

Ablegrange (Lincoln) Limited

The Limes Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 16 April 2015. Breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

At the last inspection on 16 April 2015 we found that the provider was not meeting the standards of care we expect in relation to ensuring that appropriate arrangements for the management of medicines are in place. Care and treatment was not provided in a manner which mitigated risks and systems and processes were not in place for the monitoring and improvement of the service.

We undertook this focused inspection on 28 September 2015 to check that they had followed their plan and to

confirm that they now met the legal requirements. During this inspection on the 28 September 2015 we found the provider had made improvements in the areas we had identified.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Limes Care Home on our website at www.cqc.org.uk.

The Limes Care Home provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 40 people who require personal and nursing care. At the time of our inspection there were 30 people living at the home.

At the time of our inspection there was a registered manager in post. A registered manager is a person who

Summary of findings

has registered with the Care Quality Commission 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.

On the day of our inspection we found that staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. The provider had systems and processes in place to assess risks and keep people safe.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The management and administration of medicines was in line with national guidance.

Arrangements were in place to monitor the quality of the service and make changes to the service in order to improve care. People, staff and relatives felt able to raise issues and were confident that they would be addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

This meant that the provider was now meeting legal requirements.

Medicines were administered safely. Where people regularly refused medicines guidelines were in place in order to keep people safe.

Risk assessments had been completed and care plans put in place to assist staff with keeping people safe.

We improved the rating for safe from 'inadequate' to 'requires improvement'

Requires improvement



Is the service well-led?

We found that action had been taken to improve how well led the service was.

Processes had been put in place to monitor the quality of the service.

The provider had notified us of accidents and incidents as required by the Care Quality Commission (CQC).

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well led at the next comprehensive inspection.

Requires improvement



The Limes Care Home

Detailed findings

Background to this inspection

We undertook an unannounced comprehensive inspection of The Limes Care Home on 28 September 2015. This inspection was completed to check that improvements to meet legal requirements with regard to the management of medicines, safe care and quality monitoring which were planned by the provider after our comprehensive inspection on 16 April 2015 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This is because the service was not meeting some legal requirements in relation to those sections.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had experience of the type of service we inspected. For example experience of services for older people.

During our inspection we observed care and spoke with the manager, seven people who use the service, three relatives, an agency carer and a senior carer. We also looked at four care plans in detail and records of audits and medicines.

Is the service safe?

Our findings

At our previous inspection on 16 April 2015 we identified that people were not adequately protected against the risks associated with the unsafe use and management of medicine. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirements. At this inspection we found the provider had made the required improvements.

People who used the service told us they felt safe living at the home and had confidence in the staff. A person said, “I sleep better here than at home as there’s company around.” Another person said, “I’ve no complaints about them [staff]. I’m just happy with the way I’m looked after.”

We saw that medicines were administered and handled safely. Staff ensured that people were aware of their medicines and observed them to ensure that they had taken their medicines. For example one person required a number of tablets which they preferred to take individually and staff waited with them until they had managed to take each tablet. People were asked if they required their PRN medicines. (PRN medicines are medicines which are not required on a regular basis) and their response was recorded accordingly.

Risk assessments had been completed to indicate whether or not people regularly refused their medicines and how to manage this. Where people refused medicines on a regular basis care plans detailed what action staff should take in order to ensure that people were safe. We looked at care records and saw that staff had followed the guidance. The provider had also discussed this issue with the GP and where appropriate the frequency that medicines were administered were changed to better meet people’s needs. One person had not received their evening medicines on a number of occasions because they were asleep. We spoke with the registered manager about this who said they would contact the GP to consider revising the times for administration in order to meet the person’s needs better.

Staff told us and records confirmed, they received training about how to manage medicines safely and that their competence was reviewed on a regular basis. We saw that the medication administration records (MAR) had been completed according to the provider’s policy and guidance.

At our comprehensive inspection in April 2015 we also identified that care and treatment was not provided in a way that mitigated risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focussed inspection on 28 September 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 12 described above.

