

A A Toorabally

The Limes Care Home

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

What life is like for people using this service:

Since our last inspection the provider had failed to act to show a sufficient and sustained improvement in the service provided for people. There continued to be a lack of clear quality monitoring processes in place to provide the oversight required to improve the quality of care provided for people.

The lack of up to date clear robust information on people's care needs impacted on the care they received. The risk assessment tools used to assess risks to people were not utilised effectively to provide guidance for staff on the care people should receive. People's medicines were not always managed effectively. There was a lack of analysis of incidents and accidents to look at trends and reduce risks.

People told us they were happy at the service, they felt safe and well cared for. They were treated with dignity and respect.

More information is in the detailed findings below. we identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance and safe care and treatment. We also found a breach of the Care Quality Commission (Registration) Regulations 2009 as the provider had not notified us of some events at the service.

Rating at last inspection:

The service was rated as Requires Improvement at the last two inspections (reports published September 2016 and November 2017).

About the service: The Limes care home is a residential care home that was providing personal care and accommodation for up to 40 people aged 65 and over. There were 16 people using the service at the time of the inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection. sufficient improvements had not been made since our last inspection which means the rating remains at requires improvement. This is the third consecutive time this service has been rated requires improvement.

Enforcement: 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

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 caring

Details are in our Caring findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Inadequate ●

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 as part of our regulatory functions. This inspection checked 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.

Inspection team: Two inspectors visited on both days and an expert by experience visited on the first day of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type; The Limes Care Home is a care home. People in care homes receive accommodation and personal care. 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 about the service prior to our visit. This included details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team who work with the service and we read the provider information return form. This is a document provider's send to us to show what they are doing well at the service and the improvements they wish to make.

During the inspection we spoke with six people who used the service and two relatives to ask about their experience of the care provided. 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 spoke with three members of care staff, the housekeeper and cook. We also spoke with the registered manager and the provider. During the inspection we also spoke with two visiting health professionals.

We reviewed a range of records. This included six care records, two fluid and food charts, medication records, four staff files, the training matrix, audits, accident records and records relating to the management of the home.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

- ☐ Risks to people's safety were not always assessed correctly and measures to reduce risks were not always in place for people.
- ☐ One person who had been assessed as at risk of falls and had suffered four falls in the last six months. One of which had resulted in a hospital admission, the person had been assessed as requiring a sensor mat by their bed. We checked the person's room on both days of our inspection and found there was no sensor mat in place or located anywhere in the person's room. We brought this to the attention of the registered manager who told us they would address this. The information on the level of support the person required when receiving care was unclear for staff. The care plan noted the person needed one or two staff to support them depending on how they were feeling but gave staff no further information as to why this need fluctuated. This put the person at risk of not receiving a safe level of care.
- ☐ Another person had lost a total of 7.6 kg in weight since March 2018. A member of staff told us that some days the person needed them to support them with eating and drinking. However, the information was not recorded in their care plan and the last recorded weight for the person in their care plan was November 2018. Staff we spoke with could not tell us if the person was continuing to lose weight, this put the person at risk of continued unmanaged weight loss.
- ☐ A further person had sustained a fracture following a fall at the service in June 2018 and had returned to the service following surgery. There had been no review of the person's needs and their risk assessment and care plan had not been up dated to reflect these changes and how staff should support the person following their surgery.

Using medicines safely

- ☐ People did not always receive their medicines safely.
- ☐ One person was receiving medicines covertly, and the medicines were given to the person in their food. However, there was no evidence to show that discussions had taken place with a pharmacist to establish if this was a safe way of administering the person's medicines. Staff had no information to show if certain foods would alter the effectiveness of the medicines. There had had no reviews of the person's medicines or the decision to give the medicines covertly to establish if the person still required the medicines or if the decision to give these medicines covertly was still in the person's best interest.
- ☐ There was a lack protocols in place to guide staff when administering 'as required' medicines, such as medicines for pain. As a result, people may receive as required medicines inappropriately or not require them when they were needed.
- ☐ Staff we spoke with told us they had received the appropriate training in safe handling of medicines and the registered manager carried out competency checks. However, there was no information on when these

competency checks had taken place.

