

Lily Care Ltd

# Limefield Court Retirement Home

## Inspection report

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Date of inspection visit:  
17 July 2018  
18 July 2018  
23 July 2018

Date of publication:  
12 September 2018

## 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

This inspection was unannounced and took place on the 17, 18 and 23 July 2018.

We last carried out a comprehensive inspection of this service on 28 September 2017. At that inspection we found three further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of Care Quality Commission (Registration) Regulations 2009. This was because premises were not clean or maintained properly, records of care were not accurate or updated when people's needs changed, systems to monitor the quality of the service were not robust enough and the service had failed to make the required notifications to CQC. A recommendation was also made with regards to the development of an activity programme. The service was given an overall rating of 'Requires Improvement'.

Following the inspection, we required the provider to complete an improvement action plan to show how they would improve the key questions; safe, responsive and well led to at least good.

Prior to this inspection we had been made aware of a number of concerns about the safe care and treatment of people living at Limefield. These matters were subject to investigation by the local authority. Due to the concerns the local authority was not making placements at the home.

At this inspection we looked to see if the required improvements had been made. We found two repeated breaches in relation to the hygiene standards and good governance. A further two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were also identified. These relate to staff training and development and activities and opportunities made available to people. We have also made a recommendation in relation to a dementia friendly environment. You can see what action we told the provider to take at the back of the full version of the report.

Limefield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Limefield Court is a two-storey property that is situated off a main road on the outskirts of Bury town centre. There is a car park at the front of the home. The home is registered to provide accommodation and personal care for up to 32 people. At the time of our inspection there were 20 people living at the home.

The service did not have a registered manager in post. A new manager had been appointed prior to the inspection however they had yet to complete their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Whilst systems were in place to gather information about the service, we again found these were not sufficiently robust nor had findings been used to inform and develop a business improvement plan so that the quality and experiences of people were improved.

Further improvements were still needed to minimise the risk of cross infection and address the offensive odour found in several areas of the home.

Staff had not received all the necessary training and support essential to their role so that the current and changing needs of people could be met in a safe and consistent way.

Activities and social opportunities were needed to help encourage and promote the experiences of those people less able or living with dementia.

Work was required to improve and enhance the environment. We have recommended the provider refers to good practice guidance to help people maintain their independence and encourage movement around the home.

People told us they were not happy with the quality of meals provided. The provider was actively trying to appoint a new cook for the home.

People told us, and we observed, staff treated them with dignity and respect when offering care and support. Staff were said to be helpful and caring and understood people's individual needs and wishes.

All relevant recruitment checks were undertaken prior to new staff commencing employment. Sufficient number of staff were available; however, the provider acknowledged that these should be kept under review considering the needs and number of people living at the home.

Relevant authorisations were in place where people were being deprived of their liberty. Care records show that capacity and consent had been considered when planning people's care and support. Care plans provided sufficient information about people's individual needs, wishes and preferences.

Safe systems were in place for the management and administration of people's prescribed medicines. Staff worked in co-operation with healthcare professionals to ensure that people received appropriate care and treatment.

Relevant maintenance checks in relation to the safety of the building and equipment had been carried out as required.

People and a visitor told us they were able to raise any issues or concerns with care staff and felt these would be dealt with.

## 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.

Further improvements were still required to minimise the risk of cross infection and address the offensive odour in several areas of the home.

People were cared for by sufficient numbers of staff who had been safely recruited to work at the home. Staff understood their responsibilities in protecting people from abuse and knew what to do should an incident arise.

Suitable arrangements were in place for the safe management of people's prescribed medicines, risks to people's health and well-being and maintenance checks in relation to the safety of the building and equipment.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Systems to support and develop the staff team needed formalising. Further training in the specific needs of people was required so that staff were equipped to meet the individual needs of people.

On-going improvements were needed to enhance the appearance of the home. We recommended the provider considers the suitability of the environment for those people living with dementia.

Where people were being deprived of their liberty, legal authorisation was in place.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Suitable arrangements were not in place so that people had access to items such as cigarette as agreed within their care plan.

