQC were notified of DoLS authorisations, as required.
- Care plans were signed by people where they had capacity to do so, or their relatives where they did not. We spoke to the management team about ensuring where a relative signed a consent form, they had legal authorisation to do so, such as lasting power of attorney. The management team told us they would review their consent forms to indicate that it was clear who was providing consent as opposed to who was involved in the care planning process.

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

- Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a foundation for the person's care plan.
- Records confirmed that people and their relatives were involved in the assessment process and regular

care plan reviews.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled and understood their needs. Feedback from relatives included, "They are trained - they seem to have a good grasp of what's happening." A staff member said, "Every year they want me to go to training."
- General training topics included safeguarding, infection control, food hygiene, medicines and first aid. The management team had oversight of staff training needs and a plan was maintained to ensure staff training was refreshed on a regular basis.
- Staff received a regular supervision and an annual appraisal. Staff told us they felt supported in their roles. One staff member told us, "They always supporting. [Registered Manager] always coming around always. He is always here. He always helps."

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

- People's nutritional needs were met. Care plans held information about their dietary needs, including likes and dislikes. Where a person was required to follow a specialist diet, information was available for staff to refer to.
- People were mostly positive about the food choices on offer. We saw that people were offered a choice and an alternative if the menu options were not to their preference. Drinks were readily available. Feedback received included, "The foods good, the portions are good" and "Good food."
- We fed back to the management team that the pureed meals could be presented in a more appetising way. They agreed to look into this.
- Where people were at risk of malnutrition or dehydration, people food and fluid intake were monitored, and referrals were made to the appropriate health professionals.
- One person regularly refused their meals. We saw staff and the management team gently support and coax the person to eat and drink small amounts in between meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans noted where people needed specialist advice from professionals and staff followed the information given. People had various specialist professionals involved in their care and support and all this information was detailed in the care planning and staff were made aware of any changes where needed.
- A GP visited the home on a weekly basis which provided reassurance to people and relatives that any health concerns would be escalated promptly.
- The service worked with local authority and CCG health initiatives such as the "Significant Seven" and "Red Bag" initiatives which were designed to support staff to recognise signs of health deterioration and enable smoother transfer between the care home and the hospital.

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

- Relatives told us that aspects of the décor were dated but they did not see that as an issue.
- People could personalise their bedrooms to their preference. The home and garden were accessible, and the appearance of the garden had improved. People were encouraged to participate in gardening.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive feedback from people and relatives regarding the kind and caring nature of staff. Feedback included, "The staff are nothing but lovely to [Person} and me. I couldn't be more grateful" and "The staff are very caring."
- Staff had developed positive and caring relationships with the people they supported. We saw people were at ease with staff and they smiled and laughed with them. A staff member told us, "We are like family here, you have to be kind. I care about them a lot."
- We observed staff spend time speaking with people and providing reassurance where people may be anxious or upset. Staff had a good knowledge about people's needs, strengths, anxieties and how they communicated.
- Staff had completed training around equality and diversity and were knowledgeable around people's cultural and religious needs. The registered manager told us that they supported people from many diverse backgrounds over the years and gave examples of how they met their needs. They told us they would always strive to meet people's cultural or religious needs.
- We observed staff speak converse with a person in their first language. Their relative told us, "[Person] was always a people's person. They interact with the staff. [Person] is quite lucky as few [language] speakers on some shifts. They have a little chat with her."

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

- People and their representatives were involved in the care planning. Care plans contained details about people's life background and histories. Relatives told us they had been involved in regular care review meetings and kept updated on any changes or concerns.
- People were offered choices throughout the day in relation to meals, drinks and whether they wanted to take part in a group activity.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "They are polite, and I feel respected."
- Relatives commented that they always found their loved one to be clean and well-dressed when they visited. Relatives also told us that any instances of incontinence were quickly and respectfully dealt with ensuring the person's dignity was maintained. One relative told us, "[Person] is clean. They cut her hair and she seems clean."
- People were supported to develop and remain independent. We heard of examples were people had been

