

A A Toorabally

The Limes Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

The Limes Care Home is a Residential Care Home providing personal and nursing care to 10 people aged 65 and over at the time of the inspection. The service can support up to 40 people. The service was purpose built with bedrooms and communal areas split across two floors. Due to the number of people living in the home at the time of the inspection only the ground floor was in use.

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

Risks were not always assessed, identified and managed to meet people's needs. Medicines were not consistently managed safely. Infection control processes were not following government guidelines to ensure they would be safe and effective.

Staffing levels were not sufficient. There had been a high turnover of staff within a short timeframe. The provider had made limited improvements and lessons learnt were not effective.

Governance and management systems were not always reliable and effective. The service lacked the drive for improvement to address issues and concerns we raised during our last inspection.

There was very little leadership and oversight of the service was poor. There was insufficient risk management and quality monitoring. Auditing was not robust and there were missed opportunities for learning and improving the quality of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 November 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 27 August 2020 and found concerns with how the provider monitored the quality of the service. The provider completed an action plan after the last inspection, detailing what action they would take to improve and by what date.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care services inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Limes Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to keeping people safe, risk management, medicines, staffing numbers, staff recruitment, leadership and oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Inadequate ●

The service was not safe.
Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.
Details are in our well-led findings below.

The Limes 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and one inspector making calls to relatives off-site.

Service and service type:

The Limes Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six members of staff including, the registered manager, deputy manager, senior care worker, care assistant and housekeeping staff. We reviewed the care records for five people who used the service.

We also looked at a range of other records relating to the running of the service such as two staff files. We reviewed a variety of records relating to the management of the service.

After the inspection

We sought further information from the provider to inform our inspection judgements. This included staff training data, weekly rotas and policies. Telephone calls to five relatives of people who used the service. Following the inspection we also contacted another four members of staff, however we did not receive any response.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we recommended that the provider review all known risks for people and ensured where required, this was recorded and investigated to ensure they mitigated any risk. At this inspection we found risks to people had not always been identified, assessed and managed.
- Care plans and risk assessments relating to catheter care and stoma care were absent. There was no information for staff to detail what action to take to safely manage risks associated with both catheter and stoma care. (A stoma is a round or oval opening made during surgery through the tummy (abdomen) wall. It lets the bowel connect onto the surface of the tummy.)
- Records we reviewed did not demonstrate that catheter and stoma care was effectively managed. For example, daily records we reviewed did not detail any hygiene practices or catheter bag changes over a 10 day period, had taken place. These records also demonstrated that where potential issues had not been identified and timely action had not been taken, this left people at risk of harm.
- Staff told us they had received online training for catheter care. However, no training for stoma care. The training matrix confirmed this. Staff did not have the skills or experience needed to meet people's needs.
- Fire safety measures were inadequate. Concerns had been raised by the fire officers. For example, emergency lighting was not working. People's personal emergency evacuation plans did not contain sufficient detail to keep people safe in the event of a fire. This meant there was a risk people may not get out safely in case of an emergency.
- Water temperature checks in people's rooms had not been completed for three months. The maintenance person told us these checks should be completed monthly. We requested the maintenance person to complete a water temperature test on the day of our inspection. Which they did and the temperatures were in line with health and safety guidelines.
- The maintenance person was the only person to carry out weekly and monthly checks. They worked two days a week. This meant there was no one on site to ensure the home was safe and well maintained for five days per week. We were not assured maintenance checks were completed in a timely manner.
- The Fire Safety officer visited the service after our inspection and found concerns with the emergency lighting amongst several other concerns.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider placed people at risk of harm as they failed to put measures in place to ensure they assessed and managed risks, managed medicines safely or in line with government guidelines and follow them effectively.

- Systems and processes were in place to monitor gas, electricity and legionella tests were completed, and certificates were up to date.

Using medicines safely

- Medicines were not consistently managed safely.
- Protocols that were in place for medicines that were required 'as needed' for two people, contained incorrect information. This included the incorrect dose and frequency. This placed people at risk of receiving their prescribed medicines unsafely.
- Medicines administration records for two people did not contain any information in how they like to take their medicines. This included a person who refused their medicines regularly. This placed people at risk of not receiving their medicines according to their wishes.
- Medicine administration competency assessments had not been completed for all staff and two staff had not received their yearly update, so we were not sure staff remained safe to administer this.
- The providers medicine policy did not identify the frequency staff should update their training and competency to administer medicines.
- Medicines were stored safely.