**Requires Improvement** ●

Interactions between people and staff were polite and friendly. From our observations we found staff understood the individual needs of people and responded appropriately to requests for assistance.

People we spoke with felt staff treated them with dignity and respect when offering care and support. Those people able to manage their own care were encouraged to do so.

### **Is the service responsive?**

The service was not always responsive.

Improvements were needed in relation to the activities and opportunities made available to help encourage and support those people less able or living with dementia. Meaningful activities are those that truly engage people and help them feel a sense of purpose to their day.

Care records included people's individual likes, dislikes and preferences and provided sufficient information to guide staff in the delivery of people's care.

Systems were in place for the reporting and responding to people's complaints and concerns.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

The provider had recently appointed a new manager, who was present during the inspection. They were aware they needed to make application to register with the Care Quality Commission (CQC).

Management information and feedback from people and other parties had not been used to inform and develop a business plan so that the quality of service and experiences of people were improved.

The provider had submitted notifications to CQC when they were required to do so. We saw the CQC rating was displayed within the home as well as the provider's website.

**Requires Improvement** ●

# Limefield Court Retirement Home

## **Detailed findings**

### Background to this 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 was planned to check 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.

This inspection was brought forward due to concerns received by us and issues brought to our attention by the local authority and third parties about the safe care and treatment of people living at the home. Due to these concerns we had met with the local authority commissioners, safeguarding team and the infection control team as well as seeking feedback from the food hygiene inspector and fire officer following their visits to the home.

The inspection took place on 17, 18 and 23 July 2018 and was unannounced on the first day. The inspection was undertaken by one adult social care inspector. However, on the evening of the 17 July, two adult inspectors carried out an unannounced visit to the home to look at the evening and night time routine.

Prior to our inspection in September 2017 the provider sent us a completed Provider Information Return (PIR). This is a form, which is requested on an annual basis and asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three people who used the service, one person's visitor, the provider, the manager, a care team leader, two care staff and a domestic worker.

Some of the people living at Limefield Court were not able to clearly tell us about their experiences. 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 looked at the environment and the standard of accommodation offered to people. We also reviewed four care files, medication administration records (MARs), three staff recruitment files and training and development records as well as information about the management and conduct of the service.

# Is the service safe?

## Our findings

During our last inspection in September 2017 we found that the home was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the premises and equipment were not clean or properly maintained and standards of hygiene of the premises and equipment were not appropriate. Due to our findings a requirement action was made and the overall rating for this key question was requires improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

At this inspection we looked to see if the required improvements had been made. We found some improvements had been made but the service remained in breach of this regulation.

We were told a domestic worker had been employed for 30 hours a week. Cleaning schedules were completed to evidence what areas had been cleaned. Looking around the home, rooms appeared cleaner and the bathroom flooring had been replaced. However, we found the leather seating provided in the lounge were not easily washable. Broken and soiled furniture items and equipment had not been removed, and some areas of the home continued to have an offensive odour. The domestic worker told us additional carpet cleaning was carried out however this had not resolved the issues. People we spoke with, a visitor and staff all acknowledged that improvements could be made to the home. One person described the home as 'dirty' and another said, "It's tired and needs a bit of TLC." Good environmental standards should be maintained to minimise the spread of infection so that potential risks are appropriately managed and respect people's dignity.

Prior to this inspection we had also received information from the local authority infection control team. The visit carried out in June 2018 was their fifth inspection of the service since 2016. We were told the service had not been compliant with the codes of practice during that time. A review of the findings showed that significant improvements were needed with regards to the waste management system. We discussed with the director how this area could be complied with. Increased waste collections were to be arranged.

This was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to the environment to improve hygiene standards within the home and minimise the risks of cross infection.

Staff told us that personal protective equipment (PPE) was always available and worn. We saw that staff wore appropriate aprons and gloves when carrying out tasks. Records showed that staff had received training in infection control.