Fire safety

- People's safety in the event of a fire could not be assured.
- There was a lack of personal emergency evacuation profiles in the fire folder to give guidance to the emergency services on the support people required to evacuate safely in the event of a fire. We raised this with the registered manager who told they would address this.

The above evidence shows people did not always receive safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing recruitment

- When we last visited the service, we noted there was no documentation that recorded the interview for new staff or who completed this. At this inspection we saw new staff had been recruited, but again there was no evidence of the interview process to show how staff member's suitability for their role had been assessed.
- All the staff files we viewed did contain other safety checks including a Disclosure and Barring Service (DBS) check and references from previous employers.

Systems and processes

- The registered manager had processes in place to safeguard people from the risk of abuse.
- People told us they felt safe at the service and staff told us they had received training in recognising safeguarding issues. They told us they had confidence in the registered manager to address, report and investigate any safeguarding concerns they may wish to raise.

Staffing levels

- There were enough staff to support people who lived at the service.
- One person told us, "There's enough staff on duty. On weekends there is enough also. I don't have any problems getting staff at night."

Preventing and controlling infection

- Staff had access to the equipment they needed to prevent the spread of infection. This included personal protective equipment, hand washing facilities and appropriate cleaning equipment.
- Staff we spoke with showed a good understanding of their role in reducing the spread of infection. The service was well maintained and clean, with cleaning schedules in place to support staff in their roles.

Learning lessons when things go wrong

- The registered manager did not have processes in place to learn from incidents and accidents.
- Although all staff had their own pocket books to record information at handovers each day, there was no central handover sheet in place for staff. The records of staff meetings lacked any information to show practice had been reviewed or incidents had been analysed and shared with staff.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- ☐ Assessment of people's needs was not always up to date and complete.
- ☐ One person who had very been recently admitted to the service had no pre-admission assessment in place. We discussed this with the registered manager who told us the person's relative had given a written handover of the person's needs and this had been added to the person's care file. However, this was not a comprehensive assessment carried out by the staff who would be caring for the person to ensure they received appropriate safe care.
- ☐ Although nationally recognised assessment tools were used to assess different aspects of care for people. Once assessed there was a lack information on the care the person needed as a result of the assessment. For example, one person had been assessed as at risk of skin pressure damage, but there was a lack of detail on how often they required repositioning or what help they needed to with this aspect of care.
- ☐ People's care plans lacked specific information to assist staff provide effective safe care. There was a lack of information on how to manage particular health conditions and when needs had changed, the information recording this lacked clarity and guidance for staff.

Staff skills, knowledge and experience

- ☐ When we last visited the service we found they were in breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Staff had not received appropriate support, training, supervision and appraisals.
- ☐ During this inspection we saw staff had received regular supervision and up-date training to support them in their roles and the provider was no longer in breach of this regulation. People told us staff had the skills to provide the care they required. One person said, "Yes they can (do the job). If new staff come in they get trained. Regular staff use the hoist and rotunda (moving and handling equipment) to lift people if they need help."
- ☐ Staff we spoke told us they had received training in the areas related to their practice. However, some staff felt the training for supporting people with dementia could be improved to give staff a better understanding of managing people's behaviours.

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ Information on people's weight was not kept up to date in their care records as the registered manager kept the information separately. Staff we spoke with could not tell us if people were losing weight. This meant people may not receive the correct nutritional support they required. The registered manager told us they ensured people who were losing weight were referred to the most appropriate health professional. However, there was a lack of information in people's care plans to support this.

- Some people at the service were having their food and fluid intake monitored, however the records were not always completed correctly to accurately show if these people were receiving sufficient amounts of food and drinks.
- There was also a lack of guidance for staff on how much fluid people should be drinking during a 24 hour period. This coupled with the lack of information on people's weights, put people at risk of receiving unsafe nutritional care.

