

Lime Tree Court Limited

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Inspection report

Church Street
Twyford
Buckingham
Buckinghamshire
MK18 4EX

Date of inspection visit:
23 August 2016
30 August 2016
31 August 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 23, 30, 31 August 2016. It was an unannounced visit to the service.

We previously inspected the service on 4 July 2014. The service was meeting the requirements of the regulations at that time.

Lime Tree Court is a care home for older adults who are living with dementia. It is registered to provide accommodation for 23 people. At the time of our inspection 20 people lived at Lime Tree Court.

The service had a registered manager in post; however, they had been away from the service for a period of time. 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.

The provider did not always ensure it assessed and reduced the potential risks to people in its care. No Legionella risk assessment was in place. The service had received positive water samples for the non-lethal strain of Legionella. It had responded to actions required to ensure this was reduced. However it had not adequately identified a competent person to take the lead in managing the risk.

Environmental risk assessments were not routinely assessed or reviewed to minimise risks to people. However equipment used was serviced in line with manufacture's guidelines. We found the service did not always protect people from potential risks. For instance, open bottles of toiletries were left in communal bathrooms.

The service did not always ensure all the required pre-employment checks were undertaken, this could have led to staff not being suitable to work with people. However it did always seek a reference from a previous employer which reduced this risk.

Providers are required by law to inform the Commission when certain events occurred. We checked our records and found we had not routinely been informed of events which we needed to be aware of.

Records were not always maintained in a way that supported good governance of the service. There was a mixture of old and new paper work. It was sometimes difficult to know which was the most updated version of forms being used.

People received their medicine when needed; we observed some good practice regarding the administration of medicine. The service did not ensure that old stock was used before newly dispensed medicine. We have made a recommendation about this in the report.

Staff told us they felt supported by the management, however records relating to support provided to staff did not support this. We have made a recommendation about this in the report.

We received a lot of positive feedback about how homely the service was. Comments included "I couldn't be looked after better," "This is a wonderful care home" and "I've loved it, from the day I moved in." Staff understood people's needs as they had worked with them for a long time. Staff were able to communicate to people on a level that was understood.

Staff demonstrated kindness and compassion and promoted people's independence and dignity. Staff had a good understanding of how to keep people safe and free from abuse. They told us they would not hesitate to raise a concern.

People were supported to engage in meaningful activities. Relatives told us they liked Lime Tree Court as it was "Homely" and "Welcoming". Healthcare professionals spoke highly of the personalised care people received. This was supported by comprehensive care planning. Staff were supported to understand people's needs as likes and dislikes were clearly recorded in care plans.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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.

People were not always protected from risk as environmental risks had not always been assessed or plans put in place to reduce the risk.

People were not supported by staff who had received all the required pre-employment checks.

Risks to people i.e. risks of falling or moving and handling had been assessed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were cared for by staff who felt supported. However records did not support this happened.

People were supported to have enough food and drink.

People were supported to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew their likes and dislikes.

People were supported by staff who were able to demonstrate kindness and compassion.

People were supported by staff who understood different communication styles.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who had access to detailed, personalised care plans.

People were aware of how they could raise concerns.

The service responded appropriately if people's needs changed, to help ensure they remained independent.

Is the service well-led?

The service was not always well-led.

There were ineffective systems in place to monitor the quality of the service and drive forward improvements.

The provider did not ensure incidents were reported to the Care Quality Commission. This meant we could not always see what action they had taken in response to these events, to protect people from the risk of harm.

Requires Improvement 

Lime Tree Court Limited

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.

The inspection took place on the 23, 30, 31 August 2016 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the six people living at Lime Tree Court who were receiving care and support, three relatives; the deputy manager and a representative from the provider. We spoke to five care staff. We reviewed six staff files and four care plans and four medicine records within the service and cross referenced practice against the provider's own policies and procedures. We had further contact with relatives via email.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who lived in Lime Tree Court.

Is the service safe?

Our findings

People and their relatives told us they felt safe. Comments included "I feel safe, the staff are wonderful", "I am well looked after" and "I don't worry about them, as I know they are being looked after."