We looked at records to check that water storage and temperatures of water outlets were safely maintained. We saw a legionella assessment had been completed in January 2018. We were told water outlets were fitted with thermostatic control valves (TCV) to help control water temperatures, and that checks were completed. Records showed that some outlets were not maintained to the correct temperature. We



discussed this with the director who said the temperatures had been adjusted to a safe level.

People we spoke with said they felt safe living at Limefield and received the care and support they needed. People told us, "I feel safe and staff care for me," and "I'm happy living here." One person's visitor also spoke positively about their experience. Their comments included, "Yes I feel [relative] is safe and well cared for," adding they felt reassured their relative was happy and content as when returning back to the home, following an outing, they made comment about being "happy to be home."

We saw policies and procedures were available to guide staff on safeguarding people from abuse and whistle blowing (reporting poor practice). A review of records and discussion with staff confirmed that training was also provided in this area. Those staff we spoke with were aware of their responsibilities and knew who they could speak with if they had any concerns. Staff were confident any issues raised with the directors would be acted upon.

Prior to the inspection we were made aware of a number of concerns about the safe care and treatment of people. The directors were cooperating with the local authority in relation to these matters as they were currently subject to investigation.

Effective recruitment processes continue to be in place. We were told that relevant information and checks were carried out prior to new staff commencing their employment. A review of records confirmed what we were told. These included, an application form including employment history, references, copies of identification and criminal record check with the Disclosure and Barring Service. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to keep people safe.

We looked at the staffing arrangements in place at the home. We were told and records showed that in addition to the manager there was a team leader or senior carer and two care staff on duty throughout the day. A minimum of two 'wake-in' staff were provided during the night time. This means staff are awake throughout the night to help and assist people should support be needed. In addition to the care team a cook was available between the hours of 8am and 2pm seven days a week and a domestic worker, who worked weekdays only between the hours of 9am and 3pm. This meant care staff were responsible for serving the evening meal each night as well as domestic tasks over the weekend period.

We asked people if they felt there were sufficient numbers of staff available to meet their needs. People commented, "They do their best" and, "Staffing okay, bit more settled as less agency staff being used." Staff we spoke with acknowledged there had been some staff turnover however vacancies had been filled and the team was more settled. All the staff we spoken with felt there were sufficient numbers of staff available to support people properly. From our observations staff responded to people's requests for support in a timely manner. The director acknowledged that staffing levels would need to be kept under review when considering the needs and number of people living at Limefield.

We looked at the management and administration of people's prescribed medicines. We found this continued to be managed safely. We were told and information showed that one of the directors had regular oversight of the system.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition or falls. Care plans to help reduce or eliminate the risk had been put into place.

Records showed that accidents and incidents were recorded. Information included a description of the

incident, any injury and action taken where necessary. Body maps were also being utilised to identify which, if any, parts of their body had been affected. The manager had introduced a monitoring sheet to help identify any patterns or themes so that action required, such as referral to the falls team, could be made in a timely manner.

Systems to protect people in the event of an emergency or an incident that could disrupt the service had been maintained. We saw there was an up to date contingency plan, dated July 2018, which informed the manager and staff what to do in the event of emergency such as, fire, damage to the premises, lack of availability of staff, loss of telephone systems, loss of gas and severe weather.

Prior to our inspection we were made aware that Greater Manchester Fire and Rescue Service (GMFRS) had inspected the home in May 2018. Action was identified with regards to the development of a fire risk assessment, staff training and work required to some of the fire doors. The director provided us with a copy of the risk assessment completed in June 2018; this too identified areas of improvement. We were told that all work required as part of the risk assessment and visit by GMFRS had been addressed. A review of records also showed that fire safety checks were carried out on the fire alarm, emergency lighting, escape routes and fire extinguishers.

We saw individual Personal Emergency Evacuation Plans (PEEPS) had also been completed for each person who used the service. These described the support people would need in the event of having to evacuate the building. This included important information that staff would need to pass to emergency services. We saw these documents had been kept under review to ensure that accurate information was included about the level of support people currently needed.

