

A A Toorabally

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 effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 14 September 2017

The Limes Care Home provides accommodation and care for up to 40 older people. There were 16 people receiving care at the time of our visit. The service was last inspected July 2016 and the rating for that inspection was Requires Improvement.

There was a manager registered with the Care Quality Commission (CQC). 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.

People were supported by staff that knew how to recognise when people were at risk of harm. Assessments of the risks to people's safety were in place and regularly reviewed, but themes and trends were not monitored or analysed.

There were enough experienced staff to keep people safe and to meet their needs. Safe recruitment processes were in place. However, no record was made during interviewing of staff to demonstrate interviews had taken place. People were protected from the risk associated with the management of medicines, but this was not always monitored robustly.

Staff did not receive sufficient training or regular supervision. The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people. People were supported and encouraged to follow a healthy and balanced diet. People's day to day health needs were met effectively by the staff.

People and their families had a good relationship with the staff who cared for and supported them. People were treated with respect and dignity. People were involved with decisions made about their care and support. Information was available for people if they wished to speak with an independent advocate. People were supported to live as independently as possible.

People knew how to raise concerns or complaints and were encouraged to do so if needed. We could not tell if the service was following the provider's procedures to ensure any complaints or concerns were dealt with in a timely manner, as there were none recorded.

People and staff spoke highly of the registered manager and the service provided. A number of systems were in place that enabled people, staff and relatives to give their views about the service. Robust quality assurance processes were not in place or consistently being applied. Some policies and procedures were out of date.

The provider had not displayed their rating prominently in the home.

We found breaches to the regulations. 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.

People told us they felt safe when staff supported them within the home.

Assessments of the risks to people's safety were in place and reviewed, but themes and trends were not monitored.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place except for the lack of interview records

Medicines were managed and there were assurances that people were receiving them as prescribed, but this was not always recorded effectively.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Regular training and supervision was not up to date.

The principles of the Mental Capacity Act 2005 were considered when supporting people.

People were supported to have sufficient to eat and drink.

People's day to day health needs were met by staff who were knowledgeable and understood how to meet the needs of the people they cared for.

Is the service caring?

Good ●

The service was caring.

People and their families had a good relationship with the staff who cared for and supported them.

People were treated with respect and in a dignified way at all times.

People were involved with decisions made about their care and support.

Information was available for people if they wished to speak with an independent advocate.

People were supported to live independent lives.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned and centred on the individual. Records provided staff with the relevant information to respond to people's needs.

The provider responded quickly and professionally to concerns raised, but did not always record the action taken.

People's care plans were reviewed on a regular basis to ensure they received personal care relevant to them.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Systems and procedures were not robustly implemented to monitor and improve the quality of the service provided.

People, relatives, staff and other professionals were complimentary about the registered manager and how the home was run.

Some of the provider's policies and procedures did not reflect the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not displayed their rating in the home.

The Limes Care 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 took place on 14 September 2017 and was unannounced. The inspection team consisted of two 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 we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We looked at the Provider Information Return (PIR). The PIR 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.

During our visit we spoke with five people who used the service, three relatives and one healthcare professional for their feedback about the service provided. We spoke with two senior members of staff, three care staff and the registered manager. We also consulted other professionals and commissioners of the service who shared with us their views about the care provided.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "Yes, I feel safe here." One relative told us they felt their relation was in good hands. They said, "I have no concerns about health and safety here. I feel [name] is protected from harm."

People were protected from harassment, harm and abuse. Some staff were knowledgeable how they should keep people safe and protected from harm. One member of staff described and identified the signs of abuse and the action they would take to report and document any concerns. However, some staff felt they had not received sufficient training in regards to safeguarding people. New staff had limited access to safeguarding training and lacked understanding of what constituted as harm or abuse. However, staff were aware of the policy and procedure that related to safeguarding people and how to access these. Staff were confident who they should report any safeguarding concerns to and that action would be taken following their report.

The registered manager told us safeguarding training had been organised and a number of staff were waiting to attend. They had taken timely action to report safeguarding's to the local authority and investigate any allegations of abuse or issues of concern. The provider's safeguarding policy and procedures had been followed. There had been no safeguarding issues or concerns in the last 12 months. People were supported by staff that knew how to recognise when people were at risk of harm.