Where people had suffered a fall, risk assessments had been updated and referrals made to the GP and the specialist falls service. The registered manager had analysed falls on a monthly basis to identify whether or not there were any common issues influencing the rate of falls. At the time of inspection no patterns had been identified. However the registered manager had also put a checklist in place which was used following a fall to ensure that appropriate actions were taken to prevent further falls.

We found that the allocation of staff had been altered and the number of falls on a monthly basis had reduced since our previous visit. For example a member of staff was allocated to the lounge area in order to provide ongoing support and supervision. However some people told us that they thought there was still a shortage of staff on occasions. A relative said, “[Family member] fell the other night trying to get to the loo, and somehow missed the mat they put down. So I’m worried about [my family member’s] safety at night now as [my family member] gets more confused at night.”

Two members of staff on duty were agency staff due to annual leave and sickness cover. One member of staff was unaware of the key code for the exit of the building which was a risk if people were required to exit the building in an emergency. We spoke with the registered manager about this who told us that agency staff were usually given a short introduction to the service and they would ensure that this was included in the introduction.

The registered manager told us that they had recently recruited to additional posts and were in the process of carrying out recruitment checks which would further

Is the service safe?

enhance the revised staffing rotas. In particular a kitchen assistant and activity's staff. The provider had a recruitment process in place which included carrying out checks and

obtaining references before staff commenced employment to ensure that they were suitable to work with vulnerable people. Staff told us that they had had checks carried out before they started employment with the provider.

Is the service well-led?

Our findings

At our previous inspection in 16 April 2015 we identified that arrangements were not in place to regularly assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirements. At this inspection we found the provider had made the required improvements.

Following our previous inspection the provider had developed an action plan because we had identified some areas which required improvement. We observed at this inspection that some of these actions had been completed and improvements to care had taken place. For example surveys had been sent out to people who used the service, relatives and staff. At the time of inspection the provider had received six responses. We observed that some issues had been raised about the fabric of the building. Comments included, "Appearance of the home not so well looked after." The registered manager told us that they would be collating the information and developing an action plan to address the issues. The provider did not have a plan for refurbishment in place to address the issues and health and safety audits had not been carried out since March 2015. Issues relating to the refurbishment of the building were consequently not monitored on a regular basis to ensure the safety of people.

Processes were in place to facilitate the ongoing improvement of the service within the home. External audits had been carried out in relation to medicines and there were internal processes in place to check the current level of service and deliver improvements. For example audits had been carried out on falls and care records. Where issues had been identified actions had been put in place to address these. However we saw that the cleaning checklists had not been fully completed and there was no record that this had been addressed. The registered

manager told us that this was due to the current shortage in cleaning staff which they were currently recruiting to. In the short term the registered manager had arrangements in place to cover the regular cleaning of the home.

Staff were aware of their roles and who they were accountable to. Members of staff and others told us that the registered manager and other senior staff were approachable and supportive. One member of staff said, "Things have improved and we work as a team." Staff said that they felt able to raise issues and that they had regular staff meetings. At the meeting on 15 July 2015 the registered manager had informed staff about the intention to introduce an award for employee of the month which would be voted for by staff in order to recognise particular effort and achievement.

Relative's told us that they felt they could raise issues with the registered manager and these would be resolved. A relative said, "She's very good. I can talk to her." They told us that they felt involved in the care of their relative and were kept well informed by the registered manager.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

We observed that the registered manager had a good knowledge of the people who used the service and the staff. The registered manager told us that they regularly spent time out of the office in the main areas of the service so that they were aware of what was happening and be available to people for support and advice, staff confirmed this. During our inspection we observed this to be so.

The registered manager told us that they had appointed a new deputy manager since our last inspection. They said that this provided them with additional support and provided a person to lead the service on a day to day basis.

The provider had notified us of the accidents and incidents which the provider is required to notify us of. We saw that accidents and incidents had been reviewed in order to identify any patterns and prevent reoccurrence of these.