We saw up to date servicing certificates were in place to show the premises and equipment were safe and in good working order. Checks included gas safety, hoisting equipment and the fire alarm. We noted the 5-year electric circuit check dated September 2017 was assessed as 'satisfactory/good condition' however two points of action required urgent attention and four others required improvement or further investigation. The provider confirmed and information showed that this work had been completed ensuring a safe system was in place.

# Is the service effective?

## Our findings

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Limefield Court. We spoke with a director, the manager, staff and examined training records.

Staff spoke positively about the team work within the home and confirmed that training was provided. We were told; "We work well as a team", "We have lots of training, online and with the council", "I've been offered a lot of support from both directors" and "They [directors] offer lots of guidance."

We were told that any new staff would complete an induction on commencing work. This helps new staff to understand their role and responsibilities and what is expected of them. Of the three staff files we reviewed we found no evidence of a formal induction having been completed.

Records showed that some staff had received supervision. Information seen was vague and did not provide any detail of the discussion held. It was acknowledged by staff that the frequency of supervision meetings were not in line with the supervision agreement held in staff files, which stated meetings would be held every two months. Records provided during the inspection showed only one team meeting had been held during 2018. However, the provider sent us further evidence following the inspection to show that a number of staff and management meetings had been held. It was acknowledged that this information was not readily available to the new manager. Relevant information regarding the management of support of staff should be made available to all members of the management team so that all parties are fully informed and can support the staff team in a consistent way. The manager told us they had developed a new template exploring areas of performance, training and development and actions to follow up at future meetings.

A review of the training records showed that training was provided in areas such as, moving and handling, health and safety, safeguarding, mental capacity and DoLS, infection control, first aid and food hygiene. Further sessions were planned with external providers facilitating training in fire safety, medication, and react to red (pressure ulcer prevention). One of the directors had also planned to deliver training in 'dignity in care'. There was no evidence that training in the specific needs of people, such as dementia care or behaviours which challenge had been planned for.

Staff had not received all necessary training, supervision and support needed to carry out their role so that people using the service received safe and consistent care and support. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spent time looking at the standard of accommodation provided for people. People were provided with an adequate standard of accommodation. Bedrooms and communal areas were situated on both the ground and first floors, which were accessible by passenger lift or stair lift. We saw some people had personalised their rooms with pictures and belongings from home.

There was a large grassed area at the back and side of the home, and a patio at the front that contained

outdoor seating.

We saw additional bathing and shower facilities were available on each floor. Aids and adaptations were provided throughout to promote independence as well as maintain people's safety. These included; handrails, assisted bathing, raised toilet seats, bed rails and call bell leads.

The directors showed us an improvement plan which detailed work to be completed to the environment. We were told most of work had been completed. However, whilst looking around the home we found some areas were still in need of refurbishment or redecoration. We discussed our findings with the manager and director.

We saw that all toilets and bathrooms and the dining area had pictures on the doors indicating what they were. As part of the on-going refurbishment of the home we recommend the provider refers to good practice guidance about the suitability of the environment and the impact that contrasting colours, good signage and effective lighting can have on people living with dementia.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are 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 were being met.

At the time of our inspection sixteen people were subject to a DoLS. Records showed that an assessment of capacity had been completed to determine if the person was able to make decisions for themselves. Where people did not have the capacity to make their own decisions and did not have an appropriate representative then referrals were made for an independent mental capacity advocate (IMCA) to support them. This meant that an independent person would be involved in any best interest decisions about the person's care, to ensure their rights were protected.

A review of four people's records showed they were asked to consent to their care and support. Those able to had signed their records to evidence their agreement. We noted on the care records for two people who were assessed as having the mental capacity had restrictions in place with regards to their cigarettes. We were told this was done to assist the person to budget as well as manage risks. Whilst records had been signed by the person agreeing for staff to 'hold' their cigarettes information did not clearly show how or why this decision had been made. We asked that this was expanded upon with the care records. This has been referred to further under the 'caring' domain.

