

Sanctuary Care Limited

# Lime Tree Court Residential Care Home

## Inspection report

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18 July 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

Lime Tree Court is a residential care home that was providing personal care to 52 older people at the time of the inspection, some of whom were living with dementia.

The home accommodates up to 60 people in one adapted building. There are three floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

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

People told us they felt safe and staff knew how to identify and report concerns relating to people's safety. Risks were assessed and managed to reduce the risk of avoidable harm. People received support to take their medicines safely. Staff were safely recruited.

Decisions about people's care and treatment were made in line with law and guidance. 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 received sufficient amounts to eat and drink to maintain their health. Staff received training relevant to their role and understood people's individual needs well.

People were supported by a caring staff team who respected people's diverse needs. People were supported to maintain their independence where possible and their dignity was valued and respected.

People were supported by a staff team who knew them well and understood their needs and preferences. People and their relatives were involved in the assessment and planning of their care. People were supported to participate in activities and follow their own interests. People knew how to raise a concern if they were unhappy about the service they received.

People, relatives and staff felt the service was well managed. The registered manager and provider had made improvements since the last inspection. People and staff were given opportunities to share feedback about the service. The registered manager and provider undertook regular auditing to ensure the quality of care provided.

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

The last rating for this service was requires improvement (published 8 August 2018).

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Lime Tree Court 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

The inspection was carried out by an inspector, an assistant inspector and an 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

Lime Tree Court 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 sought feedback from the local authority, clinical commissioning group 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 this information to plan our inspection.

During the inspection-

We spoke with eight people who used the service, six relatives, seven care staff, the administrator, the deputy manager, the registered manager and the regional manager. We looked at four people's care records, medicines records, complaints, health and safety and quality assurance records. We also looked at two staff recruitment records.

At the end of the inspection we requested some additional information from the registered manager, this was received without delay.

After the inspection

We looked at information submitted by the registered manager. This included staff training data and staffing allocations. We also received feedback from two further relatives who regularly visit 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Lime Tree Court. One person said, "Yes, I feel safe, very much so. The staff are attentive and caring. We can look after ourselves to a degree, add the staff, we are safe." Relatives shared similar views, with one relative commenting, "Yes[person] is safe. The staff pop in regularly to make sure they are ok."
- Staff told us they had received training in protecting people from harm and knew how to recognise signs of potential abuse. One staff member said, "We have a whistleblowing policy. If I have any concerns I would speak to senior or to the management. If nothing is done we can go to people within the Sanctuary group, or to CQC."
- The registered and deputy managers had submitted relevant notifications to CQC and had notified the relevant local authority where there were concerns for people's safety.

Assessing risk, safety monitoring and management

- Staff knew people's individual risks and supported people to manage the risk of harm. For example, where people were at risk of choking staff ensured their meals and drinks were prepared safely and to the right consistency.
- Where people were at risk of falls, staff were aware and provided discreet supervision to ensure the person's safety. We saw staff followed safe moving and handling techniques when supporting people with their mobility to reduce the risk of injury to people during transfers.
- People's care records reflected their risks were regularly reviewed to reduce the risk of avoidable harm.

Staffing and recruitment

- People living at Lime Tree Court told us they felt there were enough staff available to support them. One person told us, "There are always staff around, morning, dinnertime and evenings. You can always find someone." However, we received mixed views from relatives, some of whom felt staff were extremely busy and were not always available when needed, particularly on the second floor of the home, where people's needs were higher. One relative told us, "Sometimes you cannot find any staff, if there is staff sickness or staff have to work between floors. I worry about what could happen."
- Staff we spoke with also expressed mixed views with some feeling very confident about staffing levels and others feeling there were times when staffing levels felt stretched. One staff member told us, "It's a hard one, sometimes we have enough. But when staff have to work between two floors it can be difficult. If people are off work, they are not always replaced."
- We discussed these concerns with the registered manager who explained the provider used a dependency tool to help them assess staffing ratios. They told us the home was currently staffed based on people's needs and that staffing had been reduced recently, due to the home not being fully occupied. The registered

manager and regional manager told us they continually monitored staffing levels, however staff sickness had sometimes left them with reduced staffing numbers. Staff recruitment had recently taken place to ensure there were staff available to cover shifts at short notice.

- On the days of the inspection we saw people's needs were met in a timely way and calls bells were answered promptly. Staff were available to provide care as well as spend time with people chatting or taking part in activities.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

#### Using medicines safely

- People told us they received their medicines as prescribed. One person said, "Yes I get my medication, when I need it."
- Where people used medicines 'as required' staff were aware and offered these to people throughout the day. This included checking if people were in pain.
- Systems used for the management of medicines were safe and staff demonstrated a good knowledge of people's health needs and how their medicines were used to promote or maintain their health. Medicines were administered, stored and disposed of safely.

