

# Anchor Trust

# Limegrove

## Inspection report

St Martin's Close  
East Horsley  
Surrey  
KT24 6SU

Tel: 01483280690  
Website: [www.anchor.org.uk](http://www.anchor.org.uk)

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## Ratings

### Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 12 June 2018 and was unannounced.

Limegrove is a home that provides accommodation and personal care to up to 55 adults. People living at the home had physical disabilities and long-term health conditions. Most people at the home were living with dementia. At the time of our inspection there were 52 people living at the home.

There was a registered manager in post. A registered manager is a person who 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. The registered manager was not present during our inspection and the service was being managed by an interim manager. The manager and the provider's district manager assisted us with our inspection.

At our last inspection to this service in May 2017 we identified shortfalls in the governance of the service. This was due to a lack of registered manager and a lack of contemporaneous records held about people. We also made recommendations to the registered provider around staffing levels and medicines management. We used this inspection to check if these shortfalls had been addressed.

Providers should be meeting the standards set out in the regulations and display the characteristics of good care however, we identified some shortfalls within the service. People received the medicines they required, however we found some shortfalls with medicines management within the service. We have made a recommendation in this respect. Staff were aware of their responsibility to keep people safe and free from harm. However, there were inconsistencies in the records relating to people's risks and staff was not always following guidance that was in place.

There had been a high number of falls at the service and the manager had started to address this by increasing the staffing levels. We did not see anyone having to wait for care on the day of our inspection.

People were supported by kind and caring staff. Staff communicated with people in a way that demonstrated understanding of their needs. People told us that staff were respectful and staff understood how to promote people's privacy and dignity when providing care. People were supported to remain as independent as possible.

Appropriate checks were carried out when recruiting staff to ensure that they were suitable for their roles and the provider took steps to ensure that people were kept safe in the event of an emergency. People lived in an environment that was clean and hygienic and adapted to suit their needs.

Important information about people's healthcare needs and medicines were recorded in their care plans. Staff worked alongside healthcare professionals to meet people's health needs. Where any accidents, incidents or infections occurred, staff took appropriate action in response to them.

People's needs were assessed before they moved into the service and these assessments formed the basis of a person's care plan. People were provided with food that matched their preferences and ensured any dietary needs were met. Staff routinely offered people choices and involved them in their care. We found some missing evidence in relation to mental capacity assessments and best interests decisions in relation to the Mental Capacity Act (2005).

Staff received training appropriate to their roles and the provider's values. Staff benefitted from supervision and appraisals. Although management responded to complaints received, the paperwork held in relation to complaints was not complete. We have made a recommendation to the registered provider in this respect.

Care plans included the relevant information about people and staff were knowledgeable about individuals and their likes and dislikes. No one was receiving end of life care at the time of our visit. However, there was a lack of end of life care planning evident in people's care plans. We spoke with the manager about this and have made a recommendation.

People had access to a range of activities and there was ongoing work to recruit new staff to lead on these. There was a good atmosphere across most of the home throughout the day with people engaged in various past-times of their choice.

Regular audits and checks were carried out to ensure the quality of the care that people received. The provider routinely involved people, relatives and staff in decisions about the home. Staff felt supported and we received comments that things had improved since the interim manager had been at the service. The service worked with external agencies to look at new ways of providing a good service.

During our inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made four recommendations to the registered provider. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

We identified medicines practices that required improvement.

Risks to people were assessed and management plans in place. However, staff were not always following guidance.

Where accidents or incidents occurred, the provider took appropriate actions to prevent them from reoccurring.

There were sufficient staff present to safely meet people's needs. The provider carried out checks to ensure staff were suitable for their roles.

Plans were in place to keep people safe in the event of an emergency.

People lived in a hygienic setting.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Some people's legal rights were not being protected in line with the Mental Capacity Act (2005).

People had a choice of food and individual dietary needs were recognised and adhered to.

