

Lime Tree Court Limited

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Inspection report

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19 October 2017

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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

The inspection took place on 17 and 19 October and was unannounced.

The service was previously inspected in August 2016. At this inspection we found the provider was in breach of not meeting the requirements of the regulations at that time. We found the provider breached Regulation 18 as reportable incidents were not always notified to CQC. The provider breached Regulation 15 as the service did not ensure that all risks in relation to premises and equipment were assessed and reduced. The provider breached Regulation 17 as service did not have robust systems in place to monitor the quality of the service to drive improvements. The provider was requested to send us an action plan to address these findings.

During this inspection we found the provider had addressed some of the issues from the previous inspection and improvements had been made. However, we found the provider was still not meeting regulations in other areas.

Lime Tree Court is a care home registered to provide care and accommodation for up to 23 older adults some of whom who are living with dementia. At the time of our inspection there were 18 people living at the service.

The service had a registered manager in post. 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.

Medicines were not always managed according to best practice guidelines. For example, where people were prescribed their medicine 'as required' (PRN) a protocol within people's medicine charts was not in place to guide staff.

Staff did not always follow correct procedures when they transferred people. We saw staff assisting a person from their chair using a manoeuvre that put the person at risk of injury.

People at risk of malnutrition did not have a fortified diet to ensure additional calories were given to reduce the risk of further weight loss. In addition input from professionals was not sought to monitor and review their weight loss.

The provider did not have effective systems in place to monitor the quality of care and support that people received. Audits were not carried out to identify any shortfalls.

People told us they felt safe, comfortable and well cared for at Lime Tree Care Home. One person told us, "I

feel safe and happy here."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff we spoke with told us they would not hesitate to raise a concern. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Healthcare professional we spoke with told us they had no concerns. A visiting professional said, "The girls here are great this is a very good service."

Staff demonstrated kindness and compassion towards the people they were supporting. We observed staff to spend quality time with people and did not rush them. The services activity coordinator was not working at the service at the time of our inspection due to long term absence. However, staff supported people to engage in activities during their absence.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Medicines were not managed safely.

Risk assessments were not adequately managed.

Staff did not ensure people were moved and positioned safely.

People were protected from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not always supported to ensure they had adequate nutrition.

People's consent to care was in accordance with the Mental Capacity Act 2005 (MCA) and associated codes of practice.

Staff were knowledgeable to perform their roles.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity were respected.

People were treated with kindness and compassion.

Confidentiality was maintained by the service.

Is the service responsive?

Good ●

The service was responsive.

People's needs was not always responded to when changes occurred.

Activities took place to offer people social interaction.

Complaints were responded to in a timely manner.

Is the service well-led?

The service was not always well led.

Robust audits were not in place to monitor the quality and effectiveness of the service.

Feedback from significant others was not obtained

The conditions of registration were met by the service.

The duty of candour process was followed for notifiable safety incidents.

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.

This inspection took place on 17 and 19 October 2017 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is someone who has personal experience of using this type of service.

Prior to the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and incidents and changes the provider had informed us about. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four members of staff, the registered manager, the director of the service, two visiting professionals, the chef and six people who used the service.

We looked at five people's care plans and daily recording charts. We looked at four recruitment files and records associated with the management of the service. We observed the medicine round and checked the medicine charts. We completed a stock check of medicines.

We looked throughout the premises and observed care practice and people's interactions with staff.

Is the service safe?

Our findings

During our last inspection in August 2016 we found the service was not meeting the requirements in regulations.

We found people were not always protected from the premises and equipment, due to poorly maintained equipment and repairs to the premises which had not been completed. We also found people did not have an up to date evacuation plan in place in the event of an emergency. Staff files did not have evidence that required checks had been carried out. During this inspection we found these issues had been addressed and improvements made.

People told us they felt safe, comfortable and well cared for at Lime Tree Care Home. One person told us, "I feel safe and happy here."

Medicines were not always managed according to best practice guidelines. For example, where people were prescribed their medicine 'as required' (PRN) a protocol within people's medicine charts was not in place to guide staff. PRN medicine is administered when a person presents with a defined intermittent or short term condition, for example, not given as a regular daily dose or at a specific time. We did not see that the reason for administration was documented. For example, if staff observed the person required the medicine or the person requested it. We also did not see the time the medicine was administered or the quantity administered if the medicine was a variable dose. The response to therapy was not documented in the person's care plan or on the medicine chart.

We recommend the service implements nationally recognised best practice guidance in relation to PRN medicine management.

In addition stock control and auditing of medicines were not robust to ensure any anomalies were addressed. For example, we found four extra tablets during a stock check which could indicate staff had not given the medicine to the person. We saw the service used 'homely remedies' for people which had been signed by the local GP. However this was last reviewed in 2013 and would need to be reviewed and updated. Homely remedies are over the counter non-prescription medicines which do not have to be prescribed by the GP and are used for short term use.

We saw unsafe practice in relation to moving and handling. Staff did not always follow correct procedures when they transferred people. We saw staff assisting a person from their chair using a manoeuvre that put the person at risk of injury. The members of staff used an under arm lift which is poor practice and could have resulted in the person's shoulder becoming dislocated. We discussed this with the registered manager who told us the staff had realised their error and they knew they should not have carried out this practice.