Preventing and controlling infection

- Government guidelines relating to COVID-19 were not being effectively followed. Infection control measures in place were not enough to prevent the spread of COVID-19 which placed people at risk.
- There was not a robust system in place to ensure visitors undertook a test for COVID-19 prior to entering the home. There was not a system in place to identify all people who had visited the service. This heightened the risk of potential transmission of COVID-19. However, relatives told us they had participated in the testing process before they entered the home.
- We were not assured that the provider was meeting shielding, isolation and social distancing rules. We found that following hospital stays, on their return to the service people were not isolated according to government guidance.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a lack of cleaning schedules to evidence that frequently touched points were cleaned at least daily. There were also no staff available to effectively clean the home at the weekend.
- We were not assured that the provider was accessing testing for people using the service and staff. There was no system in place to evidence staff were taking part in twice weekly lateral flow testing for COVID-19, records we reviewed did not demonstrate all staff had taken part in the twice weekly testing. Advice given by Public Health England had also not been followed following a recent exposure.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider placed people at risk of harm as they failed to put measures in place to ensure they assessed and managed risks, managed medicines safely or in line with government guidelines and follow them effectively.

- We were assured that the provider was using PPE effectively and safely.

Staffing and Recruitment

- There had been a high turnover of staff since our last inspection.
- Four out of 10 people required two staff to support them daily. Staff rotas told us on most days, between 14 June 2021 and 11 July 2021 only two staff were working per shift.
- The registered manager and deputy manager were rostered on the rota to provide people's care and were included in the staffing numbers. On the 19 June 2021 the registered manager and deputy manager were the only staff available for the AM and PM shift. There was no one available to manage and oversee the service. A relative said, "I think the manager lives there. She does a lot of hours." This meant there were insufficient staffing levels to meet people's needs.

- Rota's identified on several days where there was no staff on duty overnight who had been assessed as being competent to administer medicines. One record we reviewed told us the person required 30 mg of Mirtazapine (Mirtazapine is an antidepressant medicine that aids sleep.) at night. This leaves people at risk of receiving unsafe care as medicines were administered by staff who had not been assessed as competent to do so or at risk of the person may not have received the medicines..
- Staff told us there was not enough staff on duty to meet people's needs. No agency staff were used to cover the shortfalls. Staff told us they had to make arrangements to cover sickness, especially on the days where the manager and deputy were on days off.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. The provider failed to supply sufficient numbers of qualified, competent skilled staff.

- We were not assured the recruitment process was being followed effectively. New staff had been employed in June 2021. On a staff file we found the induction record had been crossed out. We raised this with the registered manager. They told us the staff member was an experienced carer who had worked at another service, not related to the provider. Therefore, the provider felt it wasn't necessary for them to complete an induction. This meant the staff member had not been inducted appropriately to the service for fire safety, Infection control and accident and incident policy and procedures or in-service training.
- On one staff file the application form was not fully completed. There were gaps in the employment and education section. There was no discussion or risk assessment on file. The interview notes for both staff were missing from the files. There was no rationale why the persons were employed. One member of staff's references did not match the name given as referee. There was no record of requesting another reference. The one accepted was not signed or fit for purpose. The pre-employment checks were not robust and did not provide assurances people employed were suitable to work with vulnerable people.

This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. The provider failed to have effective recruitment and selection procedures to ensure staff employed were fit for purpose.

- One member of staff completed tasks on their induction four days before they started their employment. The provider's process stated, "induction to be completed within one week of employment." This meant the provider was not following their recruitment processes.
- The provider had completed a number of interviews and were awaiting appropriate safety checks, such as, disclosure and barring service check for three staff.

Systems and processes to safeguard people from the risk of abuse

- We received positive feedback regarding people feeling safe in the home. One relative said, "My [relative] is very happy here and I feel my [relative] is safe at the home."
- System and processes were in place to identify, report and assess risk for safeguarding concerns.
- Staff had received training and understood their responsibility to report abuse.

Learning lessons when things go wrong

- Falls and incidents were monitored but at our last inspection we identified a recording issue. At this inspection improvements had been made. There was more detail to the falls and incident forms. We could cross reference information with people's care plans.
- A relative said, "My [relative] had a fall recently and the staff were absolutely superb in staying with them and reassuring them whilst waiting for the ambulance."
- Another relative said, their loved one was kept safe from harm, "There were crash mats in place next to

the bed." This helped manage the risk of serious injury if a person was at risk of falls from their bed

- Incident forms identified action taken and where other professionals had been involved. For example, advice from a GP to refer to the falls team or observations put in place.

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. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At this inspection, we found the provider and registered manager had not always completed audits and quality assurance systems to effectively identify and address problems, even though they had submitted an action plan from the last inspection and told us they would be compliant with the regulations by 25 February 2021. However, not all the action had been completed.