supported to develop independence to the point where they were able to live again in the community. Feedback seen from one relative commented, ""From a very traumatic start to their stay, they have gradually become more confident, happy with their life and now capable to cope on their own."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection the provider had failed to ensure people received person centred care which met their needs and references. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.
- People were supported in a personalised way. Feedback was positive in this regard. One relative told us, "I would definitely recommend, as [Person's] requirements are adequately met."
- Improvements had been made to how people's care plans were documented. Care plans were now detailed, person centred and reflected the level of support people required from staff in areas such as physical health support, eating and drinking, personal care, activities and living with dementia. Care plans were reviewed on a regular basis and relatives' involvement in reviews was evident.
- Since the last inspection, the provider had employed a full-time activities co-ordinator to deliver group activities. People, staff and relatives told us that activities on offer had significantly improved as a result. One relative told us, "Activities have improved. [Staff name] is very dedicated and that is important." The activities co-ordinator had worked at the home previously as a care staff and knew people living there. They had created an activities profile for each person based on speaking with them and their families to learn about what interests them.
- The activities co-ordinator was passionate and dedicated to delivering activities based on people's preferences and interests. They had spent significant time researching how people living with dementia could engage with meaningful activities to improve their well-being. As a result, people enjoyed a wide range of activities designed to stimulate and entertain. For example, a Tea Club had been created to help stimulate people's sense of smell by using a variety of herbal teas.
- Activities on offer included, arts and crafts, book clubs, knitting clubs, cookery, exercises and themed quizzes. For people who did not wish to engage, we saw staff spend time with chatting, reading and playing cards or board games. More trips and access to the community was observed on this inspection. For example, people had been supported to attend the theatre on one of the days we inspected.
- People were supported to keep and maintain relationships which were important to them. Relatives told us they were always made feel welcome when visiting the home and had no restrictions regarding visiting times. One relative told us staff facilitated them to host a birthday party for their loved one at the home which was appreciated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their care plan, so all staff had the guidance needed to understand where people had difficulties, for example, one person's care plan advised that the person was hard of hearing and that staff should speak clearly facing the person. This was observed on the inspection.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home.
- People and relatives told us they would raise any concerns and felt that any concerns would be resolved to their satisfaction.
- Three complaints had been formally raised since the last inspection which had been acknowledged, investigated, responded to and where necessary action taken to improve quality of care.

End of life care and support

- End of life care was provided sensitively and in line with people's needs and preferences. Staff worked alongside appropriate health professionals to ensure people received the best possible care at the end of their lives. Feedback seen from relatives in this regard included, "Amazing, loving, kind and compassionate care for our Dad."
- People's preferences for end of life care was recorded in their care plans.
- A health professional told us that staff and the management team prepared for providing end of life care by ensuring end-of life care plans and appropriate medicines were in place and communicating appropriately with involved health professionals and families. They told us that end of life care was a strength of the service.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection the provider had failed to ensure that enough governance systems were operating to ensure people received person centred care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
- As cited throughout this inspection report, the management team had made improvements to how care was delivered at The Limes. Concerns found at the last inspection had been rectified and improvements made had been embedded and sustained which had positive outcomes for people.
- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events, incidents and changes to the service as required by law.
- There were a range of regular audits and quality checks undertaken with actions that had been followed up and closed by named responsible individuals. Audits carried out on a regular basis included housekeeping and environment, medicines, care documents and recordkeeping, staff files and feedback from people and staff.
- Where areas for improvement had been identified, a clear action plan was in place which was signed off when the issue had been rectified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour

- People and relatives spoke positively of the overall standard of care at The Limes. A relative told us, "I would recommend. It's clean, they keep people clean and the food is quite good." A second relative told us, "The best thing is [staff] are quite caring towards individuals and meet their needs."
- Staff spoke positively of the support they received from the management team. They told us they felt comfortable raising concerns and felt any concerns would be addressed. One staff member told us, "The manager is very nice, always help us and residents. He does everything at any time."
- The management team were open and transparent, and they shared information with us during the inspection.
- The management team understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.

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

- Staff meetings were held to allow staff to engage with the management team and raise their views, they considered and acted upon the staff's feedback.
- People and their relatives had opportunities to give feedback to the management team through regular care review meetings, an annual satisfaction survey and as part of the management teams monthly care audits. The management team operated an open-door policy and relatives told us they were very much involved in how their loved one's care was delivered.
- Residents meetings took place every two months where people were encouraged to give their feedback and suggestions in relation to menu choices, activities and daytrips and aspects of the home's décor.

#### Working in partnership with others

- A health professional who worked with the home on a regular basis praised staff and the management team for their responsiveness, pro-active communication and understanding of and following professional guidance. For example, if they requested that a fluid chart is started for a person at risk of dehydration, staff would ensure correct completion.