

The Limes Residential Home

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Inspection report

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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 Home is a residential care home providing personal care to up to 34 people. The service provides support to older people. At the time of our inspection there were 32 people using the service.

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

Assessments of people's care needs were in place, for example for falls and pressure sores. Some care plans required further details to help support consistent care. The registered manager told us they would take action to update these.

People were given choices and control over their day-to-day decisions such as meals and personal care needs. However, some people needed a reminder that alternative meals or alternative times for personal care were available.

Safety monitoring processes were in place and people felt safe living at The Limes Residential Home. People received their medicines as prescribed from staff who knew people well. There were enough staff to meet people's needs and they had been employed following recruitment checks to help ensure they were suitable to work in care. The environment was kept clean and measures were in place to reduce the risk of transmission from infections.

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.

People had the equipment they needed as detailed in their care assessments and the environment had been adapted to help meet people's needs. Assessments helped to reduce discrimination as people's equality and diversity needs were assessed and considered. Staff received regular training that was relevant to people's needs.

People received enough to eat and drink and people at risk of malnutrition were supported to help ensure they had a good level of nutritional intake. Referrals to other agencies were made when needed and this helped people access the healthcare they needed.

People were cared for by staff who were caring and who involved people in their care and decision making. Staff took actions to promote people's independence and respected their privacy and dignity. People's religious needs were supported.

People participated in a variety of entertainments and activities as well as pursuing their own interests, such as reading the daily paper and seeing their visitors. Staff understood people's ways of communicating well

and people had opportunities to discuss any issues and have them resolved.

Where people needed care at the end of their lives, this was provided in partnership with the local district nurse team.

The registered manager worked in an open and transparent way and staff felt supported. Staff were clear on their roles. Checks and audits were in place to check on the quality and safety of services people received. The registered manager looked to continuously improve the service. People's views were obtained in meetings and questionnaires and people were kept updated on things that happened in their home.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 August 2019).

At our last inspection we found breaches of the regulations in relation to the assessments for people's capacity and decision making and submitting statutory notifications to CQC. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

The Limes Residential 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 Expert by Experience. 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 Home 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 we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 15 May 2023 and ended on 24 May 2023. We visited the service location on 15 and 18 May 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 7 October 2021 and 10 February 2023 to help plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people and 2 relatives of people who lived at the service. We spoke with 5 staff in total, including the registered manager, 2 care staff and the cook.

We reviewed the relevant parts of 6 people's care plans and multiple medicines records. We looked at audits, policies, training records and 2 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were managed and disposed of safely. However, we found one person's eye drops had not been disposed of after 28 days of opening as recommended. The medicines administrator disposed of these and started the person on new eye drops.
- Medicines administration record (MAR) charts showed people had been offered their medicines as prescribed. One person told us, "Medicines come round in a morning and on a teatime and bedtime. They are always in stock and I've never missed my medicines." We observed people received their medicines with or after food depending on the prescribers' instructions. The medicines administrator checked if people required any pain relief and stayed with people while they took their medicines. This helped to ensure any risks from medicines were reduced.
- Some medicines required additional measures to be taken on how they were stored and how they were administered. We saw that these were all in place. Temperature checks were regularly taken to help ensure medicines were kept within the recommended temperature ranges. Medicines were stored safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff knew people's needs well and understood what care they needed and the actions to take to keep them safe. However, care plans for some areas of people's healthcare needs required more detail to help ensure care was consistent. For example, more personalised details were needed on a person's epilepsy care needs and for catheter care. We discussed this with the registered manager who agreed to review people's care plans to ensure they reflected the care provided.
- Assessments were in place to help identify if people were at risk from a range of issues associated with their healthcare needs. For example, from falls, malnutrition and pressure sores. These identified what actions were to be taken to help reduce risks and ongoing monitoring of people's health conditions was in place to help keep people safe.
- Safety monitoring and management processes were in place. Safety checks were made on equipment people used, such as hoists, slings and pressure cushions and mattresses. Other equipment, such as for fire safety were checked and tested regularly. This helped to ensure risks were managed safely.
- Systems to implement improvements when things had gone wrong were in place. Records showed the registered manager had worked with the local authority on making improvements to specific issues. Improvement actions included providing refresher training for staff on policies and procedures and working more effectively with other professionals to record their advice and guidance.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe living at The Limes Residential Home. One person told us, "I feel safe here because there's someone here 24/7." Another person told us, "I do feel safe. Just everything makes me feel

safe here. The staff are so kind. I've never been frightened of anything or anyone here. I just want to feel safe and I do here. It's what you want at my age."