Staff included guidance from healthcare professionals to meet people's needs.

Before people moved into the service their needs were assessed to ensure they could receive the correct care.

Limegrove was adapted to help meet the needs of people living with dementia.

Staff received appropriate training and supervision for their roles.

### Is the service caring?

**Good** ●

The service was caring.

We observed positive caring interactions between people and staff.

Staff communicated with people effectively and staff promoted people's independence when supporting them.

People's privacy and dignity was maintained whilst being provided care.

### Is the service responsive?

The service was not consistently responsive.

People knew how to raise a complaint and where complaints were raised, these were responded to, however the records were not always complete.

Although no one at the service was receiving end of life care future planning for people's end of life wishes had not taken place.

People had access to a range of activities that suited their needs and interests.

Care plans reflected people's needs and preferences.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

We cannot give well-led a good rating as we identified shortfalls in some aspects of the service.

Staff felt supported by the interim manager and staff, people and relatives felt improvement had been made.

Auditing of the service was carried out to identify and act on shortfalls to help ensure people received a good quality of care.

People and their family members had the opportunity to feel involved in the service through meetings and surveys.

The service worked in conjunction with external agencies to provide suitable care to people.

**Requires Improvement** ●

# Limegrove

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 June 2018 and was unannounced.

The inspection team consisted of three inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also contacted three health and social care professionals for their view of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR prior to our inspection.

As part of our inspection we spoke with eleven people and three relatives. We spoke with the manager, the deputy manager, the provider's district manager and five care staff. We read care plans for 13 people, the medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at four staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at the minutes of meetings with staff, people and relatives.

# Is the service safe?

## Our findings

At our previous inspection in May 2017 we made a recommendation to the registered provider around staffing levels and medicines management practices. We checked at this inspection if these areas had been addressed. We found some improvement but there was still further work required.

People received the medicines they required. We saw one person being given their medicines and the staff member remained with them until they had taken their tablets. Relatives said they were always informed if their relative's medicines changed and people told us they could ask for painkillers if they needed them. We saw each person had a Medicine Administration Record (MAR) which contained their photograph, any allergies they had and GP information. Where people had pain patches staff used body maps to record the date and repositioning of the patch.

However, we found medicines management practices required some improvement. We were told by one person that although the staff member waited for them to take their medicines whilst we were there this did not normally happen. They told us, "They trust me (to take them)." We saw that none of the liquid medicine bottles we looked at had the opening date written on them. One person had a liquid painkiller which was dispensed in March 2018. There was no opening date on the bottle which meant staff could not assure themselves that this was still within safe limits. Although the label on the bottle was written up as a standard medicine, staff had written on the person's MAR that it was an 'as required' medicine so it was unclear what was correct. Another person had a liquid medicine that was dispensed in February 2018 and again there was no opening date on the bottle.

We read that one person required eye drops twice a day but that there was none in stock. This person's MAR record said on 8 June, "finished – to clarify with GP" There was no record of this person receiving their eye drops since and no update on the MAR. Following our inspection, the manager confirmed that the ear drops were no longer required.

A medicines audit in March 2018 noted, 'refused medicines are returned properly to [the pharmacy]' and the audit in April noted, 'returns being left on the side'. We read in the May audit that it stated the clinical room was clean with no excess stock. However, we found medicines that were no longer required for people in the clinical room. Staff were unable to tell us what was being stored in the clinical room in terms of 'returns' which meant that should an unauthorised person (staff or resident) gain access to the room and remove medicines, management would not know.

We recommend that the registered provider ensures that staff follow safe medicines management practices at all times.

People's risks had been identified, however, we found recording that required improvement. One person had an emotional care plan in place which noted they became, "lost or agitated at times". It said staff needed to support this person and to remind them that their family was important to them. On the day of our visit this person went into another person's room. Staff tried to encourage them to come out but they

refused and shut the door on them. The manager told us following the inspection that this was 'new behaviour' for this person and guidance had not been put in place by our inspection. In addition, this person's mobility care plan stated that they "walked independently". However, we saw they used a walking stick and staff were encouraging them to use it.