Providers and staff have responsibilities under health and safety legislation to maintain a safe working environment for themselves and people who they provide support to. One such responsibility is to prevent and manage the risk of Legionella. This is done by having a Legionella risk assessment in place, and identifying a competent person to carry out the required regular checks and maintenance. Lime Tree Court had no Legionella risk assessment in place at the time of the inspection. Both the provider's representative and the deputy manager confirmed there was no risk assessment in the building. We asked to see evidence of some of the required checks. We were shown one record for checks carried out in August 2016. We asked to see evidence of previous checks. No other records were present at the service for previous checks made.

The deputy manager advised us that water samples were sent away on an annual basis to test water quality. We asked the provider for evidence of the most recent water quality certificate. No current certificate was available. The deputy manager advised us, a water sample taken in April 2016 showed some growth of Legionella. We contacted the company who undertook the water sampling. They advised us, the sample taken in April 2016 was positive for a non-lethal strain of Legionella. They provided advice to the service and the water was re tested. The water company informed us, two further tests were required as the Legionella was still present. The latest test conducted on 1 August 2016 showed no growth. This meant that the service had responded to the recommendations made by the water company. However they had no risk assessment in place and had not identified a competent person to take the lead in the management of the ongoing risk.

People were not always protected from premises and equipment that were properly maintained and prevented potential infection. We found equipment used for supporting people with toileting may have led to infection spreading. This was because it had been poorly maintained. For instance commodes were not able to be cleaned thoroughly due to deterioration in the cover. In one bathroom, an area of ceiling had been repaired. However the job had not been finished which meant bare wood was exposed. In one toilet area, where a new toilet had been fitted, bare wood was exposed. We spoke with the deputy manager about this; they advised us both were due to be decorated soon. They also informed us they would dispose of the toileting equipment.

These were Breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Potential risks to people were not always identified and process in place to minimise them were not always in place. The service had a fire risk assessment dated 28 September 2015 and had received a visit from Buckinghamshire Fire and Rescue service in June 2016. A recommendation made was that personal emergency evacuation plans (PEEP) needed some improvement. We asked to see PEEP's both the provider's representative and the deputy manager could not locate them. This meant the service did not

have any information to hand about how to support people in an emergency. However this risk was reduced by the knowledge of the staff who worked in the service. Most staff had worked in the service in excess of ten years. Weekly fire testing was carried out and regular checks on emergency lighting were made.

Risks posed to people from the building and environment were not always assessed. We saw these used to be assessed but had not been updated since 2013. We spoke with the deputy manager about this. They showed us how they had started to look at risk, but advised us they had not had any support in what the risk assessment should include.

Risks to people from harmful liquids if digested were not managed well. On all three days of the inspection we found toiletries left in communal shower rooms. People who lived at the service could have mistaken these for drinkable liquids. We spoke with the deputy manager about this on day one. They were still present on day three of the inspection.

People were not always protected from cross infection. This was because staff did not adopt guidance about good hand hygiene. Staff undertaking a role involving people with personal care, should not wear nail varnish as bugs can harbour under this and it prevents good hand hygiene. A number of staff who worked at Lime Tree Court were seen to be wearing nail varnish. This was discussed with the deputy manager who told us they would be addressing this with staff.

This was a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A high percentage of staff had worked in the service for a long time and prior to the current regulations being in place. We looked at recruitment files for long serving staff and the latest recruits. A criminal records check (DBS) is required prior to the commencement of employment. We found the service did not routinely and consistently undertake these checks prior to a new member of staff's employment. We asked the provider for confirmation they had checked the last staff member employed. They showed us after the inspection a DBS carried out by the member of staff's old employer. This meant the provider had failed to ensure new staff were suitable to work within the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We found mixed practice regarding the safe administration, storage and recording of medicines. We observed the administration of medicine; people received their medicines when required. Only staff who had received training were asked to administer medicine. Staff followed guidelines for safe administration. However, the Medicine Administration Record (MAR) did not provide sufficient information to routinely ensure people received their medicine safely. This was because the form did not include an actual time given. For instance, some medicines require a minimum time lapse between doses. As time was not recorded staff could not be sure if this time scale had been followed. In addition some medicine had been prescribed as 'To give one or two tablets', staff did not record whether one or two tablets had been given. Some people were prescribed as required medicines (PRN). It is good practice for care homes to hold additional information about when PRN medicines needs to be given. This is especially important for people who do not use verbal communication. The service did not have any additional information for staff. We spoke with the deputy manager about this. They had identified it as an area of improvement and told us what plans they had in place to improve practice.

