

Limes Fenton Ltd

# The Limes

## Inspection report

Glebedale Road  
Fenton  
Stoke On Trent  
Staffordshire  
ST4 3AP

Tel: 01782844855

Website: [www.limesfenton.co.uk](http://www.limesfenton.co.uk)

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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 provides personal care and accommodation, for up to 55 younger and older people some of whom are living with dementia. The building consisted of two floors. At the time of the inspection there were 40 people living at the service. 35 people were present in the home during our visit, with another five in hospital.

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

Quality assurance systems were not always effective at identifying areas for improvement and did not always ensure people received safe care. Incidents were not always notified to the CQC as required. Government guidance and the provider's own policies had not always been followed to ensure people were consistently kept safe. Lessons had not always been learnt when things had gone wrong.

Whilst people had not come to any harm, we found the management of people's medicines required strengthening. Some guidance was missing for staff and storage was not always safe. Other risks, such as risk associated with people's mobility and health conditions to people were assessed.

The provider had failed to ensure there were robust systems to check the suitability of agency staff. However, permanent staff were recruited safely. There was also mixed feedback about staffing levels, however we observed people did not have to wait for support.

People, relatives and staff felt positively about the management and felt supported. They were asked for feedback about the service. The provider and registered manager worked in partnership.

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

The last rating for this service was requires improvement (report published 18 April 2020). 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](http://www.cqc.org.uk).

### Why we inspected

The inspection was prompted in part due to concerns received about infection control, supporting people with risks to their health and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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. The overall rating for the service has remained the same.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

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](http://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 identified two breaches. We identified breaches in relation to the management and oversight of the quality and safety of the service and in relation to notifying us of certain incidents.

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

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

The provider has already provided us an action plan about 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 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

This inspection was carried out by one inspector and one assistant inspector.

#### 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at the information we held about the service, such as information we had received from members of the public and information submitted by the service. 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. The local authority shared the information they held about the service; they had some concerns. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. We were unable to speak with some people about their experiences of care. Therefore, we made observations in communal areas to see how people were supported. We also spoke with the deputy manager and nominated individual. The nominated individual is

responsible for supervising the management of the service on behalf of the provider. We also spoke with two senior care staff, three care staff, one domestic staff member and the activities coordinator. We also spoke with an agency member of staff. We looked at three people's care records plus other documents such as medicine administration records. We looked at other documents such as cleaning records. We looked at the recruitment records for one staff member and two agency staff.

After the inspection

We made phone calls to relatives of people who used the service as they were unable to visit the home on the day of our inspection; we spoke with three relatives over the phone. We also made further calls to staff who we did not manage to speak with on the day of our visit; we spoke with a member of kitchen staff, another domestic assistant and another care assistant. We also carried out a phone interview with the registered manager as they were not able to be present on the day of our visit. We requested documentation to be sent to us after the site visit so we could review it off-site. We continued to seek clarification from the provider to validate evidence found.

# 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 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.

Preventing and controlling infection; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- People were not always protected from cross contamination. Due to the COVID-19 pandemic, extra measures were in place to keep people safe, however the application of these measures was not always consistent.
- We observed the dirty laundry of a person who was self-isolating due to returning from hospital was left in an open bag in the communal corridor. This was rectified after we fed back about this.
- We were told staff were assigned to work in different parts of the home and remain there, to reduce cross contamination. However, we found senior staff and management were going between floors. This meant staff were not consistently staying apart.
- If people or staff had tested positive for COVID-19, there was no process in place to alert visitors to the service who may have come into contact with them.
- Lessons had not always been learnt when things had gone wrong.
- Whilst the registered manager and provider were welcoming of feedback and had cooperated with a number of organisations during the pandemic, we still found shortfalls in people's safety and the provider's systems, so lessons had not always been learnt.
- For example, staff were not always cohorting consistently which meant the risk of cross contamination was increased.
- The staff room had been changed so it was a larger space for staff, however staff working in different areas of the home were still sharing this facility which could pose an infection control risk. This room was also unclean.
- We were assured that the provider was using PPE effectively and safely. Staff consistently wore the correct Personal Protective Equipment (PPE). One relative told us, "When I did window visits staff always wear PPE." Staff wore masks and wore gloves and aprons, which they changed regularly. There was adequate access to spare PPE throughout the home. Staff confirmed they'd had training in the use of PPE and about handwashing.
- Measures were in place to ensure visitors would not spread the infection – there were handwashing facilities by the entrance door, visitors were asked whether they had symptoms and temperatures were checked.
- We were assured that the provider was accessing testing for people using the service and staff.
- Risk assessments were in place in relation to people's needs, such as weight loss, skin integrity and their mobility. Staff knew people's needs.

