The Limes Care Home Limited

The Limes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Limes is a residential care home providing personal and nursing care to 23 people aged 65 and over at the time of the inspection. The service can support up to 28 people.

The care home is in one building spread across two floors. There are 26 single rooms and 2 double bedrooms. All bedrooms have ensuite facilities with a shared lounge, kitchen and garden.

People's experience of using this service and what we found
People did not always have risks in relation to choking, falls and medicines fully assessed and so there was not enough guidance for staff on how to support their needs in these areas.

People's medicines were not all administered or recorded safely. Amounts of some medicines did not match the recorded stock and some people's pain relief medicines were not administered as prescribed.

People's home was not always kept clean as there was food on the floor in one area and some cleaning required in a bathroom. Not all staff were wearing the correct face masks to help prevent the spread of COVID-19 and other infections.

There were no effective quality monitoring systems in place at the time of the inspection which meant that the standards of people's care could not be assessed with a view to make improvements.

People's care records had been transferred to an electronic system that was still being developed and so there were some gaps and inconsistency in records.

However, people told us they felt safe and they were happy living at the home. They said that staff were caring and patient and treated them well. People said the food was good and they had choices in what they ate and how they spent their time.

Staff had received training in safeguarding and other relevant topics and were in the process of receiving refresher and specialised training. This included Dementia awareness, Deprivation of Liberty Safeguards for people living with Dementia, nutrition and infection prevent and control.

Staff had a good understanding of how to act in emergencies and how to safeguard people. They were confident about reporting any concerns both inside and outside of the organisation.

There was a new manager and deputy manager in post who people, relative's and staff all felt were approachable and open and they could raise any issues with them. They felt there had been a lot of improvements made. They had confidence the actions being taken by the new manager were positive and they would ensure all concerns were addressed.

We have made a recommendation about the management of staff rotas, recruitment procedures and infection prevention and control measures.

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

Rating at last inspection
The last rating for this service was good (published 04 May 2018).

Why we inspected
We received concerns in relation to risk management of person to person abuse, falls, eating and drinking and pressure care. Also, appropriate reporting and recording of incidents, staffing levels, staff skills, adherence to follow guidelines from health professionals and the general management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The manager was aware of the areas that required improvement. The manager had created an action plan for all areas of concern and was in the process of making the necessary changes to ensure people were safe and the service was well managed. However, this had not yet been implemented or embedded into practice.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Limes 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 two breaches in relation to unsafe infection prevention and control practices, managing falls risks, safe management of medicines, reporting and recording and effective management 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Limes

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by three inspectors.

Service and service type
The Limes 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; however, this person was no longer working at the service and was in the process of de-registering as registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The service did have a manager in post who was not yet registered with the Care Quality Commission.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England.

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. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, senior care workers, care workers and housekeeping staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and eleven medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Requires Improvement

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- People with conditions such as diabetes or people at high risk of falls or living with dementia had not had all risks related to their conditions assessed. The assessments that were in place did not detail enough information to identify concerns or how to support people to reduce risks.
- Assessments for people at risk of dehydration had been completed and fluid amounts were being monitored. However, records did not record the target people should be aiming for or any action taken if fluid intake was low. We observed staff were not ensuring enough fluids were being consumed.
- People who were at risk of choking and required specialist diets did not have guidance for staff of what specialist diets should consist of, or instruction from relevant professionals.
- Medicines were not safely managed. Balances of stock did not match the amount of medicines in place. Medication care plans did not detail what medicines a person was taking, just the number of different medicines being taken and if people were administered antidepressant or antipsychotic medication. This meant there was no guidance for staff about specifics to be aware of in relation to any special instructions or interactions of people's medicines.
- Medicines were not audited and so the concerns raised at this inspection had not been identified in records.
- Some controlled drugs for pain relief had not been administered correctly meaning that there was a risk of people experiencing unnecessary pain.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. 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 responded immediately during and after the inspection. They addressed some concerns in relation to the environment and medicines on the day of the inspection. They created an action plan to address all the above concerns and were working closely with various external health professionals to fully audit systems, retrain staff and improve care plans, risk assessments, medicines management and make environmental changes.