Another person's care plan said. . . , "long term fluid chart as tends not to ask for a drink". There was also a separate sign up in the living area which stated, '[Name] is to have a food and fluid chart completed every day until further notice'. However, we could not find one in place and despite the manager and district manager assuring us that this was being completed they were unable to find evidence of it.

A third person, had been discharged from hospital and upon reading the hospital notes a staff member felt they should be on a fluid chart and had written this in their care plan. However, no fluid chart had been commenced for this person despite them being back in the service for two days. When we raised this with the manager they identified that the need for a fluid chart was not necessary. But the staff had not checked or acted on the change to a person's care plan.

Similarly, a person who had a daily bowel chart in place, had not had this completed since 9 June. Their continence care plan had been reviewed on 1 June 2018 with the addition to say, "to record bowel movement on bowel chart on a daily basis". Staff were unsure if the chart was still required. We raised this with the manager at the end of our inspection who confirmed the chart was no longer needed.

The lack of following guidance in place to protect people from risk was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people's risks had been identified and staff were following guidance. One person was assessed as at risk of falls and to reduce this risk they had been provided with a Zimmer frame and staff accompanied them when walking. For long distances staff ensured they used a wheelchair. A staff member told us they encouraged this person to walk daily to maintain their strength and we noted from the daily records that this was happening. The person told us, "They (the staff) always help me to walk." Another person at risk of falls had hourly checks when they were in their room and a 'magic eye' (sensor) in their room to alert staff if they got up unaided.

At our previous inspection we gave a recommendation to the registered provider about staffing levels. At this inspection people gave us mixed views on staffing levels at Limegrove. We saw call bells were evident in people's rooms and some people wore personal alarms. One person told us, "The staff come quickly when I press it." However, when we asked other people if they felt there was enough staff one person told us, "I suppose so." Another said, "No, there is not enough staff." Other feedback from people was; "We could do with more staff, especially when something urgent takes precedent," "The number of staff is up and down really" And, "It could do with more at the weekends." We also had comments from people about a lack of consistency of staff. One person told us, "The staff change too frequently. The staff get moved to other units a lot which is upsetting as we just get to know them and then they move." Another person confirmed, "The staff get moved within the home. You just get used to them and then they moved." We fed back these comments to the manager at the end of the inspection.

The manager told us there would be two or three team leaders and 12 care staff on duty each day. We saw this number of staff on the day of the inspection and where call bells were pressed we heard these answered quickly. A staff member told us, "It would always be good to have more (staff) but there is enough. We use agency, but always book the same agency staff." Another staff member said, "There is enough and we are able to give person-centred care." A further member of staff told us, "Sometimes at the weekend we can be



on our own for a long time but we can call a team leader and they will help."

People would be kept safe in the event of an emergency. Each person had a personal evacuation plan in place. One person's detailed that they needed the support of one staff member if they had to evacuate the premises. A staff member told us, "If the fire alarm went off we would go to the ground floor for instructions. The meeting place if we evacuate people is in the car park."

Where people experienced accidents and incidents, records were kept which detailed the event, what action had been taken and the outcome. The manager carried out a monthly review of all incidents and responded appropriately. For example, there had been a high number of falls at the service and the manager had increased staffing levels. Individual plans had also been put in place for people in response to accidents and incidents. One person had an unwitnessed fall and a pressure mat had been placed in their room. Another person rolled out of bed during the night and we noted that their bed had been lowered to reduce the likelihood of this happening again.

People told us that Limegrove felt a safe place to live. One person said they were safe because, "There is always someone about," Another said, "Because I'm well looked after" and another said it was, "Because there are no strangers about."