- Safeguarding systems were in place and followed when needed. For example, records showed the registered manager had made safeguarding referrals to the local authority for potential safeguarding issues. This helped to ensure people received any help to stay safe from the risk of abuse.

Staffing and recruitment

- There were enough staff to help ensure people received safe care. People said staff were available however, sometimes staff might have to finish providing care to another person before they were free to help them. No-one told us this had caused them any problems. Staff told us the registered manager had listened to their views on what would work well with staffing, and they felt the current arrangements worked well. Staffing levels were planned to be able to meet people's needs.
- Checks on the suitability of staff to work in care were completed prior to them starting work. These checks included references from previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People's friends and families visited the home in line with the latest government guidance. We observed, and relatives told us, they were able to visit freely.

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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found the provider had not always followed the mental capacity act guidance when specific decisions were needed. 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 improvements had been made and the provider was now meeting this regulation.

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 MCA 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people did not have the mental capacity to consent to specific decisions regarding their care and treatment, the MCA had been followed. Records showed how people's mental capacity had been assessed and what decision was being considered. Best interests' decision making had been clearly recorded. This helped to ensure people's rights were upheld.
- The registered manager maintained an overview of any DoLS that had been approved by the local authority and applied to have these renewed when needed. Any conditions put in place as part of a DoLS were kept under review by the registered manager. This helped to ensure people's care and treatment was in line with the MCA.

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

- The registered manager assessed and monitored people's healthcare needs. For example, falls risks and risks from pressure sores. This helped plan effective care for people. For example, whether to use a pressure relieving mattress or to use equipment designed to reduce the risks of a fall. This helped people to have their needs met effectively.

- People's oral healthcare needs were assessed. The registered manager had an oral healthcare policy in place, and this was followed. People had oral health care plans that provided guidance to staff to help ensure people's oral health care was completed and met their preferences and needs.
- Assessments included people's equality and diversity needs. For example, what a person's first language was and whether people needed glasses or hearing aids to help with any sight or hearing loss. This helped to ensure people's needs were understood and met.

Staff support, training, skills and experience

- Staff told us regular training provided them with the skills needed to provide effective care to people. Records showed staff received training relevant to people's care needs, such as safeguarding, moving and handling, medicines, first aid and fire safety. This helped to ensure staff skills were kept up to date.
- Staff were supported to gain experience of working in care. Induction training was provided for any new staff, including the completion of the Care Certificate. The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care. Other staff we spoke with had worked at The Limes Residential Home for a number of years and were experienced in their role. Staff had the skills and knowledge to care for people.

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

- People received enough food and drink to maintain a balanced diet. Where people were at risk of malnutrition, their weight was monitored, and records showed people had been supported to maintain a healthy weight. People's nutritional needs were met.
- People's different dietary choices were catered for. Staff told us about people's different diets, including vegetarian, diabetic and when people required their food and drinks to be specific textures and thicknesses. Records showed the different meals people had chosen.
- People told us they enjoyed their meals. One person said, "The food is very good. I always check on the sign next to the kitchen what's on. The roast dinners are the best. The casseroles are ok too. I don't have any special dietary requirements, but nothing is forced on you. You just leave on your plate what you don't want."

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

- Records showed referrals had been made for advice and guidance from other professionals when people's needs changed. For example, speech and language therapists to advise on people's diets, district nurses and the GP. A community matron attended every week to review people's healthcare needs. This helped ensure people receive the healthcare services they needed.
- The registered manager had worked on an action plan with the local authority on some areas of care, including reporting for falls monitoring. An action plan was in place and had been completed. The registered manager worked with other agencies to help improve people's care.