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

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults.

People told us there was sufficient staff to meet their needs. We observed staff could spend time with people and carried out their duties in a calm unhurried manner. People we spoke with told us if they rang for assistance someone was there instantly. One person told us, "Staff come round so frequently I don't need to press the bell." We saw one person tap their cup on the table and a member of staff appeared immediately. The member of staff was not aware we were in the room so the attention was spontaneous and genuine.

There were arrangements in place to keep people safe in the event of an emergency and staff understood these and knew where to access the information. People had up to date personal emergency evacuation plans (PEEPS) in place. Each unit had their own evacuation place to maximise the use of escape routes. The service carried out weekly fire testing.

Risk assessments were in place to support people to be as independent as possible and were clearly documented in care plans. For example, risk of falls, moving and handling and medicine administration. However, the service operated a day service for some people. Four people attended the service for day care. We did not see clear risk assessments and guidance for staff in relation to the people receiving day care. We discussed this with the registered manager who said they will address this.

When people had accidents, incidents or near misses these were recorded and filed in people's care plans. We were told following our inspection that the service are in the process of implementing an accident book with associated staff procedures.

The service was clean and we saw a domestic person was employed to carry out cleaning duties.

Is the service effective?

Our findings

The service had an enclosed garden and laid mainly to lawn with a path. However, the small patio area for sitting was accessible through doors in the dining room but the surface was rather uneven. We observed several areas of uneven ground and some stone steps with no handrails. This may pose a risk to people when using the garden area. For example, people unsteady on their feet may find negotiating the garden difficult.

We recommend the service seeks advice from a reputable company to address the safety issues identified.

We reviewed training records for staff. This showed effective induction and training was in place. Staff told us they felt they had the skills required to carry out their role. However, we could not confirm that supervisions took place on a regular basis. We received mixed comments from staff relating to supervisions. Two members of staff told us they could not remember when they last had a supervision. One member of staff told us they had supervision in March, another told us they had a supervision one month ago. Staff files we viewed confirmed supervisions did take place. However, we could not be sure all staff had supervisions. The service did not have a supervision matrix in place to record when staff had a supervision or were due to have one. We spoke with the director of the service about this following our inspection and they told us it is something they are planning to implement. However, staff told us they felt supported and could always discuss any concerns with the registered manager. We received comments such as, "I love it here, everyone is so supportive" and "You are encouraged to speak up, I would always go to the manager if I wanted to discuss anything."

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 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 it 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). 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 were being met.

The registered manager told us the service had completed and submitted people's applications for standard DoLS authorisations as a requirement of the MCA. The registered manager told us that five applications had been made to the local authority.

People unanimously agreed that the food was good. What everyone seemed to like was the absence of 'fancy food'. One person commented, "Good food like we grew up with, what we are used to" another person told us, "Excellent food, you wouldn't get better than this." One person said if they didn't like what

was on offer, the cook would cook them something else. We observed lunch and saw most people sat in the dining room to eat. However, some people had their lunch on side tables in the lounge. Everyone appeared to enjoy their meal and people who needed it were given assistance.

We noted that four people were at risk of malnutrition and were on food charts to monitor their food intake. We saw one person, who had a recorded weight of 42.4kg on 5 December 2016 when they were first admitted to the service, continued to lose weight. We noted their weight to be 32.8 kg on 28 September 2017. The person's care plan documented for the person to have their weight monitored weekly. However, the last weight taken was on 28 September 2017. We spoke with staff who told us they were on a food chart so their food could be monitored. However, the food chart did not tell us what amount they had eaten it just referred to the food they had been offered. We asked if the person was having their meals fortified and staff told us they were. We asked if the person had been referred to professionals due to their weight loss and we were told that no input from professionals had been sought. This demonstrated the service had not acted responsively to people's changing needs. Nutritional needs were not reviewed and the person had not been referred for specialist input to prevent and address weight loss. Two of the other people at risk of malnutrition continued to lose weight while one person's weight, although low, 43.7 kg had remained stable. Following our inspection the provider has informed us a new chart is in place to monitor people at risk of malnutrition.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the director of the service and the registered manager during our inspection. We were told this will be looked into. We have spoken with the provider following our visit and we were told the person has now been referred to the dietitian for a review of their weight loss.

Is the service caring?

Our findings

Several staff had worked at Lime Tree Court for many years and the service had a 'family feel' to it. One person told us that they had chosen the service as it was local to where they once lived and it had regular staff that were also local. They told us, "It's very nice here, I feel quite happy here" We received other comments such as, "The staff are all regular and local" "The staff are here all the time, but they are not intrusive, they don't boss you about" and "I like to tease the staff, they are very good to us. The staff naturally get tired but they never take it out on us."

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. We observed staff knock on people's doors when they were closed and waited for a response before they entered.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. Staff knew people's individual communication skills, abilities and preferences. For example, we saw that one person who attends the service for day care continuously walked around the premises at a quick pace and this included the garden. Staff made sure the walk way was clear and the door to the outside area was unlocked in order for them to gain access. Another person gained the attention of staff by banging a cup on the table.