## Using medicines safely

- Whilst people had not come to any harm, we found the management of people's medicines required strengthening.
- One person had medicines prescribed on an 'as required' (aka PRN) basis for when they were feeling anxious. There was no information available in the form of a PRN protocol to guide staff as to when the person may need this medicine and what dose to give. When we showed the information to a staff member they agreed, "No, that's not very clear."
- Sometimes agency staff were used to give medicine, so it is important they have sufficient information to know when medicine was required, and this was not always available
- Staff did not always accurately complete Medicines Administration Records (MAR). The MAR charts are a record of which medicines were prescribed to a person and when they were given. However, whilst stock levels generally matched, we found gaps in some signatures and some stock levels differed to records. This meant we could not be sure people were always getting their medicines as prescribed.
- The fridge used to store medicines should be between a certain temperature range, however staff had been recording the fridge being above the maximum temperature and there was no documented action. A staff member did not know what the safe temperature range should be. Therefore, we could not be sure medicines were always stored safely. If medicines are not stored at the correct temperature, it can change their effectiveness.
- One person's medicine needed storing in the fridge when not in use but could be stored out of the fridge when it was in use. It would only last a certain amount of time outside of the fridge before it would not be recommended to use it. However, the medicine was not labelled as to when it had been removed from the fridge so there was a risk it could be unrefrigerated for longer than recommended.

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

- People and relatives told us they felt safe. One relative said, "I've never had concerns about [my relative's] safety. They [staff] are very careful with them."
- We found one incident which had not been reported correctly to the local safeguarding authority. Whilst action had been taken to reduce the risk of a similar incident occurring there was a delay in this being shared with the appropriate organisations. Other incidents had been reported as required.
- Staff recognised different types of abuse, signs to look for to suggest abuse and all knew how to report this, both internally and externally.

## Staffing and recruitment

- The provider was using some agency staff to ensure they had enough staff on shift to support people. However, one agency staff member was present in the home during our visit and their suitability to work in the home had not been verified. We identified concerns with their practice, so they were asked to leave by the provider. This meant the provider's systems were not robust to ensure this did not happen.
- We asked the provider about this and they explained they usually have the same agency staff each day, however a new agency staff member had attended for the first time on the day of our visit. Despite this, they had still failed to verify the agency staff member's suitability and their competency in the caring role.
- The provider ensured permanent staff were recruited safely as they had checks prior to starting to work with people who used the service. This included asking for staff members employment history, references, verifying their identity and criminal record checks.
- People did not have to wait for support. The provider had responded to people's changing needs and extra staff were present in the home to support anyone who may be feeling poorly.
- However, feedback from people was mixed about staffing levels. One person said, "If want to go to the toilet, I have to wait ages." Whereas another person said, "I think they have enough staff. I don't have to wait long for support."



- Feedback from relatives and staff was also mixed. One staff member said, "I think there's enough, there's normally enough [staff]." However, a relative told us, "I don't think there are enough, they are run off their feet" and went on to say, "I could ring 8-9 times and it would go through to voicemail." Therefore, staffing levels were not always consistent.

# 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 remained the same. 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; Continuous learning and improving care

