Lily Care Ltd

Limefield Court Retirement Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on the 17, 18 and 23 July 2018. At that inspection we found five breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. The breaches related to the lack of person-centred care, dignity and respect, the environment and staff training and development. We also issued a warning notice with regards to a continuing breach to demonstrate good governance systems were in place to improve and develop the service. The service was given an overall rating of 'Requires Improvement'. These areas will be reviewed at our next comprehensive inspection.

Due to recent concerns raised with us in relation to the safe care and treatment of people living at the home we undertook a focused inspection on the 12 December 2018 to look into areas linked to the concerns. Concerns included, the lack of access to care records and healthcare support, the availability of medicines particularly at night, the security of the building, management of infections, staffing arrangements and areas of health and safety. These concerns have also been shared with the Bury local authority and are subject to further investigation.

This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Limefield Court on our website at www.cqc.org.uk.

At our inspection in July 2018 a new manager had been appointed however they did not register with the Care Quality Commission (CQC). At this inspection we were told that the manager was no longer in employment and a further appointment had been made. This person was due to start employment following the inspection. We discussed with the directors the importance of having a registered manager in place and that this should be actioned without further delay. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Limefield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Limefield Court is a two-storey property that is situated off a main road on the outskirts of Bury town centre. There is a car park at the front of the home. The home is registered to provide accommodation and personal care for up to 32 people. At the time of our inspection there were 23 people living at the home.

During this inspection we identified two further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. We have also made a recommendation about the safe use of the stairs.

Stable management and oversight of the service, along with sustained quality improvement systems will help to enhance the service and experiences of people who live at Limefield Court.

The homes 'Statement of Purpose' must be reviewed and updated to reflect the range of people's needs that can be safely and effectively met by suitably trained staff at the home.

Risk assessments needed to be expanded upon to reflect the action taken to minimise risks to people, particularly in relation to falls.

Checks were to be made to ensure people had access to sufficient clothing and bedding so that their dignity and comfort was maintained. Appropriate arrangements should be made through a 'best interest' discussion with relevant parties so the appropriate arrangements can be made. This will be reviewed again at our next inspection.

Systems were in place to manage and control the risk of cross infection where people had been diagnosed with an infection.

Consistent support was provided throughout the day and night to help ensure people received their medicines as prescribed.

A discussion with staff and a review of records demonstrated that people had access to a range of health care professionals so that people's health and well-being was maintained.

Adequate numbers of staff were available. All vacancies had been recruited to and agency staff were no longer being used. Staffing levels were to be kept under review so that the changing needs of people and increased occupancy numbers can be safely managed.

Work was being completed to improve the accommodation provided for people. A programme of redecoration was being completed and new furniture items had been purchased. Old beds should be reviewed to check they are fit for purpose. Consideration was being given with regards to colour scheme creating a more 'dementia friendly' environment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Evidence was needed to show that people at high risk of falls were being supported in a safe way.

Suitable arrangements were in place with regards to medication, the management of infection as well as access to healthcare support so that people's health and well-being was maintained.

Adequate numbers of staff were available. The directors were aware these should be kept under review so that the changing needs of people and increased occupancy numbers can be safely managed.

On-going work was being completed to improve the standard of accommodation provided for people.

Is the service caring?

Requires Improvement

The service was not always caring.

Checks were needed to ensure sufficient clothing and bedding so that their dignity and comfort was maintained. Appropriate arrangements should be made through a 'best interest' discussion with relevant parties so the appropriate arrangements can be made.

The atmosphere in the home was relaxed. Those people seen appeared clean and were appropriately dressed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Stable management and oversight of the service, along with sustained quality improvement systems will help to enhance the service and experiences of people who live at Limefield Court.

The homes 'Statement of Purpose' must be reviewed and updated to reflect the range of people's needs that can be met by staff at the home.

Limefield Court Retirement 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 was carried out 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 focused inspection was undertaken due to concerns that had been shared with us about the safe care and treatment of people living at the home. Concerns included, the lack of access to care records and healthcare support, the availability of medicines particularly at night, the security of the building, management of infections, staffing arrangement and areas of health and safety. Due to the concerns these matters were referred to the local authority and were subject to further investigation.