People were able to decorate their rooms as they wished. One person told us how they had already chosen the paint they were going to have.

The service had previously supported people during the end of life. At the time of our inspection there was no one living at the service currently receiving end of life care.

We were told visitors could visit at any time. However, we saw a notice in the front hall near to the entrance which said 'To arrange a visit please ring up to half an hour before you arrive.' We have requested visiting to be clarified following our inspection. The position of visiting was clarified following the inspection.

Confidentiality of people's information was maintained, files were stored in the main office. The main office was separate to the building and was used for meetings to ensure confidentiality.

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific for each person. Speaking with staff, they were able to explain people's routines which confirmed what we saw in people's care plans.

Although care plans were reviewed on a monthly basis, the reviews did not always highlight and address people's changing needs. This was discussed with the registered manager during the inspection visit. We checked if the service captured people's preferences relating to their end of life wishes. We saw that 'do not attempt cardiopulmonary resuscitation' (DNAR) forms were correctly completed and in the front of people's care plans. This ensured relevant information was easily available in the event of an emergency.

At the time of our inspection the service did not have an activity coordinator working at the service. The member of staff had been off on long term leave. We discussed this with the registered manager and they told us they were not sure when or if the member of staff would return. However, we saw that care staff ensured people had some form of activity to engage in. During our inspection we saw care staff holding a quiz followed by a sing song. However, we saw that activities had not been recorded in the activity book since 26th September 2017. We did not see any information on display relating to planned activities and could not be sure they took place on a regular basis.

People had different views in relation to activities in the home. One person told us they spend their day in their room doing word searches, watching television and reading. They told us there was no programme of events and do not know what's going on, but think entertainers visit the service. The person added, "The staff will chat but are always busy. I would go down more often but I don't like the stair lift." Another person told us there was no entertainment that they know of and they don't like the stair lift. The person told us if there was a lift they would go down more often.

Holy communion is conducted in the service on a monthly basis. The service had two rescue cats and a visiting PAT dog. PAT dogs are used to provide affection to people in care homes and are widely used as a form of therapy. We saw the cats were welcomed by people and sat on people's laps in turn. There were no facilities for trips out although in fine weather people can visit the local shop/café. A visiting hairdresser attends weekly and a chiropodist every six weeks. We were told entertainers visit the service providing musical reminiscence.

There was a complaints procedure people and their families received when they first joined the service. There had been no complaints this year.

Is the service well-led?

Our findings

During our previous inspection we found the provider did not have effective systems in place to monitor and improve the service. We also found the provider had not notified the Commission relating to injuries which should have been reported. We found during this inspection the provider continued to have ineffective systems in place to monitor and improve the service. However, the provider was aware of their responsibility regarding reporting significant incidents to the Commission. One notification had been received from the service in August 2017.

We asked people and staff if they felt the service was well led. Staff told us the registered manager was approachable and very supportive. The registered manager had worked at the service for many years in other roles and had earned the respect of everyone we spoke with. They had taken on the role of the registered manager in April 2017. We observed the registered manager to be very 'hands on' and assisted staff and people throughout our visit. One person commented, "The manager is tip-top and keeps you on your toes." They added that staff had been here for a long time which showed they must be happy working here. We saw that one member of staff had been employed by the service for 40 years and now does voluntary work.

We found audits were not undertaken to monitor, assess and improve the quality of the service. Care plans were not audited to identify shortfalls in care provision. Medicine audits were not routinely carried out to identify that correct procedures were followed in relation to administration of medicines and stock control. However, we were aware the member of staff administering medicines completed a daily stock check. We found that records were not easily located some were kept in the main office some in the staff room and other documents in a cupboard. However, the director of the service told us they are making changes to the layout of the service and this was in progress.

We were told that another pharmacy had been sourced and would be responsible to provide the medicines and updates in training for staff.

People and those important to them did not have the opportunity to feedback their views about the quality of the service they received. The service did not hold residents and family meetings. We discussed this with the registered manager and they told us this would be something they would look into. However, we were told staff meetings took place we saw that the last one took place in August 2017.

The service worked in partnership with other healthcare professionals such as district nurses and GPs. However, we saw that referrals had not been made to relevant healthcare professionals when people had been assessed at risk of malnutrition and had significant weight loss.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care home services are required to display our prior inspection ratings conspicuously, both within the

service itself and on the providers website. We noted the ratings display was not on the providers' website or displayed within the building. However, this was displayed following our inspection visit and the registered manager provided evidence of this to us.

The provider has a legal duty to inform the CQC about certain changes or events that occur at the service. There are required timescales for making these notifications. We had received notifications and we could see from the notifications appropriated actions had been taken.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use the services and other 'relevant person's' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. We discussed this regulation with the registered manager and they confirmed they were aware of the requirement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way. Manual handling was not carried out in a safe way to avoid injury to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Nutritional needs of service users was not always met
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have systems in place to monitor and improve the quality of care.