Medicines were stored securely in a locked cabinet and daily temperatures were taken of the cabinet and

medicine fridge. One person had been identified by the service to order medicine when needed. There was no stock control of medicines. We found the service did not ensure adequate stock rotation. This was because more recently dispensed medicine was being used before older dispensed medicine. This meant there was a danger for medicines to go out of date. We spoke with the member of staff responsible; they told us how they intended to improve stock control. The service did have an annual medicine check conducted by the local pharmacist. All medicine which required additional storage and recording were stored and recorded accurately.

We recommend the service reviews its current practice regarding medicine stock management.

People told us there were enough staff on duty and deployed in the right way. We observed call bells were responded to quickly. This was supported by what relatives told us. "There is always a member of staff around." Staff told us there was usually enough staff, but at present it was holiday time and they were short of staff. The deputy manager told us staff were very accommodating and covered any gaps in the rota. Staff supported this. We looked at the staffing rotas and observed the deputy manager ensured there was enough staff on duty to meet people's needs.

People were protected from abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff members were very knowledgeable on recognising abuse and how to respond to safeguarding concerns. Staff told us they would not hesitate to contact external agencies, for instance, the local authority if they felt management were not responding to concerns. Staff were aware of how to raise concerns about poor practice (whistleblowing). People we spoke with told us they report any concerns they had to the deputy manager. They told us they had confidence this would be responded to. "I would speak to the principle, she will sort it out."

Incidents and accidents were recorded; staff we spoke with knew when an accident form needed to be completed. We saw that equipment, for instance hoists and the stair lift used to support people were maintained and serviced in line with manufacture guidance.

Is the service effective?

Our findings

People and relatives told us they felt staff were knowledgeable. People received effective and compassionate care, from staff who understood people's preferences, likes and dislikes. Comments included "I would take my hat off to them every day, they (staff) are so patient" and "They (Staff) cope so well."

People were cared for by staff who told us they felt supported. Comments from staff included "I feel supported, I can always talk to (deputy manager)" and "we talk all the time." Staff should receive appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their role. We asked staff if they received supervision and appraisal. All staff we spoke with told us they had a yearly meeting to discuss their performance (appraisal). However staff were unsure if they received supervision. This was supported by what we found in the records. One member of staff had been in post four months at the time of our inspection. There was a record of one meeting held with the member of staff. We spoke with the deputy manager about this. They confirmed that one meeting had happened, at the end of the probation period. We asked the deputy how they judged or assessed the staff member's competency. They told us that by working alongside new workers they were able to assess suitability. The deputy manager advised us they would be using the care certificate for all new staff. This is a nationally recognised qualification for care staff and sets out a minimum standard of knowledge which care staff should have.

We recommend the provider takes into account good practice in relation to staff supervision.

Staff undertook a wide range of training to assist them in their role. This included specific training on dementia. Staff we spoke with were knowledgeable about the subjects they had been trained in and spoke highly of the training they had received. The provider showed us evidence how they supported staff to keep updated with training required. Staff told us they had a mixture of training styles. This included face to face and distance learning. □

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training on the MCA, and were able to share their knowledge with us. The deputy manager was able to provide us with a list of DoLS application made to the local authority and which had been assessed. The local authority had made decisions on two applications made. Providers are required by law to tell CQC when decisions have been made about DoLS applications. We checked our records; we had been

notified of one of the decisions and not of the other one. We spoke with the provider and deputy manager about this. There was no facility to electronically send the notification directly from the care home. The provider told us this would be sent in due course.

We observed staff asking people for consent prior to providing support. For instance, one person who was in their room was asked by staff if they could mop their floor. Staff ensured they asked people what they wanted to do and what help they required.