People were protected from harm by staff who understood the signs of abuse or potential abuse. Staff knew they had a responsibility to report any concerns, either directly to management or through the whistle-blowing route. We saw posters displayed on notice boards on each floor directed at both people and staff giving advice on what to do. A staff member told us, "I'd report it to a senior member of staff and my line manager and keep the person under observation. We have a separate number for whistle-blowing and I could call CQC."

People lived in an environment that was clean and hygienic. People told us staff kept Limegrove, "Very clean." They also told us the housekeeping staff were, "Very good." One person said, "(The housekeeping staff) are very particular." A staff member told us, "We have been trained to use safe things like aprons and gloves and always wash our hands." Another said, "We have aprons, gloves and gel to use." We observed staff following this practice during the day.

People were cared for by staff who underwent a thorough recruitment process. This included the prospective staff member providing two referees, evidence of eligibility to work in the UK and information relating to previous employment. In addition, before staff commenced working at the service they underwent a Disclosure and Barring Service check which checked that they were suitable to work in this type of care setting.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped when needed. When they lack mental capacity to make 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).

Staff had a good understand of the MCA and that they should obtain/ask for people's consent before carrying out any care. However, we found some of the processes around the MCA had not been completed fully. This included one person whose mental capacity assessment was blank but they had a 'best interests' decision for locked doors and a DoLS application had been submitted. Two people had a 'magic eye' (movement sensor) in place, but there was no capacity assessment or best interests decision recorded. We spoke with the provider's district manager about this who showed us an audit carried out in the last month on compliance with the Act. We identified in this some of the shortfalls we had picked up. However, the principals of the Act should have been followed prior to restrictions being put in place for people.

We recommend the registered provider ensures that any restrictions placed on people are done so in line with the Mental Capacity Act 2005.

People were cared for by staff who underwent induction and training to help ensure they followed best practice and were competent in their role. On the day of the inspection one person was on their induction and shadowing more experienced staff. A staff member told us, "We have e-learning that expires every year and they give us outside training as well. We did a whole day dementia training. We learnt how to take care of people with dementia." Staff had a good knowledge and understanding of how to put their training into practice. A staff member said, "They (people living with dementia) remember feelings, they might not remember my face but if I spend time with them they remember how they feel." We saw this staff member interact well with people. We heard another staff member describe to us how they would distract and divert someone living with dementia if they asked to go home. It showed a good knowledge of orientating them to the person's reality and using subtle diversions to keep a person safe whilst avoiding agitation.

Staff had the opportunity to meet with their line manager to discuss their day to day job, any learning needs and any concerns. Staff told us that these meetings had not been happening until the interim manager had taken over management of the service, but that they were happening now and they appreciated them. This was confirmed by the documentation we reviewed. A staff member told us, "I have learnt a lot here." Another told us they had supervisions every six weeks.

Before people moved in to the service they were assessed by a senior staff member to check that the staff team could meet their needs. A person's assessment formed the basis of their on-going care plan. Initial assessments captured people's personal, nutritional, mobility and sleep needs as well as their preferences.

We saw one person's assessment had included information on their visual impairment and the emotional needs they had.

People had a choice of foods and there were snacks and finger foods available for people throughout the day. We had no concerns that people were not receiving sufficient food. One person told us, "The food is excellent, there is a really good choice." Other people had mixed views. One person told us, "The food is mediocre." A relative said, "The food is unattractive but it is getting better." Some people also told us there was a lot of spicy food and food from abroad and they would prefer, "Something like Shepherd's pie." We observed lunch in various dining areas across the service. We found some had a better atmosphere than others and we fed this back to the manager at the end of our inspection. For example, there was music playing in some dining areas and staff were interacting with people. We also fed back the mixed comments about the food. The most recent Anchor 'Your Care' rating survey results showed that, although people fed back their satisfaction at the food, they were less satisfied in the choices of food from the previous year. Following the inspection, the manager shared with us the menus for the service over a period which demonstrated there was a good range of foods on offer to people.