#### Preventing and controlling infection

- People were protected from the risk of infection. The home environment was clean. One person told us, "Yes, it is clean and well maintained definitely."
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and used these when supporting people with personal care or serving meals. We observed cleaning was on-going throughout both days of inspection and hand gel was available throughout the home.
- Regular audits were undertaken to ensure infection control policies and procedures were being followed.

#### Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people living at the home. A daily handover meeting took place to discuss any concerns and agree actions to reduce risk and keep people safe.
- Where incidents had occurred, the registered and deputy managers acted to reduce the risk of reoccurrence. For example, analysis had been carried out to identify any themes in relation to falls within the home.
- Feedback from partner agencies indicated that the management team were keen to make improvements when things went wrong and took prompt action to address any identified concerns in relation to people's safety.

# 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. This was because although people's rights were upheld in relation to Mental Capacity Act, further work was required to ensure that all best interest decisions were specific to the decision that required making and that all people who should be involved in decisions were consulted.

At this inspection we found improvements had been made and 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 particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when required.
- Where people were being deprived of their liberty referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way. The management team noted any conditions applied to DoLS and took action to ensure these were complied with.
- Staff completed training to help them understand the principles of the MCA. Staff understood the importance of gaining people's consent and explaining what was happening.

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

- People's needs had been assessed before they moved into the home. People and their relatives had contributed to the assessment process to ensure they were happy to live at the home.
- Information gathered during assessments had been used to assess risks and to develop care plans which helped staff understand people's care and support needs.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any sexuality needs as well as their religious or cultural needs so these could be met. Staff we spoke with had a good knowledge of people's diverse needs.

#### Staff support: induction, training, skills and experience

- People told us they felt staff had the skills and knowledge to support them effectively. One person said, "I should think staff are trained properly. I can't find any fault with them."
- New staff received an induction and worked alongside experienced staff, so they could get to know people and understand their role. Where staff do not have experience in caring for people they were required to undertake the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Staff told us they received training relevant to their role and felt they had the skills needed to meet people's care and support needs. One staff member told us "This company has given me a lot of training. I've had training in managing people's behaviour, it was useful."
- Staff also received supervision which offered them support and guidance.

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

- People told us they were happy with the food and drinks provided and had a choice of meals. One person said, "The food is good. It is nutritious, sufficient and varied."
- Mealtimes were positive during our visit. People were offered a choice of meals and were shown plated meals to help them choose. People chose where to eat, with some people preferring to eat in their own rooms.
- Where people had specific dietary needs, staff were aware and supported people to eat and drink safely. For example, people who required low sugar options, or texture modified diets.

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

- People told us they had access to healthcare professionals to support their health and well-being. One person said, "If I need to see the doctor, the staff call them for me." Care records reflected people had input from a range of healthcare professionals including opticians and chiropodists and speech and language therapists.
- Relatives told us they felt staff were quick to identify any potential health concerns and kept them informed. One relative said, "One day I visited and [person] was out of sorts. Staff explained the reasons for this and I felt reassured as they were monitoring them."
- Care records contained information about people's health needs and histories, which offered guidance to staff about how to identify any changes in people's health.
- Staff worked with external healthcare agencies to ensure people's needs were met.

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

- The environment met people's needs. A range of different spaces were available for people to use to socialise with others, spend time with visitors, participate in activities or spend time alone if they wished to.
- The home had recently been refurbished and people and relatives told us they were pleased with the improvements. A sensory room was available for people to use and a cinema room was used daily. Additional areas had been developed throughout the home to give people areas to sit and relax while moving throughout the home.
- People had access to the garden, which was furnished so people could enjoy the outside space. Throughout the inspection we saw people being supported by staff to spend time outside.

# 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. 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 felt staff treated them with respect. One person said, "Staff are kind and caring. They know me well."
- We observed positive interactions between people and staff. Staff knew people and their visiting family and friends well and offered reassurance to people who became anxious about family members visiting. One relative told us, "The staff are always welcoming, caring and understanding."
- Staff were aware of people's diverse needs and tailored people's care accordingly. For example, identifying where a person's cultural needs could be affecting their behaviours. Staff understood the principles of the Equality Act and were sensitive to people's individual needs in relation to their disability, race, gender, religion, sexual orientation or cultural backgrounds.