Whilst specific issues involving individuals are subject to formal review by the local authority. This inspection was undertaken to look at systems in place to ensure all those living at Limefield Court received safe and effective care and support.

This focused inspection took place on the 12 December 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

At the inspection we spoke with the directors, deputy manager and a care worker. We also observed the care and support people received from staff.

We reviewed people's care records, the medication system, staff rotas and procedures to manage infections. We also looked at the standard of accommodation provided and the security of the building.

Requires Improvement

Is the service safe?

Our findings

We reviewed the care records for three people. Records continued to provide sufficient information to guide staff in the care and support people wanted and needed. Information included details about people's life history, hobbies and interests and things that were important to them. Plans explored areas of daily living such as how people were to be supported with their, personal care, mobility, nutritional needs and medication.

The care records we looked at showed that risks to people's health and well-being had been identified, such as pressure care, poor nutrition or falls. We saw visits by healthcare professionals or appointments were recorded along with any action required. These included visits by the person's GP, district nurses and community psychiatric nurse (CPN). Additional monitoring was also undertaken where people had been identified at risk, such food and fluid charts and repositioning charts.

Two of the care records we reviewed identified that people were assessed as being 'very high risk' of falls. Whilst care plans to help reduce or eliminate the risk had been put in place we found information did not fully explore the individual needs of the person. Furthermore, there was no evidence to show what action had been taken to minimise such risks, for example, referral to the falls team or additional aids and adaptation put in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Concerns were also raised about the safety of people using the stairs. We were told that two people, who were independently mobile used the stairs to go to and from their bedrooms. This was observed during the inspection. We were told, and records confirmed that risk of falls had not been identified and no incidents had occurred involving the two people who used the stairs.

We looked at what arrangements were in place to ensure people had access to their prescribed medication at night. At our previous inspection in July 2018 night staff confirmed that they had received basic training in the administration of medication and had access to PRN 'when required' medicines, such as paracetamol, at any time. Documents to record the administration of medicines were also available for night staff to complete, where necessary, so that information accurately reflected medicines received. We were told that there had been no changes in these arrangements.

Concerns had been raised about the security of the building. We were told the front door was not always kept locked and that visitors had to wait a long time for staff to answer the door bell. We arrived at 9.30 in the morning. The front door was secure, and staff responded promptly when we rung the bell. We were told there were no issues with the door lock and that staff would always ensure the door was closed behind them. The registered provider also told us that the keypad number to gain entry was not given out to staff or visitors and that the number was changed regularly; helping to ensure the premises was kept safe.

Those people who smoked, did so outside at the front of the home. Staff would assist people to enter and exit the building so that they could access the outside area. This was seen during the inspection.

Adequate numbers of staff were available. Recent recruitment had been undertaken and all vacancies had been filled. We were told, and rotas showed that a full-time cook was now in place with a second member of staff covering days off. It was acknowledged due to sickness care staff had been identified to cover the cook in their absence. A new domestic worker had also commenced employment and a further appointment to the domestic team had been made. Agency staff were no longer being used. We asked staff if sufficient numbers were available to meet the needs of people. We were told there were enough staff available. The directors were aware that staffing levels should be kept under review, considering the changing needs of people and increased occupancy.

Concerns had been raised about the management of infections or hygiene standards when people had been unwell. We saw that policies and procedures were in place and staff training had been provided in relation to infection control. Staff had access to personal protective clothing (PPE) such as aprons and gloves and yellow and red bags were used for the disposal of clinical waste and handling of soiled items. Where additional cleaning was required to the environment this was addressed by the domestic staff. Previous concerns regarding poor carpeting and malodours had been addressed with new carpeting in a number of bedrooms. Guidance had also been communicated to staff where additional support was required for someone being treated for an infection. This helped to minimise the spread of infection.

Whilst looking around the home we saw improvements were being made to enhance the appearance of the home. New furniture items had been purchased for the lounge and bedrooms. Following discussion with the directors, old beds were to be reviewed to check they were fit for purpose and safe to use. This will be reviewed at the next inspection.