Policies and procedures were in place with regards to MCA and DoLS. This information is essential to help inform and guide staff where people lack the mental capacity to consent to their care and where restrictions are in place ensuring practice is lawful. A review of records showed that training had been completed by longstanding members of staff. Further training was to be planned for new members of the team. Staff spoken with were able to tell us how they afforded people choice when offering care and support.

We looked at the systems in place to ensure people's nutritional needs were met. We were told there was currently no permanent member of staff working in the kitchen. Shifts were being filled by an agency worker who was not qualified in cooking. The director said that active recruitment was taking place to fill this vacancy however the response had been poor.

We saw that a four-weekly menu was in place and displayed in the dining room. However, this was not being followed due to the current arrangements. We asked people their views about the meals provided. People told us, "Breakfast is good but lunch is poor, very wasteful", "It's better when the staff do it", "I don't like the food" and "The meals are poor." We also heard one person say to staff that the 'meat was too tough for them to chew'. We discussed our findings with the director. We were told that arrangements were to be made for a care worker to work in the kitchen on some days

We saw refreshments were served throughout the day. During the evening visit we also saw people being offered hot drinks and supper prior to retiring to bed.

People were assessed in relation to the risk of inadequate nutrition and hydration and food and fluid intake was monitored. We saw that people were weighed regularly and that, where necessary, referral was made to the person's GP or dietician for advice and support.

The service was inspected by the food standards agency in May 2018 and was rated '4' meaning hygiene standards were good

We saw that people had regular access to health care support when needed. One person told us, "I can see a doctor when I need one." One person's visitor also commented, "Always receives medical attention if needed and I'm kept informed." People were registered with a GP and had access to podiatry, opticians and district nurses, where necessary. We saw that records were kept of any visits or appointments along with any action required. This helped to ensure people's healthcare needs were met.

## Is the service caring?

### Our findings

During the inspection we saw interactions between people and staff were kind and friendly. We found staff knew people's individual preferences and personalities. People asked for support when needed and staff responded appropriately. Staff were seen to take the time to chat with people and offered reassurance when people became anxious or restless. There was a relaxed atmosphere in the home. One person we spoke with said, "I like the staff, they are always polite and respectful." Another person added, "The girls [staff] are friendly and chatty."

People we spoke with felt staff treated them with dignity and respect when offering care and support. Those people able to manage their own care were encouraged to do so. People told us, "They are helpful, I only need to ask" and "I can take care of myself." One person's visitor also commented, "[Relative] likes to use perfume, always did so the staff continue with this" and "They always make sure [relative] is clean and nicely dressed."

We did note however whilst looking around the home that some people did not have any toiletries available to them in their bedrooms. We also found that whilst some people had tooth brushes and toothpaste, they did not appear to have been used. When asked no explanation could be offered. We were told and information showed that training in oral care was being sourced for staff. Helping people to maintain their personal hygiene is essential so that it does not cause discomfort and lower people's self-esteem.

We were told that due to the needs of people staff would hold people's cigarette and lighters. On the first day of our inspection one person told us staff had 'ran out' and therefore had been unable to smoke for most of the day. Staff told us that stocks of cigarettes were kept in the provider's office, which they did not have access to. Alternative arrangements were not made so that the person was able to have a cigarette. The following day this was raised with the provider. Cigarettes were provided. Suitable arrangements should be made so that people have access to their cigarettes at any given time.

Our findings did not demonstrate people's care was provided in a way which met their individual needs and wishes. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff respect people's privacy and dignity. Personal care support was carried out in private and staff were seen to knock on people's door before entering. From our discussions and observations of staff we found they had a good understanding of people's individual needs.

One person's visitor told us they were always made welcome and that staff were polite and approachable. We were told there were no restrictions on the times they were able to visit. They spoke positively about the care and support provided for their relative. They felt staff had a good understanding of their needs and knew how to support them, adding, "The staff recognise [relatives] behaviours so are able to identify what she needs" and "The staff who have been around for a while are clearly aware of [relative's] needs."