Access to healthcare

- Staff managed people's healthcare needs effectively.
- Staff knew the people they care for, they recognised when people were unwell and reacted quickly if people needed to see a healthcare professional. One person told us, "I got chesty. The doctor came and said it was a virus and didn't give an antibiotic. Staff got the doctor quickly."

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

- The service was not sufficiently adapted to support people living with dementia. There were areas that required further improvement to support people orientate themselves. Whilst we saw a small amount of easy read signage on doors, a large number of doors lacked clear signage. Information such as menus were produced in a font size that made it difficult for people to read it.
- The service had a number of areas where people and their relatives could spend some private time together and an enclosed garden which we were told was well used in the warmer months.

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.
- The principles of the MCA were not always used effectively. One person who received their medicines covertly had not had their best interest decision reviewed since October 2017. Another person who was living with dementia and was receiving regular medicine to help reduce their anxieties. This medicine had been recently increased but there was no best interest meeting to show the decision was taken in the person's best interest and was the least restrictive option available for the person.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority in care homes, and some hospitals this is usually through MCA application procedures called Deprivation of Liberty Safeguards (DoLS). Documentation relating to DoLS applications showed that these had been made when required and authorised.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- ☐ People told us the staff at the service were kind and caring. People felt the staff knew their needs and preferences well. One person said, "I do feel listened to. At first I didn't want to eat, but they encouraged me and now I do eat." They went on to say, "Usually the girls (staff) will come and have a chat with me, especially in the evenings when they are less busy. They know what I like and what I don't like."
- ☐ Throughout the inspection we saw staff treat people with compassion and kindness. However, there were times staff did not use effective distraction techniques to support people who became distressed or anxious. Some staff told us they felt the staff group could benefit from more in-depth training on supporting people who lived with dementia. Our observations supported this comment and we fed this back to the registered manager.

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

- ☐ There was a lack of evidence in people's care plans to show they or their relatives had been involved in reviewing their care. However, people and their relative told us they had been involved in decisions about their care when they were admitted to the service. One relative said, "Yes a care plan existed. Everything in it was discussed with me."
- ☐ People told us they felt staff listened to them when they expressed their views. One person said, "Staff ask me how I am getting on with my care. If I'm a bit 'off' they chat with me. I am very happy with my care and so is my (family member)."
- ☐ People were able to choose when they got up and when they went to bed, where they wished to eat their meals and spend their day. Staff showed good knowledge of people's preferences, where people liked to sit and who they enjoyed sitting with and facilitated this for people.

Respecting and promoting people's privacy, dignity and independence

- ☐ There was a culture of mutual respect at the service, people told us staff treated them with respect and were careful to maintain their privacy and dignity. They told us they respected and liked the staff because of the way the staff treated them.
- ☐ People told us when they received personal care staff were careful to maintain their privacy and ensure they were happy to receive care
- ☐ People told us staff encouraged them to be as independent as they could. One person said, "I prefer to help myself as much as possible." Another person told us how staff had helped them regain some of their independence after a health condition had affected their ability to function independently.
- ☐ Staff had a good understanding of their role in maintaining people's dignity and independence.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were not always met. Regulations may or may not have been met.

Personalised care

- ☐ People told us they received individualised person-centred care and staff we spoke with showed good knowledge of people's needs. However, this information was not reflected in people's care plans always.
- ☐ One person's care plan contained conflicting information on their nutritional needs. In one part of the record it was noted the person was independent with eating and drinking and in another it was noted they required assistance with eating and drinking.
- ☐ The person also had a tendency to cough when eating and had been referred to the speech and language therapy (SALT) team due to the risk of choking when eating and drinking. We saw a letter from the SALT team giving instructions on how staff should support the person by thickening their drinks. This information had not been added to their nutritional care plan. The staff we spoke with were aware of the need to offer thickened drinks to the person, but the lack of information in the person's care plan put the person at risk of receiving inappropriate and unsafe care from new or temporary staff.
- ☐ The service did not have a dedicated activities coordinator and the registered manager told us they undertook this role, however, they had not undertaken any specific training. The registered manager told us they were advertising for an activities coordinator. Although people were provided with a range of social activities, a number of people felt the social activities could be improved.

