

## Lime Trees Residential Care Homes Limited

# The Lime Trees

### Inspection report

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London  
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### Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

About the service: The Lime Trees is a residential care home that was providing personal care to one person at the time of the inspection.

People's experience of using this service:

When we inspected in March 2018, we identified serious concerns with overall care people were receiving. We took enforcement action against the registered provider and the registered manager. The service was rated inadequate overall and placed in special measures.

When we inspected again in September 2018, the service was operating at a significantly reduced occupancy. Despite improvements that had been made across many areas of concern, we found that the registered provider remained in breach of regulations regarding premises and equipment and ensuring fit and proper staff were employed.

At this inspection, improvements made between March and September 2018 were noted to have continued, however, we found repeat concerns with aspects of the environment and ensuring staff files contained required information to ensure staff were suitable to work with vulnerable people.

The governance processes in place at the service did not identify the concerns found at this inspection. The management team carried out regular audits at the service however, we were not assured that some of these audits, particularly around medicines management and health and safety were sufficiently robust to identify concerns.

The one person living at The Lime Trees told us they felt safe. They told us that their care needs were met.

The person was involved in planning their care which resulted in an individual care plan which met their care needs.

Staffing levels were appropriate for the level of occupancy at the service. The person received their medicines as prescribed. Staff were knowledgeable around the person's care needs.

We were unable to provide a rating for all key questions, as there was insufficient evidence available to provide a rating. This was because the service was providing care for one person. The service is registered to provide care for up to twenty people.

Rating at last inspection: Not rated. This was because there was insufficient evidence to award an overall rating. The report was published on 11 December 2018.

Enforcement: Following an inspection March 2018, CQC imposed a condition to restrict new admissions without CQC authorisation. This inspection was scheduled to check compliance with regulations previously

identified as in breach.

At this inspection the provider was in breach of three regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Effective findings below.

**Inspected but not rated**

### Is the service caring?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Caring findings below.

**Inspected but not rated**

### Is the service responsive?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Responsive findings below.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# The Lime Trees

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by two inspectors.

**Service and service type:** The Lime Trees is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Lime Trees accommodates up to 20 people in one adapted building. Upper floors are accessible by a lift and the ground floor is wheelchair accessible.

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:** The inspection was unannounced.

**What we did:** Before the inspection, we reviewed information we held about the service including an action plan submitted by the provider following the last inspection.

During the inspection, we spoke with the registered manager, nominated individual and two members of staff. We spoke with one service user.

We checked the environment of the service which included communal areas, bedrooms, kitchen and bathrooms. We reviewed one person's care file which included their care plan, risk assessments, daily observation notes and medicines records.

We reviewed five staff files which included identity and recruitment checks, training and supervisions.

We looked at quality monitoring and other records associated with the running of the service which included staff rotas and health and safety checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- In March 2018, we identified that an accessible shower room in use on the ground floor did not afford people sufficient privacy when in use due to the positioning and size of the room. We saw people exposed to communal areas of the home when using the shower with and without staff support. In September 2018, the shower was noted to be cleaner and the person living at the service reported no concerns with the use of the shower.
- However, we remained significantly concerned that people who may require support from staff or require the use of mobility aids will be at risk of exposure to communal areas whilst using, entering and exiting the shower. A shower curtain remained hung across the corridor in the hallway as an additional privacy measure for when the shower was in use. This did not provide sufficient privacy to people as the shower curtain could easily be pulled back by people passing by thus exposing people using the shower to communal areas, as we observed during our inspection in March 2018.
- Maintenance records showed routine health and safety checks were completed by staff and where required by qualified professionals such as electricity, gas and fire. We found that an annual gas safety check had last been completed in February 2018 and was due to be re-inspected by 2 February 2019. This check had not been completed. We spoke to the nominated individual who advised that they had requested the inspection to be completed in March and April 2019 but the contractor cancelled. Following the inspection, we were advised that the inspection had been booked. It is a concern, that the oversight of routine building checks had not identified that the check was due and arranged for it to be completed in a timely manner.

The above evidence demonstrates a repeated breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In the March 2018 inspection, we identified significant concerns with the cleanliness and maintenance of the service. In the September 2018 inspection, we identified that the concerns had been addressed and noted improvements had been seen to the overall cleanliness of the service.

In the September 2018 inspection, we found that two mattresses remained stained with urine. During and following the inspection, the provider replaced the mattresses.

- In September 2018 we also found that there were cleanliness concerns with the oven and extractor fan, evidence of water leak and rusty equipment. These issues had been rectified following that inspection.
- Risks associated with the person's care were regularly assessed and guidance was in place for staff to keep the person safe.