- People told us their needs were being met, including food and drink, medicines and personal hygiene. They told us they get choices and access to health professionals when they need them.
- Relatives also told us they felt their family members were well cared for. One relative told us how the staff had managed to keep their family member free of pressure sores despite being cared for in bed.

Staffing and recruitment

● The service had enough staff on duty to meet the needs of people. However, we discussed shift rota patterns for night support with the manager as these did not allow for enough breaks to support safe practice. The manager told us they had already identified and acted to address this concern before the end of the inspection.

● The manager had ensured that employment checks had taken place including criminal record checks and references. However, employment history beyond five years had not been sought meaning that not all gaps in employment history had been explored to check staff were suitable for the role.

We recommend the provider consider current guidance on recruitment procedures and staff working hours and take action to update their practice accordingly.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were somewhat assured that the provider was meeting shielding and social distancing rules. This was because the environment had not been laid out in a way that supported natural social distancing. Staff were not observed to be encouraging people to socially distance.

● We were assured that the provider was admitting people safely to the service.

● We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. Most staff were correctly using PPE and following current guidance. However, not all staff were wearing the correct facemasks. We told the manager about this who acted immediately to address this with the staff members involved.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. While cleaning schedules were in place, we found some areas of the home required cleaning and there was food on the floor in a communal room. One bathroom had dust on the bath and hoisting equipment was hanging over a clinical waste bin. The manager took immediate action to ensure cleaning and hygiene standards were improved.

● We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Not all risks for staff had been considered.

● We were somewhat assured that the provider's infection prevention and control policy was up to date. Audits were taking place but not robust enough to identify all concerns.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We recommend the provider consider current guidance on hygiene and COVID-19 prevention measures and take action to update their practice accordingly. We have signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

● Despite our findings people told us they felt safe. Relatives also felt their family members were safe. One person said, "Everything is great, I definitely feel safe. [Staff] look after me 100%." Another person said they felt safe because they knew the building was secure and the doors were locked from outsiders each night.

● People were supported by staff who had received training in safeguarding and understood how to identify and report concerns both internally and externally.

● The manager had systems in place to identify, act on and monitor any concerns about people's safety to prevent harm and abuse but these were not robust enough to be effective. However, concerns identified by inspectors during the inspection had already been identified by the manager, who was very new to their

post. They had already taken action to start to address the concerns, such as arranging additional training for staff, changing systems and additional supervision and support.

Learning lessons when things go wrong

- The manager had not had enough time in post to thoroughly implement a culture where staff were supported to learn lessons from things that have gone wrong. The manager themselves had learnt lessons from the care practices and systems in place and had openly shared outcomes with staff.
- The management team had started to introduce scenarios for staff to reflect on to support staff to learn how to reflect on incidents in ways that help to support learning.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The service did not have a registered manager in post at the time of this inspection. An application had been submitted and was awaiting approval at the time of writing this report.
- The manager had systems in place to identify areas of concern, but these were not always being reported to all relevant authorities for review in relation to safeguarding concerns for people about pressure ulcers and allegations of possible neglect.
- Action plans for improvement were in place but they contained minimal information and did not detail deadlines for completion, who was responsible for progressing the action or how they would achieve it and measure its success.
- At the time of this inspection the provider did not operate any formal quality assurance systems or processes to demonstrate how they monitored the quality of care being provided. Some audits did take place but one of these was a signature list with dates and no details. Another audit was a list of actions without information about what had been audited. This meant the systems in place were not effective and did not support identifying areas for improvement.
- The care plans had been recently transferred to a new electronic care record system. This system could work well but was still 'a work in progress'= due to inconsistency of information recorded. The system also lent itself to a more task led approach rather than a person centred one. The manager told us they planned to further train the staff to ensure they understood how to better use the system to ensure the records reflected practice.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They had conducted a full review of the service and implemented an improvement plan. They ensured incidents were now being reported appropriately. The manager had also been working closely with the local authority and external professionals to fully audit the service and revise systems in place to be more effective.