Where people had specific dietary requirements, these were known and adhered to by staff. For example, if people needed to have a soft diet. One person was diabetic and their care plan documented this and said, 'kitchen to provide appropriate meals and snacks'. We saw some people being offered foods that were plated up to assist them in making a visual choice and staff supporting people to eat in a patient and attentive manner. Those who chose to eat in their room were provided with their lunch at the same time as others.

Healthcare professionals were involved in people's care. People told us they had visits from healthcare professionals when required and that the dentist visited regularly. One person said, "There is a very good dental practice over the road." They also told us they had a visit from the chiropodist every five weeks. One person was seen by the GP when staff noted a swelling to their right leg. Consequently, they were prescribed antibiotics. The GP had also been called for another person who had a raised temperature. Where people were diabetic and on insulin there was evidence of district nurse involvement to monitor them.

The manager told us that specific areas of the home had been adapted for people living with dementia. We saw these at the end of some corridors. We saw baby clothes hanging on a washing line and jewellery, handbags and scarves for people to pick up. Photographs of people participating in activities, were seen displayed around the service. Where people required pressure relieving equipment or mobility aids we saw these were provided to them.

# Is the service caring?

## Our findings

People told us they felt the staff were caring and had time to talk to them. One person told us, "[Staff name] is always checking on me and asking if I would like a cup of tea." A second person said, "We have amazing care workers here." The most recent Anchor 'Your Care' rating survey showed that people were, 'overall happy living at Limegrove'.

There were good relationships between staff and people. During the morning there was laughter heard in one living area and a staff member and a person were joking together. One person told us, "The carers know me well." Another said, "[Staff name] knows what we like or dislike." During lunch we heard a staff member tell their colleague not to give a person some vegetables as they did not like them and to give another person a larger portion. A staff member commented to one person as they gave them their lunch, "You are such a sweet lady."

People were encouraged to be independent. A staff member told us they set the breakfast table in a way that people could help themselves to milk and make their own cereal and toast. They also said, "The music and movement that we do with people helps their mobility and strength." Another staff member told us, "We let them wash their face if they are able to do it themselves." People told us they could move about freely and did not feel restricted.

People were shown respect and dignity by staff. Everyone we spoke with said staff were respectful towards them. A staff member told us, "We always knock when entering and give them (people) space when required." We saw and heard staff knocking on people's door throughout our inspection. When one person wanted their personal care carried out with the bedroom door open we heard the staff member say to them, "No, it doesn't work like that. I have to close the curtains and door."

Were people had a faith this was recognised by staff. One staff member told us they took some people to the local church once a month. Other people, although not wishing to go to church, liked to take Communion and we read that this took place twice a month. One person went to church to attend coffee morning and activities held there.

Visitors were made welcome and could visit any time. We saw relative's visiting throughout our inspection. People told us their family members visited and they went out with them whenever they wished.

People were shown attention by staff. One person became anxious at lunchtime and wanted to move away from the dining room. A staff member knelt beside them and asked if they had seen the menu. They encouraged the person to take a rest and sat with them for a couple of minutes. Although the person did leave the dining room a while later staff did not nag them and instead interacted with them in passing. When one person returned from the morning activity the staff member greeted them saying, "Welcome back. Did you have fun?" Another person was reluctant to come through for lunch and a staff member patiently encouraged them to do so. As they walked into the dining room the staff member commented, "It smells' nice, doesn't it?"

People's rooms were individualised and people looked well cared for. A relative told us, "Mum is always washed and in clean clothes." We saw items of furniture and knick-knacks in people's rooms that were personal to them.

People were encouraged to make their own choices. A staff member was heard asking people if they wished to join the morning activity and we heard people make their own decision as to whether they did or not. Another staff member asked a person if they wished to join the others in the lounge. They supported the person to choose where they wanted to sit.

## Is the service responsive?

### Our findings

At our inspection in May 2017 we found a lack of contemporaneous records being held for people and that people did not have access to activities as often as they should. We found at this inspection both areas had improved.

