

MAPS Properties 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 effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

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 care to 39 people aged 65 and over at the time of the inspection. Most people were living with dementia. The service can support up to 46 people. The home is an adapted building and all on ground level.

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

The provider has been consistently non-compliant with the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 since July 2014. The governance systems in place have consistently continued to fail to make sustained improvements. Whilst the registered manager completed monitoring audits to assess the quality of the service, no systems were in place to do so above this level of management. Furthermore, the registered persons had failed to notify the Care Quality Commission (CQC) of some events they are required to do so by law. The consistently poor governance arrangements had resulted in people not always receiving a high-quality and person-centred service.

The risks associated with people choking and experiencing falls had not been fully assessed and mitigated. Some of the tools the service used to assess risks to people were not nationally recognised and did not accurately rate the risk. This put people at risk of harm. We also found a room open that people living with dementia could access. It contained equipment that may cause harm. However, the risks associated with the premises and working practices had been identified and managed. Medicines were managed safely, and processes were in place to help to protect people from the risk of abuse and those associated with infection. Accidents and incidents were recorded and analysed to help to prevent future occurrences.

Most people received a person-centred service however we identified that where people had not, this had impacted negatively on them. People's individual leisure needs were not consistently met, and people told us there were not enough activities or stimulation; our observations confirmed this. People felt no need to raise complaints but told us they would feel comfortable in doing so if they needed to. We saw that where people had raised a complaint, this had been appropriately managed.

People had mixed opinions on whether there were enough staff and our observations concluded there were concerns regarding the deployment and effectiveness of some staff. This was because of seeing the service over a two-day period where we saw two separate staff teams work in differing ways, one more effective than the other. The majority of staff demonstrated skill in their roles and interacted with people in a kind and warm manner. However, we did see examples of where this was not the case. Staff received training and ongoing support and felt valued which benefited those people that used the service. People told us they felt respected and that their dignity was maintained; their relatives agreed.

People received enough to eat and drink and had their health needs met. Staff sought consent from people prior to assisting them and were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in

the service supported this practice.

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 and update

The last rating for this service was requires improvement (published 30 July 2018) and there was one breach of regulations regarding medicines management. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made regarding the management of medicines. However, differing concerns were found which means the provider was still in breach of regulations.

The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement, or inadequate, for the last four consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe care and governance at this inspection. A further breach was also identified regarding the provider's responsibility to inform CQC of certain events.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request regular information from 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

**Requires Improvement** ●

# 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.

#### Inspection team

The first day of inspection was carried out by two inspectors, a medicines 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. One inspector returned for a second day.

#### Service and service type

The Limes 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 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 all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff which included the nominated individual, the registered manager, the deputy manager, a senior care assistant and two care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included ten people's care records and the medication records for 19 people. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality monitoring audits, maintenance and training records, were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we spoke with one professional who has had recent involvement with 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 requires improvement. At this inspection this key question has remained the same. 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.

### Using medicines safely

At our last inspection the provider had failed to safely manage and administer medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made regarding medicines management however the provider continued to be in breach of this regulation due to other concerns identified.

- There was a system in place for ordering and giving people their medicines and Medicine Administration Record (MAR) charts showed people received their medicines as prescribed.
- Regular checks of people's medicines and their records were carried out. There was a system in place to report incidents and investigate errors relating to medicines.
- Members of staff handling and administering people's medicines had been regularly assessed for their competency to handle and give people their medicines safely.
- There was guidance to show staff how people preferred to have their medicines given to them. There was also guidance to help staff give people their medicines prescribed on a when required basis consistently and appropriately.
- For people who would otherwise refuse their medicines and had them given to them hidden in food or drink (covertly), there were records showing appropriate assessments, decision-making and consultations had taken place.
- Medicines were stored securely. Medicines requiring refrigeration were stored at appropriate temperatures, however, we noted that the temperature of the room in which medicines were stored sometimes exceeded the upper temperature limit for the storage of medicines. This meant medicines may not be fully effective.

### Assessing risk, safety monitoring and management

- The individual risks to people had been identified but not consistently mitigated.
- For two people at risk of choking, we saw that the recommendations made by the Speech and Language Therapist (SALT) had not been followed. This put them at risk of harm. One person was not monitored as required whilst eating and drinking. For the second person, they had not received their food in the recommended texture.
- The service had failed to mitigate the risks for a third person who was at high risk of falls. This had resulted in harm. The service had identified that regular observations were required for this person but could not

evidence that this had been completed.