● The manager and deputy manager were both very keen to ensure staff practised person centred care. They were in the process of reviewing each person's needs including personal likes and dislikes, medical, health, social and cultural needs to ensure guidance for staff was accurate and up to date.
● People and relatives told us that they were treated well, that staff came quickly when called, met their needs and understood what they liked. One person said, "I do a lot of knitting and music and go walking when I can. I am going out tomorrow. [Staff] are all very helpful and try to help with whatever they can."
● Relatives were also pleased with the care provided. One relative told us, "[Staff] are respectful and [pre-COVID-19] always had spontaneous cuddles that you could tell were genuine. The staff team has remained stable, so they know [My family member] well." Another relative said, "[My family member] is the best I have seen them in years because ethey are eating and drinking and getting heir medication."
● The manager was very open and honest about areas for development in the service and was keen to work through their action plan to ensure the care provided and relevant records improved. They were in the process of bringing in a new auditing system to ensure quality could be measured and monitored effectively.
● The deputy manager had devised and implemented new handover and allocation systems and records. These would help to ensure staff had clarity about their responsibilities and communication about people's needs was improved. This was being closely monitored by the management team.
● The new manager and deputy manager had a good understanding of their roles and what was required of them. They were aware of the need to notify us of concerns and their responsibilities to ensure care standards meet the health and social care regulations to ensure reviews could drive improvement.
● Staff understood the requirements of their roles and the importance of choice, person centred care and reporting concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The manager sought people's feedback through meetings and daily conversation. They also sought feedback from people's relatives through surveys and phone calls. Relatives confirmed they were involved and consulted about changes or reviews of their family member's care. Feedback was analysed and a summary reported shared with everyone on outcomes.
● Relatives told us that staff had supported them to stay in touch with their family members during the COVID-19 pandemic through phone and video calls, emails and newsletters. They also told us they could visit the home now.
● People and relatives told us they felt able to approach any staff or managers with concerns and had done so, and action had been taken.
● Staff understood the importance of giving choices to people and helping them to make their own day to day decisions where possible. They understood to report when changes in people's conditions suggested they were no longer able to safely make their own decisions.
● Staff told us they had regular staff meetings and supervisions with the manager and deputy manager and felt very positive about the changes that had been occurring. One staff member told us, "I think the improvements I have witnessed in the last couple of weeks have been amazing. [Management] are really trying."

Working in partnership with others; Continuous learning and improving care
● Feedback from professionals was positive about the actions that were being taken to make the improvements and the speed at which the new manager and deputy manager were working through their action plan. They confirmed the manager was working closely with several external professionals to support staff to understand the required changes and review systems and records.
● The manager had learnt lessons from reviews of practices, records and incidents that had occurred. These were shared with external agencies along with how they intended to improve. Outcomes were also shared

with staff but formal reflection with staff had not yet taken place to support them to understand how to identify lessons learnt for themselves. This reflective practice would promote continuous learning amongst the staff team.

● The deputy manager had liaised with various external professionals to request provision of specialist refresher training for staff in Dementia, Deprivation of Liberty Safeguards, infection prevention and control and nutrition and hydration.

● The deputy manager had also ensured all outstanding referrals to specialists had been made to gain the right support and guidance for people's 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 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with falls, medicines, choking and the behaviour of other people. Staff were not following guidance for the safe management of infections and COVID-19.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effective in identifying, monitoring and improving quality and safety of care. Risks were not managed safely and measures to mitigate risks not always identified. Staff skills and knowledge to carry out their roles was not effectively managed. Records were brief and inconsistent meaning effective monitoring of concerns and prevention of harm and abuse could not take place.