There was a complaints policy available for people. We asked people if they would know how to complain or raise a concern. One person told us, "(I would speak to) one of the carers." Another said, "(I'd speak to) [name] in the office as she knows everything." Although we heard that one family had made a complaint we found no information in the complaints log about this. The provider's district manager informed us that they had overseen this complaint and met with the family and as such it was resolved. They said they had failed to put all in the information in the folder. Three other complaints had been received by the service this year. One complaint, which was logged in the complaints folder, did not have detail of the investigation that took place upon receipt of the complaint, although there was a record that this complaint had been resolved. The other two concerns had been responded to and followed processes.

We recommend that the registered provider ensures that all records relating to concerns or complaints received by the service are recorded in full.

No one was receiving end of life care at the time of our inspection. Although we did read one person's plan that did contain sufficient information in this respect we found plans were mostly blank. Information that was available lacked detail on preferences and wishes. It focussed on whether the person wished to remain at Limegrove or be admitted to hospital and whether they had funeral arrangements in place. We fed this back to the manager at the end of our inspection.

We recommend the registered provider ensures people's wishes and preferences around their end of life care is recorded so staff can enable people's final wishes to be respected.

We read some compliments displayed in the service which included, "We really appreciate your kindness and care;" "I cannot thank you enough for the care, kindness and love;" and, "You made life more interesting for me."

People received individualised care. One person's first language was not English and we noted there was signage and phrase cards in their native tongue. A staff member told us this person had started to forget English, especially when anxious or agitated. We heard this staff member say the odd word and phrase to the person in their own language.

People's plan of care contained information relevant to their needs as well as life history information and preferences. There was also information about people's oral health needs. One person's plan stated they required, 'one to one' from staff regularly and we observed this happening throughout the day. This same person was recorded as wishing a wash daily and a weekly bath or shower and records demonstrated this was being provided to them. Another person suffered a low mood when moving into Limegrove. Their care plan noted that listening to music improved their wellbeing. Their daily records showed that music had

been played regularly and staff knew that this person liked music. This same person was noted as having a visual impairment and that they needed glasses. We saw they were wearing them and they appeared clean. A further person was noted as, 'likes to dance'. Staff were aware of this when we spoke with them about this person. This same person also required, 'food supplements between meals' and we observed staff offered them snacks and finger foods mid-morning.

Where people were staying at Limegrove on respite (short break) their care plans contained sufficient information for staff. One person was noted as liking to read the newspaper and watch the news. We saw them with a daily paper with the television on watching the news during the morning.

People had access to activities. One person told us, "The entertainment is very good, I enjoy it." Another said, "There could be more but it is okay. The entertainers are good and I like quizzes and going out in the garden." We asked another person how they would know what was happening during the day and they told us, "I'm not sure, they'll (staff) let me know." We heard this happen. This person added, "There are things going on." Although there were no activities coordinators at the service a staff member had assumed lead whilst staff were being recruited to this position and there was a reasonably varied timetable of activities on offer. In addition, entertainment from outside had been increased. A staff member told us they had been resourceful with what they had in the home. For example, housekeeping staff had started a gardening club and the kitchen staff were doing weekly cookery with people. The schedule showed that gardening, films, quizzes, religious services, walks, word games and floor games had been advertised for this week. One person had their own greenhouse positioned outside of their bedroom window.

During the morning people were heard being invited to join the music and movement session. We saw several people participate. Others sat reading the paper, chatting with each other or chatting to staff. We did not see anyone looking bored or sleeping. One person was documented as liking creative activities and quizzes and their records showed that they participated in these.