People spoke favourably of the food. Comments included, "It was a really nice meal," "The food is good" and "Very tasty." A menu board was located in the dining room. Some people needed assistance with their meal. Staff sat close to the person they were supporting and encouraged them to be as independent as they could be. Relatives spoke positively about the food. One relative told us "There is always a drink nearby. Staff noticed that (relative) had lost weight, they (staff) then began to support with meals."

People who required support to maintain good health and wellbeing were provided with this. We spoke with healthcare professionals who visited the home. All spoke highly of the service provided. A nurse told us "They always tell us when there are changes." Healthcare professionals stated that referrals to them were "Timely and appropriate."

Is the service caring?

Our findings

People were supported by staff who demonstrated kindness and compassion. People told us "I couldn't be looked after better," "This is a wonderful care home" and "I've loved it, from the day I moved in." Relatives gave us positive feedback about their experience. One relative told us "A key positive aspect is the strongly caring staff." Another relative told us "The staff are able to give individualised care; I just cannot give her that."

The overriding feedback we received from people, their relatives, staff and professionals was how homely the service was. Comments included "We have found the home to be safe and secure whilst maintaining homely surroundings in a non-hospital/hotel like environment," "One thing that is superb is the positive environment, it feels like home, it's like a big family" and "It is so welcoming, staff always have time for you, and they are always able to tell me about (relative)."

The staff were very knowledgeable about people they supported. They were able to converse with people at a level which was understood. One relative told us how the staff had continued to involve their relative in conversations about activities. This was important to them as their health had deteriorated and they were unable to speak or express their views easily. We observed staff communicate with the person and staff told us about strategies they had used to ensure the person was involved in decisions.

Staff were able to tell us about different communications styles. For instance large hand gestures were used with one person, another person needed to be spoken to very quietly as they were sensitive to loud noises. We observed staff support someone with no verbal communication, they roused the person gently and gave a full explanation as to what was going to happen. This gave the person reassurance.

People were treated with dignity and respect. One person needed the assistance of staff to help them move position. Staff needed to use a hoist to help transfer the person from one chair into a wheelchair. This moving took place in a communal area. Staff were respectful of the person and provided assistance in a professional manner which ensured their dignity was protected.

Staff consistently demonstrated they were aware of how to provide dignified care, they were observed to always knock on a person's door and waited for a reply before entering. Staff ensured that people were asked what they wanted to do, for instance at tea time, people were asked where they preferred to eat.

Staff had good knowledge of people and the relationships that were important to them, for instance, we heard staff talking with people about their sons and daughters. Staff helped celebrate important events like birthdays. It was a person's birthday on the second day of our inspection. We observed the staff decorated the area where the person usually sat. A relative told us the staff had helped their relative celebrate their birthday. "It was wonderful, all the balloons and decorations."

People were relaxed in the company of staff; we observed a lot of laughter within the home. One person told staff "We have some fun here now, don't we, you like working here don't you." The member of staff

acknowledged they liked working in the home. Comments from staff included, "It is rewarding," "I have recommended the place, I told the family what we can offer here" and "The fact that staff have worked here a long time, speaks volumes, staff make the home." A relative told us "The majority of the staff, having worked at Lime Tree Court for a long time, are able to establish a rapport with the residents which enables them to be effective in a relaxed and co-operative manner."

Is the service responsive?

Our findings

People had their needs assessed prior to moving into the service. Information about the person was gathered from relatives and professionals involved in their care. The service offered 'day care'; this was an opportunity for people to spend time in the care home for the day. This helped them and the staff to get to know each other. One person, who lived permanently in the home, had attended the service for day care prior to moving in. They told us it had helped them adjust to living in a care home.

People received individualised care that met their needs. The service undertook person centred care planning; we saw a wide variety of person centred information. This included a 'structure of the day' and 'my support plan at a glance', these documents recorded things people liked to do and their dislikes. Information on what was important to each person was recorded. The care plans detailed information about how a person's medical condition affected them, for instance, 'How dementia has affected my thinking and doing'. This gave staff clear information on how best to support people. Care plans were reviewed regularly and any changes were recorded.