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

At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

The Limes Care home had been rated as requires improvement or inadequate for the past six inspections. This demonstrated a failure to make and sustain improvement to the quality of the care provided since September 2016.

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

- The provider had shared an action plan from the last inspection and told us when they would improve by. However, the service had not improved sufficiently. In some areas it had deteriorated. This meant there was no continuous learning or sufficient improvements to identify a good service.
- After our inspection we requested some additional information from the provider including staff rotas for weeks commencing 19 July to 01 August 2021. We also requested staff PCR testing records. We have not received this information to date.
- At the last inspection the provider completed monitoring visits but did not record them. At this inspection the monitoring visits were recorded but did not identify the issues and concerns which we found during our inspection.
- There was no process in place to monitor or to follow up Deprivation of Liberty Safeguards (DoLS) referrals, which had expired. The providers report dated 28 March 2021 stated the number of DoLS authorisations /applications was recorded as one DoLS referral to be made. This was for a person newly admitted to the home. However, we found two people's DoLS had expired in 2019 and 2020.
- There was no evidence to identify if these people's DoLS should remain the same. There had been no conversation with the DoLS assessment team or follow up. This meant there was a risk people had been subjected to unlawful restrictions as authorisations for DoLS had not been renewed and restrictions had not

been kept under review to ensure they were still proportionate.

- The provider had carried out three medicine audits over a five-month period all of which contained the same findings. These audits had not picked up any of the issues we found. This meant there was a risk these records were not accurate, and systems were not effective at identifying shortfalls and making improvements.
- At the last inspection we identified issues with staff files. Interview notes were missing. At this inspection the issue was still the same. We reviewed two new staff files and no interview notes or rationale for appointment were present. The provider was still not following their own recruitment policy.
- We spoke to the registered manager and they told us they would send us copies of recruitment records. We received a copy of notes taken on 10 June 2021 for one person interviewed. However, this person had not worked in care before. There was no rationale why this person had been employed. There was no record of their training needs or an induction process they should complete. We were not assured the provider had followed their recruitment policy and procedures.
- At our last inspection we found the records kept by the maintenance person were not fit for purpose. At this inspection the records had improved and were more organised. However, there were gaps in some of the testing processes. For example, water testing and fire safety testing.
- The providers monitoring form dated 28 March 2021 and 9 June 2021 stated 'health and safety checks carried out by [name] Environment audit completed, no issues'. This meant the provider had not identified the issues with the fire or water safety checks, and some had not been undertaken for three months. We were not assured the provider systems and processes were not effective at identifying shortfalls, mitigating risk and improving the quality and safety of the service
- Governance and management systems were not always effective. Audits had not been used effectively to drive improvement. The service had deteriorated.
- Personal Emergency Evacuation Plans were not fit for purpose. The document contained limited information. The provider's auditing systems had not identified these documents were insufficient.

This was a continuous breach of regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had continued to fail to provide a quality service that was regularly reviewed and updated to drive improvement effectively.

- After our inspection the registered manager left the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People looked well cared for and relatives gave positive feedback.
- The registered manager was open with people and relatives when incidents occurred.
- The registered manager understood the requirement of their registration with the CQC. They reported incidents and concerns and displayed their last CQC rating to ensure they were adhering to legal requirements. This meant they were open and transparent.

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

- People completed listening forms to share their personal experiences of the service. For example, how they were feeling, what was going well or not so well. However, where people had raised concerns that they were upset because they felt lonely or needed more exercise there was no evidence or action to say this had been followed up.
- Supervision and staff meetings had taken place in January 2021, where staff could share their views and discuss their personal development needs. This was an improvement since our last inspection, but the

meetings were not regular. Only one member of staff had received two further supervisions within a six-month period.

Working in partnership with others

- People's care plans identified they had been involved with a GP, district nurse or other professionals.
- The registered manager told us they had a good relationship with the local authority.
- On the day of our inspection a representative from the Primary Integrated Community Services, (PIC) team was visiting the home. The registered manager informed us they had a discussion with the PIC representative to acquire face to face training for staff in catheter and stoma care.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to have effective recruitment and selection procedures.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to supply sufficient numbers of qualified, competent skilled staff.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider placed people at risk of harm as they failed to put measures in place to ensure they assessed and managed risks, managed medicines safely or in line with government guidelines and follow them effectively.</p>

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had continued to fail to provide a quality service that was regularly reviewed and updated to drive improvement effectively.</p>

The enforcement action we took:

Warning notice