Staffing and recruitment

- In March 2018, we identified that staff were not recruited safely. Required checks such as criminal records and references had not been obtained which placed people at risk as staff employed may not have been suitable for the role.
- In September 2018, we found that concerns remained with the information held by the service in relation to staff employed. Full employment histories had not been obtained for all staff employed and references had not been obtained from previous employers.
- At this inspection, we reviewed four staff files for required documentation. For two staff files not reviewed in the September 2018 inspection, we found two undated references from a training company not detailed in the staff member's employment history. For one of these staff members, an employment reference had been obtained nine months after they commenced employment. For one staff member we found that gaps in their employment history had not been clarified.
- For another two staff members, whose files were reviewed in the September 2018 inspection, we found that previously undated references which were on file had been amended and dates were now included. Upon making enquiries about this, the registered manager advised us that they had amended the references. As a result, we were not assured of the integrity of the documents seen on file.

This is a repeated breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff available to support the person living at the service. There was one staff member on duty during the day and one staff member at night. In addition, the registered manager and nominated individual were present at the service daily.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The person told us they felt safe living at the Lime Trees with staff support.
- Staff told us they could raise any concerns about people's safety with the management team. Staff had received training in safeguarding adults.
- No accidents or incidents had been recorded since the last inspection. The registered manager showed us a template form for reporting an accident or incident should the need arise.

Using medicines safely

- The person told us they were supported by staff to take regular medicines. We reviewed the person's medicines records and found that there were no errors or gaps in recording. Stocks of medicines matched recorded quantities.

Preventing and controlling infection

- The service was overall clean on the day of the inspection with no malodours. We saw supplies of personal protective equipment, such as gloves, available for staff to use.
- Additional infection control measures in place included provision for safe food preparation such as coloured chopping boards, oversight of food labelling and promotion of hand washing.

## Is the service effective?

### Our findings

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

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

- No new people had been admitted to the service since we last inspected, therefore we were unable to fully review how people's care needs were assessed.
- We noted that the person living at the service had a regular care plan review and changes to their health or care needs were updated in their care plan, for example, a change to their prescribed medicines.

Staff support: induction, training, skills and experience

- A training matrix was in place and at the time of the inspection, care staff received online training in areas such as safeguarding adults, first aid, infection control and medicines.
- The training overview provided to the inspection team on the day of the inspection did not include the registered manager. When asked about this, the registered manager told us that he had completed training and a period of induction which had been delivered by the nominated individual. However, records confirming this were not available in their personnel file.
- Staff attended regular supervisions with the registered manager where training needs and any feedback the staff member had were discussed. Where applicable, staff also had an annual appraisal of their performance.

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

- The person told us they were satisfied with the food choices on offer at the service. They told us they were offered a choice.
- Their care plan detailed their dietary preferences, likes and dislikes.
- Where professional input was in place for people's diets, their care file was updated with the appropriate guidance.

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

- The person living at the service freely moved around the service and spent time in the lounge area or bedroom if they chose to do so.
- The person had no mobility issues, however, all ground floor areas were wheelchair accessible.
- Personalised touches had been added to the person's bedroom such as signage at their bedroom door which reflected their achievement in a particular area of interest.

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

- Records confirmed that the person living at the service was supported to maintain good physical health. Their care file recorded contact with a range of health professionals including GP's, dietician and audiologist.

- The person's care plan was updated with guidance from health professionals.

#### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- There were no DoLS authorisations in place at the time of the inspection. The person had consented to their plan of care. They told us that staff consulted with them when providing support.

# Is the service caring?

## Our findings

Our findings - Is the service caring? = Inspected but not rated

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

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

- The person living at the service told us they found staff to be caring and friendly and they were treated with respect.
- The person appeared to be comfortable living in their surroundings and had a friendly and informal relationship with staff present during the inspection.
- The person's care plan detailed their cultural and religious background. Their care plan detailed that they wished to be supported to attend their church on a yearly basis. When asked about this, the registered manager told us that they had offered to take the person, however, when offered they declined.

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

- The person's care plan evidenced that they had been consulted about their care preferences and involved in their care planning. Their care plan detailed their background and journey leading to admission to the service. Their care plan detailed their preferred past times and hobbies.
- When speaking to the staff and management team, it was clear they knew the person they were caring for well.

Respecting and promoting people's privacy, dignity and independence

- The person told us that staff treated them with dignity and respect.
- The person using the service was independent in many aspects of their care in areas such as eating and drinking, washing and dressing and continence. The person did not assist with meal preparation despite this being something they could be encouraged to participate in. Working with the person to subtly develop independence and self-confidence could have a positive impact on their well-being.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The person using the service had an individualised care plan which set out how and when support would be provided by staff. Their care plan detailed the support the person required in areas such as eating and drinking, mobility, washing and dressing, activities and healthcare.
- We noted that the care plan was reviewed regularly and evidenced that the person was consulted.
- The person told us they spent most days playing cards and watching TV. Care records documented that the person went for walks and occasionally further into the community. Other activities documented included reading newspapers, watching television, playing cards, listening to music, talking to staff, enjoyed a movie and dominoes. On the day of the inspection, we observed staff playing cards and a board game with the person. Some of the activities the person engaged in was documented in a photo album.
- Care records detailing the person's daily activities lacked detail on occasions, for example records stated that the person went for a walk but didn't specify where.