Where people required support from equipment this was detailed in mobility risk assessment. For instance, type of sling was described as well as which strap was required. This ensured people were protected from harm while staff supported with movement.

Staff were knowledgeable about how people wanted to be supported. For instance they were able to tell us about people and what they liked to do. One staff member told us about how one person used to enjoy knitting, and they tried to encourage the person to knit.

The service was supporting people to engage in meaningful activities. The service had introduced the use of 'The Daily Sparkle', a dementia focused resource based on reminiscence. We observed a number of activities going on within the home. One session talked to people about games they used to play at school, this generated a lively discussion amongst people. It involved an inflatable ball being thrown. People who had been sitting with no emotion became alive, and fully engaged in the activity. People were laughing and joking with each other. Another session concentrated on songs, we overheard a number of people singing along in the session.

People were encouraged to join planned activities within the home, a musician and entertainer visited the home monthly. Every fortnight a flower arranging group took place. People were also supported to go to the local coffee shop.

The deputy manager was observed taking daily newspapers to people. One person enjoyed the crossword. Staff ensured the person had a pen to hand. We observed one person reading out the headlines of the newspaper, this generated conversation in one of the lounges.

A healthcare professional told us "The opportunity for activities is great here, every time I come in something is going on." This was also supported by what relatives told us.

Relatives and visitors had unrestricted access to the home. Staff were knowledgeable about people, so could update relatives when they visited. One relative told us "There is always someone around, I go in and sit in the lounge, there is a sense of normality and togetherness."

The service had a complaints procedure. The PIR referred to three complaints received. We reviewed how the service had responded to these concerns. A record of the complaint was kept and the response. The provider told us, they liked to sit around a table and discuss concerns. In addition to the formal complaint process, the service had a feedback book. It recorded anything from suggestions from staff or relatives to help improve the service.

Is the service well-led?

Our findings

People were supported by a service that was not always well-led. A number of the required health and safety risk assessments were not in place. The Control of Substances Hazardous to Health Regulations 2002 (COSHH) provides a framework of actions designed to assess, prevent or control the risk from bacteria like Legionella and take suitable precautions. The service did not assess the risk of Legionella and had not identified a competent person to take the lead in managing and preventing the risk. General environmental risks were not routinely assessed and measures put in place to reduce risks. For instance no risk assessment was in place for the use of window restrictors. Some risks were assessed, for instance, risk associated with fire and the use of bed rails were assessed. Therefore the service had mixed practice around the safety of premises and managing risks that affected people.

Records were not well maintained within the service. We found a mixture of old and new forms, it was sometimes difficult to understand which form was obsolete or current. We spoke with the provider about this. They informed us that a review of records and filing was due to be undertaken, but had not commenced.

Providers are required to assess, monitor and improve the quality and safety of the service they provide. It is widely adopted within the care industry this is carried out through an audit process. We found the service did not routinely and consistently record and monitor the quality and safety of the service. For instance the provider had not picked up about the medicine stock control.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We found evidence of events that should have been reported to the Commission in the form of a notification which had not been made. One record related to a DoLS application and there were two incidents which had resulted in a fractured bone, both incidents should have been informed to the Commission.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009, as the service did not ensure the Commission was notified of important events when required to do so.

The service did undertake a weekly fire check, which included checking if fire exits were clear. Some auditing of processes did take place. For instance there was a system in place to check in medicines. However it was not effective enough to highlight the poor stock control.

Staff were aware of the vision for the service and demonstrated compassion and dedication to the service. There was good staff retention and staff we spoke with felt valued by the provider. Staff were able to cover shortages in the rota when required. This helped maintain good continuity for people who lived in the home.

The home is located in a rural part of north Buckinghamshire, it is very much part of the local community. Most of the staff lived in the village or the surrounding area. People were supported to engage in activities within the village. For instance people had a visit from the local rector to provide a religious service. When required the service sought alternative religious support for people.

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 18 Registration Regulations 2009 Notifications of other incidents The service did not ensure all reportable incidents were notified to CQC.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not ensure that all risks posed to people were assessed and reduced.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not ensure the quality of the service was monitored to drive improvements.