Improving care quality in response to complaints or concerns

- ☐ People and relatives told us they had no complaints about the service, they told us if they had they would talk to the registered manager who they had confidence in to deal with any of their concerns.
- ☐ The registered manager told us they had not had any complaints as if people came to them with worries or concerns they acted on them quickly to ensure people were happy with their care.
- ☐ There was a complaints policy displayed in the entrance. However, the position and font size of the policy did not make it easy for people to see. We discussed this with the registered manager.

End of life care and support

- ☐ There was a lack of information in people's care plans in relation to their end of life wishes. However, one relative whose family member had recently died at the service told us they were happy with the way staff worked with the person, their family and health professionals to ensure a dignified and pain free death. The relative told us following their family members death, the registered manager held the wake at the service as the person had a lot of friends there and they had found comfort in this.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Leadership and management did not assure person-centred, high quality safe care and a fair and open culture. □

Managers and staff roles understanding of quality performance; risks and regulatory requirements; continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- □ At our previous inspection in September 2017 we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we did not find sufficient improvement had been made and the provider remained in breach of this regulation. This was also the third inspection where the provider had failed to achieve a rating of Good.
- □ There was a lack of oversight in relation to the quality monitoring of the service. Audits in place were not robust enough to assess, monitor and improve the quality of care people received. Although some regular audits were being undertaken when things had been identified there was no plan in place to show when issues were addressed and who was responsible.
- □ There was no audit and analysis of falls or weights in place to look at trends and reduce risks for people. There was a lack of care plan audits, which would have highlighted when essential information required for people's care was missing. Although there was a weekly medicines audit in place it was limited in what was audited. For example, the audit had not highlighted when there was no protocol in place for as required medicines. The registered manager undertook an environmental audit each month which looked at the cleanliness of the service. However, there was no evidence of a health and safety audit undertaken at the service.
- □ There was a lack of oversight from the provider who told us they visited most days and undertook a walk round of the service. However, they did not use any quality monitoring tools to assist them highlight and address any areas of concern.

The lack of robust oversight of the quality monitoring of the service meant people continued to be at risk of receiving poor care that may place them at risk of harm and is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- □ The registered manager had not always fulfilled their legal responsibilities in notifying the CQC of notifiable events at the service. We had not been made aware of ten DoLS authorisations.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a registered manager in place, who was well known by people at the service and their relatives. They told us she was an approachable and visible presence at the service.
- However, there was a lack of regular meetings between people, their relatives and staff at the service to allow them to voice their opinions and views on the running of the service.
- People's opinions about the quality of the service were obtained through questionnaire. However, when one issue had been raised on the questionnaires we found this had not been followed up by the registered manager.

Working in partnership with others

- Health professionals we spoke with gave positive responses to the way staff reacted when people required a healthcare professional. We were told staff followed their guidance and were responsive to any changes in people's health and the treatments prescribed.

At our last inspection the provider had not conspicuously displayed their rating from their last inspection by CQC. This was a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the ratings were displayed and the provider was no longer in breach of this regulation.

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 18 Registration Regulations 2009 Notifications of other incidents lack of notification of DoLS authorisations at the service

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>People who used service were not protected against the risks to their safety as there was a lack of up to date assessment of people's needs and when measures to reduce risk had been identified these had not always been acted upon.</p>

The enforcement action we took:

impose positive conditions on registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of oversight in relation to the quality monitoring of the service. Audits in place were not robust enough to assess, monitor and improve the quality of care people received.</p>

The enforcement action we took:

impose a positive condition on registration