The registered manager followed safe recruitment and selection processes. People could be assured that recruitment practices were robust and ensured staff were suitable to work with people at the service. All relevant checks had been carried out on new staff. Records showed that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Staff personal files were kept up to date. Information was kept centrally, but easily accessible. However, there was no documentation that recorded the interview for new staff or who completed this. This was not recorded by the registered manager. We could not be assured the selection and interview process assessed the candidate's suitability for the role.

People were given their medicines by trained staff who ensured medicines were administered on time and as prescribed. One person said, "I think I get my medicines on time." One person was receiving their medicine covertly. All documentation assessments and reviews had taken place to ensure this was the best course of action for the prescribed medicine to keep the person medically well.

Staff who administered medicines received appropriate training and had a good understanding of the policy and procedures relating to this. The registered manager assessed the staff's competencies to administer medicines once they had completed medicine training successfully, to ensure they were confident and competent to do so. However, the registered manager did not make a record of this despite the staff telling

us that they were observed by the manager conducting a medicines round.

People who required creams had this identified in their care plans, but it was unclear how often these creams were to be applied. Staff knew people well and ensured the creams were used appropriately on a daily basis. However, new or agency staff would not know how or where to apply the creams or how often.

There were no systems of regular audit checks of medication administration records or regular check of stock. These would identify the provider, had an effective governance system in place to ensure medicines were managed and handled safely. We noted some checks were made on a weekly basis; however there was no record of any omissions or errors. We could not be assured there were no issues with the management of medicines in the home.

People were assessed for their potential risks, such as, moving and handling and falls. Individual risks were identified and managed; a system was in place to manage accidents and incidents to ensure they mitigated any risk to people. However, these systems were not monitored and information was not analysed on a regular basis to address themes and trends of any incidents that had occurred. We could not be assured risks would be identified appropriately or action taken to address any issues.

Care had been planned for each person living in the home to help reduce these risks. For example, the risk of skin damage. Risk assessments reflected people's current needs and these were reviewed regularly or as people's needs changed. Staff were provided with clear instructions in care plans to mitigate the assessed risks, such as instructions on how to use equipment to help people to move safely or to relieve their pressure areas.

There were systems in place in case of an emergency, such as, fire. Emergency evacuation plans were in place and easily accessible. Fire alarms were tested weekly. Equipment was serviced in line with the manufactures recommendations and all safety certificates were up to date. We observed people lived in a safe environment.

People felt there was enough experienced staff to keep people safe and to meet their needs. The rotas were well organised. No one living in the home or their relatives raised any concerns regarding staffing levels. Staff told us there was enough staff for the number of people living in the home at this time. One member of staff said, "At the moment it is okay, but should we get more people I am sure the manager will get more staff in." The registered manager told us there were two vacancies at the time of the inspection, but staff were covering the shortfalls between them. Staff we spoke with confirmed this.

Is the service effective?

Our findings

New staff underwent an induction which included spending time with other experienced staff; shadowing them to enable them to get to know the people they were to support. Some staff had attended relevant training courses to support them in their role, such as, moving and handling, challenging behaviours and Dementia. However the training matrix was not up to date and did not show what training was due for an update or refresher and when. New staff joining the service received minimum training (fire safety and moving and handling). However the registered manager told us that there was always a senior on duty or the registered manager to ensure care was provided to people in a safe planned way.

Staff confirmed they had not received any recent training. One member of staff told us they were well supported and received training and supervision however this was not recent. Another member of staff felt they could benefit from specific training, such as, learning disability as some people living with this condition had moved into the home.

Staff did not receive regular supervision where they could discuss training or development issues. There were no records to show supervision or appraisals had taken place. Staff could not remember their last supervision. Two staff confirmed their last appraisal was some time ago. Although one member of staff said, "I had a one to one last year." The registered manager told us they had fallen behind in this area over the last six to nine months. They could not demonstrate how they supported staff in their role or how they dealt with any issues that arose.

The registered manager failed to adequately support staff. This was a breach of regulation 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One person said, "Yes, staff have the skills to look after me." Another person said "I think staff have the skills."

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 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. We checked whether the service was working within the principles of the MCA.

Mental capacity assessments had taken place and copies were found on individuals' care files. Staff gave us examples of how the mental capacity act was relevant and related to people they cared for. The registered manager and staff understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care. People also gave their written consent for their records to be shared with health professionals and relatives.

People can only be deprived of their liberty to receive care and treatment when this was in their best

interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Documentation relating to DoLS applications showed that these had been made when required and authorised.