- Whilst individual risks to people had been identified, the tool staff used to assess the seriousness of the risk had failed to accurately measure this. This meant that people may be exposed to high levels of risk that had not been identified as such and therefore fully mitigated.
- We found a room containing several pieces of equipment accessible to people who lived in the service. This put those people living with dementia at risk of harm.

These concerns constituted a continued breach to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The risks associated with the premises, equipment, adverse events and working practices had been identified, assessed, managed and regularly reviewed. Regular servicing and maintenance checks had been completed to ensure the premises and equipment were safe for use.
- Accidents and incidents had been recorded and analysed for trends or patterns to reduce the risk of reoccurrence.

#### Staffing and recruitment

- A process was in place for the recruitment of staff however the provider had not fully assured themselves that potential staff were wholly safe to work in the service.
- The full employment histories of staff had not been fully sought as required by law.
- Other pre-employment checks had been completed on staff such as the completion of a Disclosure and Barring Service check (a DBS check helps employers make safer recruitment decisions), gaining references and investigating the suitability of staff through interviews.
- People told us staffing levels were adequate although some people thought there could be more. One person said, "I think there are probably enough staff" whilst a relative told us, "I do hear people call out for the toilet sometimes."
- Our observations of staffing levels appeared to depend on the deployment of staff rather than the number. For example, on the first day of inspection we noted a communal area was not regular monitored by staff whereas on the second day we observed a number of staff in the same area.
- The registered manager told us they had recognised the need for more staff and were recruiting into additional roles.

#### Systems and processes to safeguard people from the risk of abuse

- The processes the provider had in place helped to protect people from the risk of abuse. People told us they felt safe living in the service and their relatives agreed.
- One person who used the service told us, "Yes, I feel safe. The staff look after me very well." When we asked a relative if they felt their family member was safe they said, "Definitely. This place has taken such a lot off our minds."
- Staff had received training in safeguarding people although this training had recently expired for some staff. However, those we spoke with were able to explain the symptoms of potential abuse and the actions they would take if they suspected abuse was occurring.
- The registered manager had appropriately reported concerns to the Local Authority safeguarding team although we did identify one medicines incident that should have been referred and had not been. This was discussed with the registered manager although we noted other appropriate action had been taken to ensure the safety of the person.

#### Preventing and controlling infection

- People were protected from the risks associated with infection.



- Staff had received training in infection prevention and control and we observed personal protective equipment being used. We saw regular cleaning taking place.
- The home was visibly clean throughout although we noted some minor malodours in places.

#### Learning lessons when things go wrong

- The registered manager demonstrated they had made changes in response to incidents and concerns to improve the service.
- The people we spoke with agreed that the service was continually striving to improve and responded to incidents appropriately.

# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

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

- Most people had their needs assessed prior to using the service and on a regular basis. However, we identified one incident where this had not been the case. This resulted in the person not receiving the care they required when they first used the service.
- The provider mostly used nationally recognised tools to assess people's need in relation to risk. However, two tools were identified as not being fully effective or nationally recognised. This meant the seriousness of risk may be miscalculated, putting people at risk.

Staff support: induction, training, skills and experience

- People had confidence in the staff and their needs were met by staff who demonstrated skill through the training and support they received.
- One person who used the service told us, "The staff definitely know what they are doing." A relative said, "I have watched when two staff are using the hoist and they're very caring. They chat to the person they're moving and get them comfortably seated. Someone felt ill at the table and staff came very quickly to help and settle the person down."
- Staff agreed they received the induction, training and support they required to effectively meet people's needs. One staff member said, "[Management] are always there to answer questions and help." Records confirmed staff received the developmental support they required.

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

- People received enough to eat and drink, were offered choice and told us they enjoyed the food.
- One person who used the service told us, "The food's really lovely. I enjoy the dinners. We get a choice and the staff fetch my meals for me to have [where they choose]. Yes, there's always enough." Relatives agreed the food provision was good.
- Our observations confirmed what people told us. We saw people being offered choice, receiving the assistance they required and that enough nicely presented food was offered to people.
- Records demonstrated that people's nutritional needs had been considered and assessed and actions taken to address the risk of malnutrition.