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

- The premises had been adapted to meet people's needs. For example, lifts were available so people with reduced mobility could access both floors. One person told us, "There is a stairlift and I feel safe using it." When people needed additional equipment, such as safety mats or sensor alarms these had been provided. This helped to ensure people's needs continued to be met effectively.
- The registered manager had created different areas in the home where people could spend their time. These included two separate lounges and dining areas as well as a conservatory. The registered manager told us this had helped stimulate conversations between people and helped staff provide activities matched to people's needs.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People told us they had positive relationships with the staff that cared for them. One person told us, "The staff are lovely. They are all ever so nice. They are caring and kind. I feel quite content and safe." Staff spoke fondly of the people they supported. One staff member told us, "I love these residents so much." We observed warm and friendly interactions between people and staff throughout our inspection. People were well-treated.
- Whilst not everyone we spoke with could recall how their religious needs were met, the registered manager told us they were supported by visiting religious leaders. This was reflected in their care plans and meeting minutes where people had said how much they had enjoyed it. This gave people the opportunity to practice their faith. Staff training included equality and diversity needs. This helped people's diverse needs be understood and respected.

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

- One person told us, "I can do exactly what I want to a degree. I choose what I do and when I do it. I make my own choices. I choose what I want to wear the next day and get it out myself ready for staff to help me get dressed the next morning. I get up and go to bed when I want, but I have my own routine." People had their choices and their autonomy supported.
- Staff involved people in their care. For example, people were asked whether they needed any pain relief medicines, and these were given if people needed them. When staff assisted people with their mobility, they explained each stage. This involved people as they were able to work with staff, for example, to help get a sling positioned correctly when they required a hoist to transfer. People were involved in their care.
- People told us they were involved in meetings that covered a range of issues regarding their care. Meeting minutes showed discussions had been held on the fire safety plans in place and whether people were happy to receive their medicines in the communal lounge areas. This supported people to express their views about their care and how their home and their care was organised.

Respecting and promoting people's privacy, dignity and independence

- Actions were taken to promote people's privacy. One person told us they had experienced a privacy issue. They told us, and the registered manager confirmed, actions had now been taken to prevent this from happening again. This helped to protect the person's privacy.
- People told us staff were respectful of their dignity and promoted their independence. One person told us, "The staff are all kind. They give me a towel to cover myself to protect my dignity when washing me. I wash where I can myself, I like to be as independent as I can." Another person said, "I am a very independent

person, I like to wash and dress myself."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care; Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- One person told us, "We get regular baths and showers. Everything has to run smoothly, like a rota." Another person felt they could not ask for a shower or bath apart from on a set day. The registered manager and staff told us people could have a bath or shower whenever they wanted. Records showed some people had a regular bath routine whereas others were more varied. The registered manager told us they would remind all people they could have a bath and shower whenever they wanted one.
- Meal choices were planned with people at meetings and records showed people had discussed and agreed on the current menu. However, staff did not make a further check with people whether this was still what they wanted, and whilst alternative meal choices were available, not everyone had remembered this. We discussed our observations with the registered manager who agreed to review and support people to make more active choices over their meals.
- We observed people received personalised care. Staff knew people well and were flexible and changed any plans to suit people's needs. For example, one person was sleepy at lunchtime and staff made alternative arrangements for them to have their meal later. Staff adapted to people's different needs.
- We observed people were engaged with their own personalised and varied routines. Some people had been out shopping, other people had visitors. Some people enjoyed reading a daily paper. We observed staff planning personalised activities for people, including gardening and supporting a person to take care of the conservatory. This helped people follow and maintain their interests.
- People took part in entertainment arranged by staff on each day of our inspection. We saw people enjoyed and actively participated in a sing-along, games and arts and crafts. People had discussed and given feedback on entertainment and activities at their meeting with the registered manager. Previous activities had been arranged to celebrate important events. This helped people socialise and take part in things that they were interested in.
- Whilst some people told us they wanted more to do, other people told us they were satisfied with what was available. One person said, "I think there's enough activities. There's puzzles downstairs to do. I can entertain myself mainly. I read. The mobile library comes here. They chose my books for me. I told staff what I like. They are mainly ok. I've read all of them they have chosen for me." They added, "I'm happy with the way things are. We can go outside now the weather is getting better. We all celebrated the coronation together. We have residents' meetings where we discuss things like the food. They take me out to buy my clothes. I'm fussy with what I wear. Nothing could be better really. I'd definitely recommend here."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed. We saw staff communicated with people effectively. Staff spoke clearly and positioned themselves close to people when speaking to aid communication. We saw people had hearing aids and glasses if these helped them. The registered manager told us one person used visual prompt cards and their communication had improved since living at The Limes Residential Home. Information was available in different formats, such as in large print. People were supported with their communication needs.
- Staff showed us they had been developing records to capture people's communication needs. These were for people who may not always communicate verbally and were called, 'I am trying to tell you something.' We saw they described how different people communicated with body language. For example, they described how people communicated pain or how they indicated they needed the toilet. This helped to ensure people's communication needs were understood.