Requires Improvement

Is the service caring?

Our findings

We spent some time observing how staff interacted with people throughout the day. The atmosphere was relaxed and calm. When requested staff provided appropriate support so that people's needs were met. Interactions was seen to be polite and friendly.

During the inspection we looked at whether people were supported in a dignified manner. We had been told that someone had been seen in a dishevelled state and were not fully dressed as they did not have sufficient clothing.

During this inspection we saw people were clean and dressed appropriately. We were told that arrangements would be made with the person or their representatives to purchase any items they may require when needed. Where this had not been possible, as the person had not consent to items being purchased we were told that unwanted items were sometimes used so that people had a change in clothing. Appropriate arrangements should be made through a 'best interest' discussion with relevant parties so the appropriate arrangements can be made.

We had also been advised that people's beds were not always made and at times in need of changing. We looked in some of the bedrooms and at the laundry stocks available. We saw that beds were clean and made ready. One of the directors told us that new bedding had recently been purchased. However, we did not see sufficient stocks were available to provide a bed change for each person. To maintain people's dignity and comfort the directors were to check sufficient provisions were available.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in July 2018 a new manager had been appointed however was not registered with the Care Quality Commission (CQC). At this inspection we were told that the manager was no longer in employment and a further appointment had been made. This person was due to commence employment immediately following the inspection. We discussed with the directors the importance of having a registered manager in place and that application should be submitted without further delay.

We were told by visiting professionals that care records were not easily accessible, especially during the evening and night time when the manager was not on site. The directors told us, and staff confirmed that the office was accessible to all staff throughout the day and night and therefore information about people would be available, should this be required.

Limefield Court is registered to provide care and accommodation for up to 32 people. This includes supporting those people living with dementia. Nursing care is not provided at this location. One of the concerns raised with us related to the care and support of someone who had recently been admitted to the home. We noted that this person had specific health care needs and required additional support from relevant health care professionals, which was in place. We discussed with the directors the need to review and update the homes 'Statement of Purpose' so that information accurately reflected the range of people's needs that can be safely and effectively met by suitably trained staff at the home. This was a breach of Regulation 12, schedule 3 of the Care Quality Commission (Registration) Regulations 2009.

Notifiable events such as accidents, injury and safeguarding, concerns were raised with us about a person 'missing' from the home. This matter had also been raised with the local authority. We discussed this with one of the directors and staff. We were advised that this person did leave the home to smoke and visit the local shop but always returned. We were told there had been no incidents where this person had gone 'missing'. This conflicted with the information received. The provider was reminded that failure to notify CQC of such events is an offence. This will be monitored and reviewed at our next inspection.

Following our inspection In July 2018, we issued the registered provider with a warning notice requiring the provider to improve quality monitoring systems to help inform and develop the homes business improvement plan. Whilst people had previously provided feedback on their experiences, areas of improvement identified in the 2017 surveys had not been acted upon.

During the inspection we saw the monitoring systems continued to be maintained with regards to the management of medicines, falls and care plans as well as checks in relation to the environment and hygiene standards. A development plan was also in place detailing the work being completed to improve the standard of accommodation provided. A recent resident and relatives meeting had also been held and feedback surveys had again been distributed to people, their visitors and staff seeking feedback about their experiences and ideas. We saw that following the resident and relatives meeting an action plan had been completed to show what action was being taken to address the issues raised. Overall feedback in the surveys were positive. Results were displayed for people and their visitors to read.

We could not improve the rating for well-led from requires improvement because to do so requires evidence of effective management and consistent good practice over time. We will check this and the outstanding breaches at our next planned comprehensive inspection.

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 12 Registration Regulations 2009 (Schedule 3) Statement of purpose The homes 'Statement of Purpose' needed to be reviewed and update so that information accurately reflected the range of people's needs that can be safely and effectively met by suitably trained staff at the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Falls risk assessments needed to be expanded upon to show what action had been taken to minimise such risks so that people were kept safe.