- The provider had failed to fully follow government guidance. Guidance was in place to check people's temperatures twice a day, however the provider was only checking people's temperatures once a day. Other visiting health professionals indicated to the home they needed to increase the frequency so this was done; however, the provider had failed to recognise this prior to being told.
- Government guidance stated touch points – such as door handles and light switches, for example - should be cleaned a minimum of twice a day. However, there was no indication this was being done, as the cleaning records did not always indicate how often touch points were cleaned. Therefore, we could not be assured these areas were always cleaned frequently enough, in line with government guidance.
- Cleaning records for the medicines room did not include the locked cupboard where some medicines were being stored. This was dirty and had not been identified as an omission in infection control or medicine room audits.
- Missing signatures on MARs had not been identified, either by staff who administered medicines after the omission had occurred, or through quality assurance systems. Action was taken in response to our feedback and staff involved in administering medicines were advised on the action they should take should they notice a gap in recording.
- Concerns about the storage of medicines had not been identified through quality assurance systems.
- Some staff who had started more recently had not completed formal training or supervision in relation to COVID-19 or the putting on or taking off of PPE. One staff member said, "It was done verbally, another member of staff told me. I wasn't shown." This meant the provider had failed to consistently ensure staff had received training.
- The provider's laundry policy stated mop heads would be laundered on a daily basis, however there were no records to indicate this was being completed. There were records stating the mop head was changed on a weekly basis, however there were some omissions showing the replacement of the mop head was not recorded for three consecutive weeks. When we asked the registered manager about this they said, "So we might not have done it." Therefore, systems in place were not always fully effective at ensuring policies were followed.
- Staff told us of concerns related to the previous staff room which we were told was a small room. Staff working in separate areas of the home were still sharing these facilities, which could pose an infection control risk. The staff room had been changed to a larger room; however, this was still being shared by staff working in different areas of the home and was not clean.

- The registered manager had a number of monthly audits they completed to look at trends in relation to things such as falls, infections and pressure care. The completion and content of these were reviewed at a monthly meeting between the registered manager and provider. However, overall quality assurance systems had failed to ensure guidance was followed and that systems were effective at identifying areas for improvement.

The above constitutes a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider were open to feedback and developed an action plan following our inspection.

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 was able to tell us of the types of incidents that the CQC needed to be notified of. However, we were made aware of incidents during the inspection that were not notified to us, when they should have been.

- We asked the registered manager as to why these had not been notified to us and they thought they did not need to notify us if an incident did not go to a full investigation by the local safeguarding authority. However, the regulation does not specify incidents that are closed should not be notified. This meant we could not be sure we were consistently notified of incidents we needed to be.

This was a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

- Despite this, the registered manager understood what duty of candour was. They said, "It's being open and honest and transparent. I've always been open and transparent. I think it's about speaking with people's relatives and telling them exactly what's happened. If something has happened it's about admitting it, facing the consequences and accepting responsibility."

- The last inspection rating was being conspicuously displayed, both in the home and on the provider's website, which is a legal requirement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives and staff felt positive about the management of the home. One relative said, "If I had any concerns I'd go to the manager, but I've never had any concerns. The managers are always there to help with whatever they can." Another relative comments, "[The deputy manager] is very good, they are very thorough."

- One staff member said, "Any issues I have I can ask [registered manager], they always answer them, they're brilliant. [Registered manager] is really approachable." Another staff member said, "[Registered manager] is really good. They make sure things are being done. I can go to them."

- People, relatives and staff were asked for their opinion about the service. A relative told us, "We get questionnaires." Another confirmed, "They send me surveys." One staff member said, "It's [the home] friendly, people listen to what you say."

- The registered manager told us of a survey they had sent to relatives in September 2020 and many responses had been returned. However, the responses had not yet been analysed so no action from that feedback had yet been taken. The registered manager had plans to look at this. There was also a comments box available.

- The registered manager said there were usually residents' meetings, however these had reduced during the pandemic; they acknowledged staff wearing masks hindered communication. However, they said the activity coordinator regularly spoke with people. Kitchen staff were also involved in asking people their thoughts on the food and menu changes.
- The registered manager also told us people were also involved in the recruitment process and were invited to ask questions or potential staff candidates, however this had not been able to happen during the pandemic.

#### Working in partnership with others

- The provider and registered manager had worked in partnership with the local authority and health services.
- Support had been offered by the local authority during the pandemic, such as extra training for staff, support with management and visits to check the running of the service and these had been accepted. Feedback had been acted upon if suggestions had been made by other professionals.
- The home had linked with the local GP to have regular catch ups about people's needs.

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 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were not effective at ensuring the safety and quality of the service was consistently monitored and improved.

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 18 Registration Regulations 2009 Notifications of other incidents  Notifiable incidents were not always sent to the CQC as required.

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

TBC