We looked at how people were helped to maintain their independence. One person told us they went out independently visiting the local shopping centre or meeting with family. They told us, "I go out regularly, I get my own shopping." We found routines were relaxed, whilst some people preferred the privacy of their own rooms, other people spent their time in the communal areas. One person said, "I like my own space."

We looked at how staff cared for people who were very ill and at the end of their life. Where people, or their relatives, wanted to discuss their wishes at the end of their lives an advanced care plan was put in place. We were told staff would access support from the person's GP and district nurses where necessary.

We observed staff asking and checking with people what they would like, offering drinks and biscuits throughout the day.

People's care records were stored securely in the staff office so that confidentiality was maintained.

People were provided with a brochure about the home, which informed them about the services and facilities available in the home. Information regarding independent advocacy services were also made available to people.

## Is the service responsive?

### Our findings

During our last inspection in September 2017 we found that the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance, as the provider had failed to maintain accurate and complete records of the care and treatment provided for people.

Due to our findings a requirement action was made and the overall rating for this key question was requires improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good. During this inspection we found care records provided sufficient information to guide staff in the current and changing needs of people.

We reviewed the care records for four people. We found files contained a personal profile and 'map of life' which included information about people's life history, employment, hobbies and interests and things that were important to them. Individual care plans were developed in all areas of daily living such as people's preferred routine, mobility, personal care and medication. Where risk had been identified assessments were completed and management plans put in place. Records provided sufficient information to guide staff in the care and support people wanted and needed. We saw that care records were reviewed regularly and updated where there had been changes in people's care and support needs. A visitor we spoke with said they had been consulted about their relatives care as part of the assessment and reviewing process; adding, "We've had a recent review with the social worker and there's another planned next month."

We saw monitoring records were completed of people's weights, personal care, falls and food and drink intake. We were told and information showed that food and fluid charts were now being completed in more detail to evidence people's intake. A review of the personal care charts showed these were only completed when people had a bath or shower (generally weekly) and therefore did not evidence people's care on a daily basis. We also found these records did not include people's oral care. We discussed our findings with the manager. On the third day of the inspection we saw that new documentation had been introduced and was being used by staff. These records are important and should be completed in full to demonstrate people's needs are consistently met.

We asked the provider how they took into account areas of equality and diversity of people when planning their care and support. We saw the service user guide outlined what people could expect and a policy was available to guide staff about areas of equality and diversity including people's age, gender, race, disability, religion or belief and sexual orientation. We were told and information showed that these areas were explored as part of the initial assessment process and included in the development of people's care plans. This helped to promote people's human rights.

At our previous inspection we also recommended the service explored good practice guidance on providing activities particularly for those people who are living with dementia.

During the inspection we looked to see what improvements had been made. We asked people living at the



home how they spent their time as well as observing people's daily routine. Whilst some people were able to follow activities of their own choosing others relied on the support and encouragement of staff. We were told and information showed that staff would offer activities such as catching and throwing balloons, reading, dominoes, movement to music, quizzes and nail care. However, these would be on an informal basis. During the inspection we saw one staff member painting people's nails and on another day a brief quiz took place involving a small group of people. One person said; "We use to have entertainers, but not anymore." Another person said, "It would be nice to go out now and again, but it's down to staffing." A staff member told us other ideas were being explored such as, pet therapy.

Those people we spoke with told us they preferred the privacy of their own rooms. One person told us they went out independently shopping or to meet with family. Another person regularly visited a local café with family and staff support. Whilst others spent time outside socialising and smoking together.

We noted that feedback provided in 2017 and 2018 surveys identified improvements were needed to the activities and opportunities offered to people. People, a visitor and staff we spoke with during this inspection echoed the same view. We found structured activities based on the individual needs and wishes of people were not provided. This is important as people living with dementia increasingly need the support of others to participate in meaningful activities to help maintain and improve the quality of their life.

People including those living with dementia should be enabled, with the involvement of their carers, to take part in leisure activities during their day helping to promote their autonomy, choice and independence. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told there was no regular hairdresser, however arrangements were made when requested. The relative of one person said they arranged for a mobile hairdresser to visit their family member on a regular basis.