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

- People told us they were able to make decisions about their daily living. One person said, "I choose what I want to wear. I can get up when I want to." Relatives confirmed people had autonomy about how they spent their time. One relative commented, "[Person] does what they want. There's no strict regime."
- We saw people had freedom to move around the home and spend time as they wished. Staff gave people information to help them make their own choices. For example, by describing the weather to people to help them decide if they wanted to spend time outside.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person said, "I am treated with respect. If I need to see the doctor staff take me to me room."
- A relative shared with us how staff supported their family member, considering their feelings about receiving personal care. They said, "Staff are aware of how [person] feels and are sensitive to their feelings."
- Staff spoke with compassion when sharing how they cared for people. One staff member said, "In everything we do it's important to make people feel valued. When doing personal care, I will encourage people to do what they can for themselves. I give people choice with clothes asking what colours, for breakfast showing them as some people are better with visual items. I don't rush people, we are here to meet their needs not the other way."

# 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 good. At this inspection this key question has remained the same. 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

- People told us they received care personalised to them and their individual needs. One person said, "Staff know my likes and dislikes."
- Staff were aware of people's life histories and used people's care plans to understand their needs and preferences. One staff member said, "The care is person centred. We look at the resident at whole, putting them at the centre. It's a holistic view of them. It's about what they need and want."
- Care plans were reviewed regularly, and any changes were shared with staff to ensure people received care that met their current needs. One person told us, "Staff have just updated my care plan. I had a review and I was asked about my history."

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.

- Behaviour and communication plans described the way people communicated and how staff should engage with people to ensure they provided responsive care.
- Information was provided in a format people could understand to help them make choices. For example, easy read procedures were available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People chose to take part in a range of activities and staff supported them to maintain interests which helped them to lead meaningful lives. People told us they took part in activities such as gardening, singing, watching sports, shopping and reading.
- Staff were aware of people's interests and encouraged people to participate in activities they enjoyed. There was a new activity coordinator in place who had planned weekly activities giving consideration to people's histories and interests.
- People were supported to maintain relationships with people who were important to them and visitors told us they were welcome at any time.

Improving care quality in response to complaints or concerns

- People told us they were happy to raise concerns if they were unhappy with any aspect of their care. Most relatives expressed similar views, with one commenting, "The manager explained that they would be the

person to go to if I had any concerns, this made me feel relaxed."

- A copy of the provider's complaints procedure was on display in an accessible format. The procedure informed people how to complain and what people could expect if they raised a concern.
- The provider had a system in place to monitor complaints and identify any patterns or trends. Any complaints received were investigated and a response provided to the complainant. This response included any actions taken to improve the standards of care at the home.

#### End of life care and support

- People were supported to make decisions the care they would like to receive at the end of their lives. Where possible, staff involved people and their relatives in developing care and treatment plans. These reflected people's cultural, religious and spiritual needs.
- The registered manager told us they were looking to further develop the information gathered about people's preferences for end of life care. We were shown a new template, developed by the provider that aimed to capture more details about people's wishes.

# 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. This was because we found records held in relation to people's care were not always fully completed or detailed. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they felt the home was well managed. There was a positive atmosphere throughout the home and staff treated people as individuals and respected their preferences and diversity.
- Relatives and staff told us they felt there had been improvements made by the management team since the last inspection and that the staff team was focused on improving the quality of care people experienced.
- There was a 'You said we did' display board in the entrance to the home, which enabled people and their families to see when required improvements had been identified and the action taken by the management team and provider.

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

- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the management team had been open with people and their families and explained what action they had taken to reduce the risk of reoccurrence.

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

- The registered manager and the deputy manager regularly reviewed the quality of care people received. They completed audits on care and medicines records and took action where inconsistencies were identified. Further quality audits were completed by a regional manager, who offered support to the management team.
- The management team were keen to improve the standard of care provided and worked together to learn from incidents or events and use these findings to drive improvements.
- The registered manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths.
- The registered manager was aware of their obligation to display their rating given by the CQC. The rating from our previous inspection was displayed in entrance to the home. This is important as it allows the people, relatives and the public to know how the service is performing.

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

- People told us regular residents and relative's meetings were held, to give people an opportunity to give feedback about the service they received and suggest where changes or improvements could be made.
- Shortly before the inspection the home had participated in the national initiative, 'Care Home Open Day'. The staff team had worked together to plan a day for people, their family members and members of the public to enjoy. The staff team chose to use this open day to celebrate equality and diversity within their resident and staff group. The theme for the day was Pride and the LGBTQ community. Staff shared with us the positive responses they had received from people and their family members and told us they were proud to work at a place that was inclusive and respectful of diversity.
- People told us they felt able to share concerns with the staff team. Most people we spoke with knew who the registered manager was, and staff told us they were able to approach them with any concerns.

Working in partnership with others

- The registered manager and staff team worked positively with healthcare professionals and other partner agencies.
- Where appropriate, relatives were involved in the care planning process and offered guidance to staff about people's preferences.