

The Limes Retirement Home Ltd

# The Limes Retirement Home

## Inspection report

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Eye  
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Tel: 01379788114

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08 April 2021

20 April 2021

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18 May 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Limes Retirement Home is a residential care home providing personal care to up to 26 older people in one adapted building and two of the bungalows on site. There are other bungalows on site, the service is not permitted, under their registration, to provide any personal care support to the people who live in them. At the time of our inspection visit on 8 April 2021, there were 24 people using the service, some of these people were living with dementia.

### People's experience of using this service and what we found

People's care records were not always being kept up to date to reflect the care and support needed and preferred or to guide staff on how risks were mitigated. We had identified shortfalls relating to records at our last inspection and were assured at that time improvements were being implemented, enough improvements had not been made at this inspection. There is a breach of regulation relating to this.

Despite no concerns being raised relating to staffing levels from relatives and staff. We were concerned during the night, there was a risk of people's care needs not being met in a timely way. We have recommended the provider assess the staffing levels at night. The registered manager told us they have obtained a dependency tool to help calculate the staffing numbers and a quote for a new call bell system had been received to assist them to monitor call bell response times.

People were receiving their medicines as prescribed. Systems were in place to reduce the risks to people relating to their medicines.

The service was clean and hygienic, and systems were in place to reduce the risks of infection. Relatives and a health care professional told us how the service had worked hard during the pandemic and kept the people using the service safe.

There were systems to gain feedback from the people using the service and relatives and this was listened to and acted on.

We received positive feedback about the care provided from people's relatives, a person using the service and health care professionals. The provider told us they had good relationships with other external professionals involved in people's care.

The provider was engaging with the local authority and accepted support relating to improving care records and the provision of workshops to staff, including in safeguarding and recording. Staff were trained in safeguarding and understood when concerns of abuse should be reported and to who.

Staff and relatives were complimentary about the registered manager. Staff told us about how supportive the registered manager was.

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

#### Rating at last inspection

The last rating for this service was good (published 9 June 2018).

#### Why we inspected

We received concerns in relation to safety, risks associated with pressure ulcers developing and people's care records. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Limes Retirement Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach of regulation in relation to the management of people's care records at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Limes Retirement Home

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

The Limes Retirement Home 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 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. The registered manager was also a director of the organisation.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 8 April 2021, when we visited the service. It ended on 20 April 2021 when we provided telephone and written feedback to the registered manager. In between these dates we reviewed records sent to us by the provider, gained feedback from people's relatives, other professionals involved in the service, including social care and health care professionals, and received feedback from staff on the telephone and electronically.

During our visit we spoke with the registered manager, a care staff member, one person using the service and a visiting health care professional. We reviewed the care records of four people who used the service, the charts to show how one person was supported to reposition and the recruitment records for two staff members. We also observed the interaction between staff and people using the service.

Following our visit, we received feedback about the service from five staff members, six people's relatives and two health care professionals. We reviewed a range of records; including medication records and records relating to the management of the service, such as audits and policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

### Assessing risk, safety monitoring and management

- People's care records reviewed included risk assessments relating to their daily living. However, the methods for mitigating these risks were not always clear. Care plans were not always kept updated when people's needs had changed or guidance had been received from health care professionals, such as relating to one person's dietary needs. There were some inconsistencies in people's care plans which heightened the risk of people receiving unsafe care, such as the support they needed with oral care.
- There were inconsistencies in records relating to the frequency of people being supported to move position to reduce the risk of developing pressure ulcers. Following our inspection visit, a member of the management team told us they had sought guidance from a health care professional relating to recommended timings of support provided to people to change position. This was now incorporated into people's records.
- All of the relatives we received feedback from told us they felt their family members were safe.
- We observed staff supporting a person using mobility equipment safely.
- There were systems in place to reduce risks in the environment and equipment used. This included fire safety and moving and handling equipment.

### Staffing and recruitment

- Staff and relatives told us they felt there were enough staff. However, we were concerned about the staffing numbers at night, there were two staff working; seven of the people required the support of two staff members, night checks and domestic duties. The registered manager said they have always had two night staff working and the registered manager and deputy manager could be called in an emergency.
- The registered manager told us the call bell system currently in use did not support the registered manager to assess the times of call bell responses, however, they told us they had a quote for a new system which would allow this, to enable them to assess if there were any waiting times for people when they had called for assistance.
- The provider did not use a tool to assist them to calculate the numbers of staff required to meet the dependency needs of the people using the service. Following our inspection visit, the registered manager told us they had obtained a tool and would be using this going forward.