Consideration was given to people religious needs. We were told members of the Catholic and Methodist church visited the home on a monthly basis, this meant people were able to observe their religious belief as they wished.

We saw the complaints procedure was contained within the service user guide, which was given to people upon admission and available in the reception area. The home had a complaints file in place, this showed one complaint had been received since our last inspection. Information received was logged, along with any action taken. People we spoke with said, "I've no complaints", "[Director] is okay to talk to" and "I can speak to any of them [staff] if I needed to."

## Is the service well-led?

### Our findings

During our last inspection in September 2017 we found that the home was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notifications of other incidents, as the provider had failed to make the required notifications to the Commission in relation to those people being deprived of their liberty.

A further breach of regulation was identified with regards to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. This was because the provider had failed to assess, monitor and improve the quality and safety of the services provided.

Due to our findings requirement actions were made and the overall rating for this key question was requires improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

During this inspection we looked at what action had been made to demonstrate on-going assessment, monitoring and improvement of the service. We found the management of medicines were audited, falls were monitored, care plans were reviewed monthly and checklists were completed in relation to the environment and hygiene standards. Some of these checks had not identified issues raised by the local authority health protection team and fire officer. The manager told us that these and other checks were to be formalised so that they had thorough oversight of the service.

Opportunities were provided for people, their visitors and staff to comment about the service through the annual feedback surveys. These had recently been distributed for 2018. A number of responses had been received. Positive comments were made about the current staff team and improvements in hygiene standards; such as, "Feel now there have been staff changes we will see changes for the better", "Staff are all caring and attentive" and "Cleanliness, big improvement." People and their visitors again made comment about improvements needed to the environment and activities and opportunities offered to people. These issues were identified as areas of improvement on the 2017 surveys, however we found no progress had been made. This meant the provider had failed to act on feedback from people and other parties to help improve services and the experiences for those people living at Limefield Court.

Policies and procedures were in place to help direct staff in areas of their work. These were undated therefore we could not be certain information was accurate and up to date. Policies included quality monitoring, medication management, capacity and consent and recruitment. However, our findings during this inspection did not demonstrate information was up to date or adhered to; for example, the oral health policy which included daily support from staff or the quality assurance policy which referred to old legal requirements and that an action plan would be compiled so that shortfalls were 'speedily addressed' following completion of monthly audits.

Whilst systems were in place to gather information about the service, these were not sufficiently robust nor had findings been used to inform and develop a business improvement plan so that the quality and

experiences of people were improved. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the service did not have a registered manager. A new manager had commenced employment three weeks prior to this inspection. They had yet to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In the absence of a registered manager the company directors were supporting the service on a day to day basis. We asked people, their visitors and staff about the management and conduct of the home. One person told us, "I can talk to the director if I want to." Two people said they were aware there was a new manager, describing them as 'nice' and 'helpful'. A visitor also commented, "They [directors] are very approachable." Staff also commented, "They're [directors] always accessible, really good and actively involved" and "We're aware standards need to be improved, need time to demonstrate it."

The service had a service user guide and statement of purpose. These documents gave people who used the service and professionals the details of the services and facilities provided at this care home. This helped to ensure people knew what to expect from the service.

Prior to this inspection we reviewed information sent to us by the provider. Formal notification of people being deprived of their liberty had been forwarded to us as required. This information helps us to monitor the service ensuring people are protected.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the entrance hall of the home.

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 9 HSCA RA Regulations 2014 Person-centred care  People's care and support was not provided in a way which met their individual needs and wishes.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  A choice of activities and leisure opportunities were not provided to help promote the well-being of people living with dementia, enabling them to retain their independence.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Improvements were needed to the environment to improve hygiene standards within the home and minimise the risks of cross infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not received all necessary training and support needed to carry out their role so that people using the service received safe and consistent care and support.

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 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were not sufficiently robust nor had findings been used to inform and develop a business improvement plan so that the quality and experiences of people were improved.

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

+Issued a warning notice