Improving care quality in response to complaints or concerns

- A complaints policy was in place however none had been received. One person told us, "It's quite lovely living here. I can't complain about anything." Another person said, "I've never made a complaint, but I would if I needed to. I'd tell one of the carers if I wasn't happy with something."
- People told us and records showed any concerns or issues raised with staff were responded to. For example, one person said, "We had a residents' meeting a couple of weeks ago as we had arguments about where we could sit. Everyone likes their own seat, so that's how it was resolved. We all have our own seat." The meeting minutes record the registered manager facilitated an open discussion with people about people's tensions over where they wanted to sit. People's preferences were asked for and a consensus of agreement was reached. Concerns and issues were dealt with, and people were involved in the resolution.

End of life care and support

- No-one was in receipt of end-of-life care at the time of our inspection. Staff told us this care was provided to people when they needed it. One staff member told us, "Yes, we can see that process through, if people are here for 10 years and family are familiar with us, at least they can have dignity and love and care at the end. The [registered manager] provides training and the district nurses come in." During our inspection the registered manager supported a person with choosing and arranging their funeral arrangements. People received care and support for their end-of life care needs.

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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found the provider had not always notified us about specific events. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found improvements had been made and the provider was now meeting this regulation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Improvements had been made for the statutory notifications submitted to CQC. Notifications are changes, events or incidents that providers must tell us about; no notifications had been required. They are important as they help to show the provider is working in a transparent and open way.
- There was a duty of candour policy in place. The registered manager was aware that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff team promoted a positive and person-centred culture. Staff told us they felt supported. People and relatives told us they were comfortable raising issues with the registered manager or staff. One person told us, "I'm not worried, but I would tell the team leader [if I was]. They're wonderful." The registered manager was available during our inspection to meet with and discuss an issue with a relative. This supported an open and inclusive way of working.
- Regular meetings were held with people where a range of issues regarding their care and the organisation of the home were discussed. People told us about these meetings and that any issues were openly discussed. This helped people engage and be involved with the service.
- People and relatives had regularly been asked for their views and opinions on the quality and safety of care including meals, staff conduct, activities, complaints or comments, comfort, safety and management. People had recorded they were happy and satisfied in response to the questions asked. Staff had assisted people to complete the surveys when this was required because of their communication needs. This helped ensure people's views were regularly reviewed and people received the support they needed to be fully involved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear on their roles. Staff worked in teams and supported the registered manager. Care teams were led by team leaders, and other teams were in place for the kitchen, housekeeping, laundry, maintenance and administration. Rotas were organised in advance. This helped staff know what they were doing when.
- Regular checks and audits were in place to check on the quality and safety of services. These included checks on such things as staffs' hand hygiene practices, pressure relieving mattresses and equipment such as wheelchairs. These helped to ensure staff followed good practice and equipment was safe to use.

Working in partnership with others; Continuous learning and improving care

- The registered manager had worked with partner agencies to make improvements, for example, with the local authority. The registered manager told us they were involved in a pilot project involving the local community mental health team for older people. The aim of this would be to improve the care outcomes for people. These ways of working demonstrated partnership working with the aim to learn new things and improve care.