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

- The service worked with other professionals to help keep people safe, healthy and to ensure they received appropriate care.

- People told us they saw health professionals as required and their relatives explained they were kept informed when professionals visited. One relative told us, "Oh the staff organize a doctor straight away. They [staff] ring and tell me if things are not right or to tell me what's happened. One evening the staff called the ambulance for [family member], they rang me and during the wait for it to come, I came up here and went with [family member] to the hospital. Good service."
- We saw examples of when the service had appropriately contacted other professionals to ensure people received effective care. Documents recorded these visits, recommendations given, and actions taken in response.

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

- The premises were designed and adapted to meet people's needs. Some consideration had been made to ensure people could orientate themselves using personal door signs and signage although this could be further improved.
- The home was welcoming and pleasantly decorated with decorative items throughout the home. People's rooms were personalised with their belongings.

#### 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 service was adhering to the MCA and people's rights were upheld.
- Staff had received training in the MCA and sought consent from people which our observations confirmed. They told us how they supported people to make their own decisions as much as possible and gave us examples of this.
- When a person's capacity to make a decision was in doubt, the service completed a mental capacity assessment and the best interest decision making process was followed and documented.
- DoLS applications had been appropriately made and where one person had a condition in place, this was being met.

# 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 now deteriorated to requires improvement. This meant some people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People did not consistently receive kind, respectful and attentive service. This was mostly because of the actions of one staff member however this impacted on the caring service people received. The registered manager took action after our inspection as result of these findings.
- Whilst most staff demonstrated a warm, considerate and caring approach, we did see a number of staff consistently ignore two people who had been sat at a dining room table in a small room on their own for a lengthy amount of time. Furthermore, we saw another staff member fail to interact with another person whilst they were assisting them to eat.
- Nevertheless, the people who used the service, and their relatives, told us staff were kind towards them and demonstrated a friendly attitude.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity was maintained and that staff were respectful and showed patience. Our observations mostly confirmed this however, we did note that one person wore soiled clothing, and another was left slumped asleep in a chair without staff supporting them to become comfortable or considering whether they preferred to sleep in their room.
- People's relatives agreed that people's dignity and privacy was maintained, and independence encouraged. One relative said of staff, "The staff try to persuade [family member] to do more. I think protecting people's dignity and privacy is a big thing here. On one occasion when the doctor came [relative] was in the lounge and the staff put a screen round straight away."
- We saw that people's care records were kept secure and that staff discussed people's personal care needs in private and were considerate of this. Care plans also considered people's need for independence and we saw examples of independence being encouraged.

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

- Most people we spoke with told us they had been involved in the planning of the care they received. However, where one person had not, this had negatively impacted on the service they had received.
- One person who used the service told us staff respected their care choices and supported them to do what they wished. Most relatives agreed they were involved in their family member's care however two told us they had not been.
- The care plans we viewed did not consistently and formally demonstrate that people had been involved in the planning of their care however we observed that staff sought people's consent at the point of care delivery and offered choice.

# 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 now deteriorated to requires improvement. This meant people's needs were not always met.

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's leisure needs were not consistently met in a person-centred manner.
- People told us they were either not interested in participating in activities or that there was not enough of interest to do. One person told us, "There's not enough to do. I'm not interested in cooking, but I think there could be more things organised. Yes, I do feel bored sometimes."
- The relatives we spoke with agreed. One told us, "If I'm honest I don't think there are enough activities." Whilst people praised the staff in their approach and encouragement of social involvement, they agreed there wasn't enough stimulation within the service.
- Our observations confirmed the social and leisure needs of everyone were not met. We saw two people spend most of the morning sat at a table isolated with no stimulation whatsoever and few activities took place during our inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were mostly met however, for one person, they had not received their choice of diet when they first entered the service which had negatively impacted on them.
- People told us they felt listened to, had control over the care they received and that their preferences were met.
- One person who used the service told us, "The staff know me well and how best to help me." The discussions we had with staff confirmed they knew people, and their needs, well. They were able to explain people's histories, family circumstances and how they preferred their care delivered. They spoke respectfully and knowledgeably about people.
- Care plans recorded people's individual needs and what staff were required to do to support them to meet those needs. These had been regularly reviewed and were accurate.