People had Deprivation of Liberty Safeguards (DoLS) in place. The registered manager told us they had completed referrals for all people living in the home, as they kept the front door locked. We saw that best interest meetings and decisions had taken place. If a person has been assessed as lacking capacity then any action taken, or any decision made for, or on behalf of that person, must be made in his or her best interests.

People and their relatives confirmed staff asked consent before providing care and support. One person said, "They [staff] always ask my consent."

People were supported to eat and drink sufficiently and maintain a balanced diet. People told us they got a good choice of food. One person said, "If there is anything you do not like you only have to mention it to staff." Another person said, "Sometimes they ask you what you want. I choose egg and chips instead of fish and chips because I don't like fish." One relative told us their relation ate in the dining room. They said, "Staff let [name] hold the fork and encourage them to eat." The relative went on to tell us their family member was weighed regularly and maintained a suitable weight.

Staff confirmed people were given a choice of meal to eat. They also confirmed if people were not eating sufficient to maintain their nutritional intake, food charts would be put in place to monitor food intake. If required they would make a referral to the GP or other professionals.

People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff ensured that people had a variety of foods to help them have a balanced diet to maintain their health and well-being. The cook had systems in place to identify people's likes, dislikes and food allergies. They were able to tell us who was on supplements and puree diets. Menus were displayed so people could choose what they wanted to eat. Fresh food produce was used and a good selection of food was available in the food store.

We observed lunchtime which was unhurried. People were able to eat when they were ready and some people chose to eat at different times. Staff were patient, supportive and encouraged people to be independent where appropriate. Staff were aware of people's nutritional needs and preferences. For example, staff were aware who wanted a large portion of food and who could only manage a small portion. People who required special equipment to support them to eat their meal had use of plate guards and different size plates.

People were supported to maintain good health and had access to healthcare services to maintain their well-being. People told us staff were quick to call the doctor if needed. One relative said, "If [name] needs a doctor they call one. They tell me or if I feel [name] is not well I tell the staff and they keep an eye on them if a doctor is needed." People's health needs were monitored on a regular basis and staff ensured that any changes to people's health were communicated to staff at each shift handover. The registered manager liaised with health care professionals, for example, a district nurse. We spoke with a healthcare professional during our inspection and they confirmed the service worked well with them and followed recommendations if needed.

Is the service caring?

Our findings

People experienced positive caring relationships with staff and other people living in the home. People told us staff were caring and kind at all times. One person said, "Any problems they [Staff] will sort it. Staff are all very helpful. They pull your leg sometimes and have a laugh." Another person said, "It's nice to have company." A relative told us they were happy with their relations care and support. They said, "Staff are kind and caring [name] always looks nice. I have been in the dining room and it was nice to see [name] sitting with others. At one time [name] would not talk to people, but now they join in and are more sociable."

Staff showed good awareness of people's needs and preferences. They had a good understanding of people's needs and could explain what was important for people. Staff described how they cared for one person on a daily basis. They said, "We get to know the people we care for, most staff have been here a long time." Staff demonstrated their awareness of the risks of discrimination and treated people with respect no matter of age, gender or sexual orientation.

People's care plans were written in a way that helped staff provide personalised care. They contained information about people's preferred names and their life histories. Staff described how they encouraged people to be independent. They talked about individuals and what people could do for themselves. For example, if a person can wash and dress themselves the staff let them. One member of staff said, "I encourage people to do things for themselves all the time."

The service supported people to express their views and be actively involved in making decisions about their care, treatment and support. People told us they had been involved in discussions about their care, or their family members were involved if the person preferred this.

Information was available for people if they wished to access and receive support from an independent advocate. An advocate is someone who speaks on behalf of another person and helps them make the right decision relevant for their needs. Care files we looked at confirmed when an advocate had been used or where people were supported to make their own decisions. .

People were treated with dignity and respect. People received care from staff who preserved their dignity by ensuring they were discreet in offering personal care and providing this in the privacy of their rooms or bathrooms. One person said, "Staff are all kind and caring. They listen to me and respect my privacy." Another person said, "Yes they treat me with dignity and are very respectful, I really do think that. I am happy here." One relative told us they were happy with the care their relation received. They said, "[name] always looks nice and staff treat them well."

Staff described how they preserved people's dignity by keeping people covered when providing personal care. The registered manager told us four staff had been identified to become dignity champions and distance learning was to be arranged. Information about the dignity champions had been put on the wall in the foyer, so people could identify them.