Improving care quality in response to complaints or concerns

- The person living at the service told us they had no complaints and were satisfied with the level of care received. Information on how to raise a complaint was visible on entry to the service.
- No formal complaints had been received since the last inspection.

End of life care and support

- At the time of the inspection, the service was not providing end of life care.
- There was provision in care planning records to document this type of care if the person chooses to discuss.

# 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- In the March and September 2018 inspections, the provider was in breach of Regulation 15 – Premises and Equipment. In September 2018, some of the initial concerns identified in March 2018 were rectified, however, additional concerns remained. At the most recent inspection, as detailed in the safe section of this report, the provider remains in breach of this regulation.
- In March and September 2018, the provider was in breach of Regulation 19 – fit and proper persons employed. They had failed to ensure that they held the required documentation as per Regulation 19 for all staff employed. At this inspection, we found that the provider remained in breach of this regulation.
- We reviewed a range of quality audits of the service completed by both the registered manager and nominated individual in areas such as medicines management, health and safety, staff files and people's dining experiences.
- We found inconsistencies with the effectiveness of some of the quality monitoring checks completed. For example, the registered manager completed medicines competency assessments for staff to ensure they were safe to administer specific types of medicines following an observation exercise. We found that staff had been documented as competent in administering medicines such as creams, patches, inhalers, eye drops and nasal sprays. Due to the medicines in use at the service at the time of the observations, it would not have been possible to observe staff administering these types of medicines. We asked the registered manager about this who advised that staff would have had these skills previously. However, it is of concern that the registered manager documented that they observed staff administering these medicines when they had not done so.
- During a visual inspection of bedrooms, we checked that taps were operating in a sample of bedrooms. In one unoccupied bedroom, we noted the water to be particularly hot and requested that the temperature was tested. The temperature recorded was above safe range which could cause harm should the bedroom become occupied. On review of water temperature records, we saw that this water outlet was last checked in July 2018. We were not assured that there was sufficient oversight of when all routine safety checks were required.
- We also found that the aspects of the audit system in use at the service not be effectively used, for example the registered manager rated their compliance in areas such as staff under performance review when this was not applicable.
- Following inspections in March and September 2018, the provider submitted actions plans to address CQC inspection findings. At this inspection, we found that the provider had assessed that they had completed all required areas for action. As detailed in the safe section of this report, this was not the case.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of the inspection, the service was not working to an improvement plan with detailed areas for improvement or completion dates. We spoke with the registered manager and nominated individual about plans to further improve the service. We were advised that they had discussions about ideas for improvement, but these had not been formalised. It is important that all services are always striving to improve which would result in better outcomes for people using their service.
- When we inspected in September 2018, a manager had just commenced employment at the service. Their registration with CQC was completed in April 2019. At the time of the inspection, the manager had been in post for eight months. Staff spoke positively of the registered manager and the support they received. A staff member told us, "[Registered Manager] has made some amendments regarding our recording."
- The nominated individual had a daily presence at the service and took a hands-on approach to quality monitoring at the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- In the September 2018 inspection, we found that improvements to various aspects of quality of care had been made following the inspection in March 2018 in which the service was rated inadequate overall.
- At this inspection, we found that improvements made following that inspection in areas we could assess in relation to the quality of care the person was receiving had continued. The person told us that they were satisfied with the level of care they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff attended regular meetings with the management team where there were discussions around improvements to record keeping, compliance with CQC regulations and growing the business. Topics like safeguarding were also discussed. Regular staff supervisions also enabled staff to raise any concerns or suggestions.
- The person using the service was asked for their feedback as part of the providers quality monitoring procedures. Feedback from the person using the service was positive.
- The service worked with a range of health professionals to ensure the person using the service received timely access to health services.

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 15 HSCA RA Regulations 2014 Premises and equipment  Regulation 15(1)  The registered persons did not ensure aspects of the premises and equipment was safe and fit for purpose.

### The enforcement action we took:

On 18 July 2018 a Notice of Decision was issued to cancel the registered providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17(1)  The service did not have effective systems in place to record and monitor the quality and safety of service provision in order to improve, learn and develop.

### The enforcement action we took:

On 18 July 2018 a Notice of Decision was issued to cancel the registered providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Regulation 19(1)  The provider had not ensured that staff employed were of good character and had the skills and experience which were necessary for the work to be performed by them.

### The enforcement action we took:

On 18 July 2018 a Notice of Decision was issued to cancel the registered providers registration.