We recommend the provider assesses the staffing levels at night in line with people's dependency needs to ensure they are receiving the care they need in a timely way.

- The registered manager told us how they had increased the hours for domestic staff and were interviewing the week after our inspection visit for other vacancies. This enabled enhanced cleaning, for example in areas

which were touched regularly throughout the day which was particularly important during the pandemic.

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

- Staff were trained in safeguarding and those spoken with understood their responsibilities relating to reporting abuse. Staff were also aware of how to raise concerns of bad practice, referred to as 'whistleblowing.'
- There had been recent safeguarding concerns which had been investigated by the local authority safeguarding team. The registered manager told us how they had learnt from these and improvements were being implemented to reduce future risks. This included using equipment to alert staff if a person was mobilising independently, as well as training for staff.
- The local authority was providing workshops to the staff team in safeguarding following our inspection visit.

Using medicines safely

- There were systems in place to reduce the risks to people using the service relating to the management of medicines. This included handling medicines, ordering, disposal and storage.
- Staff were trained and had their competency checked in supporting people with their medicines.
- Audits and checks were undertaken which assisted the management team to identify and address any issues promptly.
- We received feedback from a healthcare care professional which identified people were provided with their medicines when they needed them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last inspection we found there were shortfalls in people's care records. The registered manager assured us improvements were being made. During this inspection we found enough improvement had still not been made. People's care records did not fully explain people's care needs and preferences, how they were being met and how their conditions affected them. There were contradictions and omissions in the care plans which could lead to people receiving unsafe and inappropriate care.
- The provider's action plan identified they were planning on making improvements in care records, and the registered manager told us they were accepting support from the local authority in this area. However, these improvements had not been sufficiently undertaken when we had pointed it out in 2018.

Systems were either not in place or robust enough to demonstrate people's current care needs and preferences were accurately recorded. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the shortfalls identified in records, people's relatives were complimentary about the service provided and the management. With some telling us about the improvement in their family member's wellbeing since they had lived at the service. Without exception, we received positive feedback about the caring nature of the staff and management team.
- We observed caring interactions between staff and people using the service. One person told us, "What would we do without these staff? They are lovely."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Feedback from staff was positive and they spoke about the work they did compassionately and with pride. They told us about how the staff team covered shifts where needed and worked well together, with the leadership of the registered manager.
- The registered manager was passionate about the service they provided. They understood their role and responsibilities in managing the service and the provision of the regulated activity. The registered manager had notified us of incidents, where required.
- There was a duty of candour policy and procedure in place. There was also a policy in place relating to the

pandemic and sharing information with people and their representatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We observed a staff member communicating with a person using a hand held white board. To support people keeping in touch with others, the service had improved their telephone system and included information about what people had been doing with their time on social media.
- People's relatives told us they were kept updated regarding any issues or incidents relating to their family members.
- Staff were extremely positive about the registered manager and how supportive they were, both with work related and personal issues. This included assistance to staff during the pandemic, such as accessing supplies of food. This was confirmed in records reviewed.
- The provider received feedback from people using the service and from relatives about their experiences of the service provided. We saw recent feedback gained from relatives during the pandemic. This demonstrated their views were valued and acted upon, for example, advising on the arrangements for private visits.

Continuous learning and improving care

- Since our last inspection there had been some improvements made and further improvements were planned. The lounge had been extended, which provided people with more communal space, the laundry room flooring had been replaced, a new training room was in place in the grounds, and hand sanitiser was available throughout the service. There were further plans to provide a larger office space for the management team and a larger medicines room.
- Since our last inspection, there was a new training provider, who personalised the training for staff, which related to the people using the service.
- Staff told us they were provided with training they needed to meet people's needs and this was regularly updated, and any requested training was provided. One staff member told us how a person using the service was using equipment with their mobility due to a change in the needs, the registered manager promptly ensured staff were trained in the safe use of this equipment.

Working in partnership with others

- The registered manager told us they shared positive relationships with the health and social care professionals involved in people's care. This was confirmed by two health care professionals, one who told us referrals were made appropriately when people required assistance with their health care needs.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Care records relating to service user's needs were not detailed enough to demonstrate how people's assessed needs and preferences were met.</p> <p>Regulation 17 (1) (2) (b) (c)</p>