Is the service responsive?

Our findings

People were assessed before they used the service to ensure that their needs could be met. The registered manager created their initial care plans, which were updated as their needs changed.

People were involved in creating their care plans; this meant the plans were very detailed about all aspects of their care. Staff told us this enabled them to provide care that met people's needs and preferences. For example, one person preferred their own company and staff respected this, but continued to make regular checks to ensure the person was not left in isolation. Detailed care plans provided staff with specific instructions about people's preferences which staff followed. Care plans looked at identified people had been involved with care reviews and these were conducted on a regular basis or when people's needs changed due to a decline in health.

People's support was planned and arranged, so they were actively involved in making decisions about their care and support. One person told us they always had a female carer. They said, "I can choose who I want."

People were supported to follow their interests and hobbies. People participated in group and individual activities during our visit. People had one to one interaction, for example, some people had their nails painted. In the afternoon there was an activity session which included a variety of games and craft sessions. People looked like they enjoyed this. One person told us they liked to knit they said, "We move the chairs into a circle and make things, it's really nice."

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. People told us they knew who to raise concerns with. One person said, "I've got no concerns, the manager is very nice and I am very happy here." Another person told us they were confident the registered manager would listen if they had any concerns. One relative said, "If I had any worries I would know who to speak to." They told us about a time they had spoken with the registered manager, as they had concerns about their family member's challenging behaviour. They said, "The manager explained the reasons why the doctor had made the decision not to prescribe any medicine." Staff told us there had been no complaints, but they would report to the registered manager or senior care staff if any were raised with them.

A complaints policy and procedure was in place. According to the service's log there had been no complaints on file for a number of years. The registered manager told us they dealt with any issues or concerns as they arose to prevent them developing further. The complaints procedure was on display in the home, so any visitors, people or relatives could access this. People were able to speak with the registered manager or senior person on shift and their concern would be resolved quickly. There were a number of compliments around the home thanking the staff and the registered manager for the care they provided to their loved one.

Is the service well-led?

Our findings

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had not conspicuously displayed their rating from their last inspection by CQC. We checked if the provider had a website where they could also display the rating. They did not have a website at the time of our visit.

This was a breach of regulation 20A Requirement as display of performance assessment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had systems in place to monitor the quality of the service. This included gathering, recording and evaluating information by completing monthly audits. The registered manager told us they completed visual checks of the home and spot checks to ensure staff were completing relevant tasks, but none were recorded. We found there had been no audit for infection control or the home environment. The medication audit was not robust enough to ensure issues would be dealt with in a timely manner. The registered manager reacted to issues and concerns more than being proactive and identifying issues and concerns beforehand. Monitoring systems were not consistently being applied and improvements not made proactively.

Systems were in place, but they were not being used appropriately or consistently to make improvements. This was a breach of regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's policy and procedures had been reviewed. The registered manager had signed to say there were no changes to the policy or procedures and they were up to date. However we saw some policies were not relevant to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant the service may not be adhering to the regulations or current legislation.

There was a registered manager in post. The registered manager was very hands on within the home and worked alongside the staff. The registered manager understood their responsibility and felt supported by senior management to ensure the service ran smoothly. Staff told us the registered manager was supportive and approachable. Staff appeared to work together as a team and had good working relationships with each other. They said the culture of the home was open and transparent.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had been notified appropriately when necessary.

The service promoted a positive culture that was person-centred, open and inclusive. People were observed to be happy with the way the home was managed. One person said, "The manager is good, she is out there at the point of entry, she is lively and involved."

Staff confirmed they were supported by the registered manager. One member of staff said, "The manager had put systems in place to help me understand the care plans and make it easier for me." Another member of staff said, "The manager is approachable and had an open door policy, which means we can discuss things at any time."

Each shift change over staff had discussions about people's care needs. Each member of staff carried a note book, which they recorded people's daily needs and used these to update the care plans. Information was shared with the next shift to ensure people's needs were constantly met.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were in place, but they were not being used appropriately or consistently to make improvements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments There must be displayed at each premises from which the service provider provides regulated activities at least one sign showing the most recent rating by the commission that relates to the service provider's performance at the premises. Regulation 20A (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff should receive appropriate support, training supervision and appraisals ongoing or periodically to make sure competencies are maintained. Regulation 18(2)(a)