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.

- The registered manager was able to explain the ways in which they would meet this standard. This included providing information in larger print, audio or in another language. This was not required at the time of our inspection however picture cards were available for people living with dementia and we saw that

people were shown plated food options to help their decision making.

#### Improving care quality in response to complaints or concerns

- The provider had a procedure in place to manage complaints and this was on display in the foyer of the home.
- The people we spoke with told us they either had no complaints to raise or, where complaints had been raised in the past, they were satisfied with how the service had responded. People told us they felt comfortable in raising any concerns should they have them.
- We saw that complaints had been logged, investigated and responded to.

#### End of life care and support

- Whilst there was no one requiring end of life support at the time of our inspection, the service had explored this with people and their wishes had been recorded.
- A staff member we spoke with about the provision of end of life care was able to explain what support they would provide and how they would include people important to that person.

# 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 remained the same. The key question of well-led has remained as either requires improvement or inadequate since our inspection in November 2014. This means the service management and leadership has a long-standing history of being ineffective. The leadership and provider oversight have consistently not supported the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The provider has been continually non-compliant with the regulations of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014 since July 2014. As a result, people have continued to receive care that has not been consistently safe, effective, caring, responsive or well-led.
- Whilst we saw improvements at this inspection, the inspection history of the service shows previous improvements have not been sustained. Furthermore, the provider continued to fail to have adequate oversight of the service above registered manager level.
- A regional manager was in post however the service could not provide us with any quality monitoring audits completed by either the regional manager or the provider. This demonstrated a failure to effectively monitor the service above registered manager level.
- A quality monitoring system was in place at home level and the registered manager completed these however they had failed to identify and rectify the issues we identified at this inspection.

These concerns constituted a breach to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager was able to tell us about the events that were required, by law, to be reported to CQC. However, during the inspection, we identified three safeguarding incidents that, whilst they had been reported to the Local Authority, had not been reported to CQC as required.

This constituted a breach to regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- The team working abilities of the staff, and the impact this had on the quality of service people received, varied on the two days of our inspection. This meant we could not be confident that people consistently received good quality, person-centred care.
- Staff told us morale was good amongst staff and that they worked well as a team; this was observed on one day of our two-day inspection. However, for the day where this was poor, it had negatively impacted on

people.

- Staff, those that used the service and their relatives told us the management team were supportive, visible and approachable and this was observed during our inspection.
- We concluded that most staff felt empowered to raise suggestions, were supported and valued and participated in ensuring people received person-centred care. However, the poor performance of a few staff had resulted in people receiving a poor quality of service.

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 registered manager understood their responsibilities regarding duty of candour and appropriately explained this to us.
- We saw examples where the service has been open and transparent with people following incidents and saw that they had liaised with appropriate people.

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

- The service had methods in place to seek people's feedback and engage with relevant persons.
- Meetings were held for people and staff where information was imparted and views on the service sought. The relatives we spoke with knew the dates of the meetings in advance although said they were often poorly attended. They told us they felt listened to; staff agreed.
- The provider had sought the feedback of relatives in April and May this year via a questionnaire however they had yet to analyse these findings and take any action in response. However, we saw that the feedback received was mostly positive.

Working in partnership with others

- We saw examples where the service had worked with others to benefit the people who used the service. For example, working with social workers, healthcare professionals and the local authority safeguarding team.
- The registered manager and the provider were open to our suggestions and feedback during this inspection. They demonstrated a commitment to improve and provided us with all the information we requested in a prompt manner following the inspection. However, the inspection history for this service shows that where improvements have been made in the past, these have not been suitably sustained. We therefore need to continue to assess the sustainability of the improvements noted at this inspection.



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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had failed to notify the Commission without delay of incidents which had occurred whilst services were being provided in the carrying on of a regulated activity.</p> <p>Regulation 18(1)</p>

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to do all that is reasonably practicable to mitigate individual risks to people.  Regulation 12(1)(2)(a)(b)

### **The enforcement action we took:**

Notice of Proposal to impose a condition on registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to establish and operate effective systems or processes to ensure compliance with the regulations.  Regulation 17(1)(2)(a)(b)(c)(f)

### **The enforcement action we took:**

Notice of Proposal to impose a condition on registration.