## Is the service well-led?

### Our findings

We found the interim manager had taken steps to improve the service provided to people at Limegrove. Comments received from staff supported this. One staff member said, "[Manager] and [staff name] are very supportive." Another told us, "Every previous manager was good. This (interim) manager is very good and really helps staff wellbeing. He always comes and sees you and you can ask him anything." A third said, "He comes around and interacts with us. There is no hierarchy with him which is good. I've seen positive changes since he's been here." A fourth told us, "He's really approachable. You can go straight to him. It wasn't like that before. We couldn't go into the office."

Although we have confidence that the manager and provider will continue making the necessary improvements we are unable to give the service a Good rating in Well-Led. Providers should be meeting the standards set out in the regulations and display the characteristics of good care. However, we had identified shortfalls with medicines, following guidance in relation to people's risks, following the principals of the MCA, complaints and end of life care planning during our inspection.

One relative also told us things had improved at Limegrove since their family member had been living there. They said, "There's stable management and they've taken on board what we've said. Communication is better and there is more stable staffing."

However, not everyone we spoke with told us they knew who the manager was. One person said, "No, because it has changed recently." Another told us, "The (registered) manager disappeared with no explanation. I really would like to be kept informed." A third person told they were unsure how many manager's there had been in the time they lived at Limegrove. We had equally mixed views from relatives. One relative said, "The manager seems to change every week." Another told us, "I have no idea (who the manager is)." However, some people we spoke to did know the manager and said, "Yes, the managers are [name] and [name]" and, "I don't know the name but I know who he is."

Staff told us they felt supported and had the opportunity to meet as a staff group. We noted staff meetings covered topics such as pain patch records, daily note records, laundry, training and employee of the month nominations. A staff member told us, "We do have meetings and they are useful."

The manager had identified areas that required improvement and had taken action. Despite the short time he had been at the service he had got to know the service well. The district manager told us that this manager would remain at Limegrove until such time the registered manager was back in their post.

Audits of the service were carried out. On 21 March 2017 an Anchor internal inspection tool had rated the home as Requires Improvement. It had bullet points for 'what the home could do better'. These included 'consistency of staff interaction', 'improve staff understanding of safeguarding and MCA', 'embed care planning and risk assessment process with team leaders', 'ensure actions from pharmacist are in place', 'home manager and regional support to work on DoLS file' and 'clear Zimmer's and hoists from stair wells'. From our observations and findings on the day action had been taken.



An Anchor improvement action plan developed in March 2018 had the following actions: "TMARs (topical cream charts) to be completed correctly and MARs audited, ensure all staff had supervision in last 2 months, increase activities and interactions with people, ensure care plans are audited, maximise recruitment and audit MCA and DoLS". We saw this had last been reviewed by the district manager on 4 June 2018 and most of the actions had been completed. Other audits included pressure care and cleaning checklists.

People and their family members had the opportunity to give their views through meetings. The most recent meeting noted that people had been introduced to the interim manager, they discussed the food and discussed items for the 'shop' trolley which was in reception. They suggested stamps, envelopes and paper and we saw these were on offer. External trips were also discussed such as a trip to local historical sites. There were some less positive comments which we spoke with the manager about. These included, 'prefer our staff to agency. Night time difficult to get someone to help', 'mother on a soft diet – same food two or three times a week', trips out every other week have limited spaces' and '(activity) planners good but activities don't always happen which is disappointing'. The manager told us that these areas have been addressed or are being addressed and they were able to provide us evidence of this, for example continuing to recruit permanent staff.

The registered provider used a 'You Said', 'We Did' approach where they displayed comments and feedback received and how they had responded to it. We saw that people had commented, 'we would like a newsletter for the home'. In response there was now a monthly newsletter being produced. This included events taking place, information of interest and details of any new staff members.

The service worked in conjunction with external agencies. We noted Limegrove was a NAPA (National Activity Providers' Association) member and a member of the Surrey Care Association. At the last residents meeting it was suggested Limegrove make contact with the Archie Group (linking schools and care homes). The manager told us that the relevant people had been contacted and this was starting in September.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not ensured guidance in relation to risks to people had always been followed by staff.</p>