Sanctuary Care Limited

Lime Tree Court Residential Care Home

Inspection report

108 Ettingshell Road
Bilston
Wolverhampton
WV14 9UG

Tel: 01902884490
Website: www.sanctuary-care.co.uk/care-homes-midlands/lime-tree-court-residential-care-home

Date of inspection visit:
14 September 2021

Date of publication:
14 October 2021

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Lime Tree Court is a residential care home that was providing personal care to 48 older people at the time of the inspection, some of whom were living with dementia.

The home accommodates up to 60 people in one adapted building over three floors, each of which has separate adapted facilities.

People's experience of using this service and what we found
Although people received their medicines as prescribed, we found the overall management of medicines needed to be improved to ensure they were administered and stored safely.

People were protected from the risks of ill-treatment and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do if they suspected wrongdoing.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

People were supported by enough staff who were available to assist them in a timely way.

People and staff felt the service was well managed. People and staff were given opportunities to share feedback about the service. The registered manager and provider undertook regular auditing to ensure the quality of care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 29 August 2019).

Why we inspected:
We received concerns in relation to the potential lack of timely medical intervention and concerns regarding the safe administration of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection people were at risk of harm from these concerns.

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.

Please see the safe and well-led key questions sections of this full report.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Lime Tree Court Residential Care 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
The inspection was carried out by two inspectors and a medicines inspector – Pharmacist.

Lime Tree Court 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-
We spoke with five people who used the service and eight staff members including two carers, two senior carers, two deputy managers, the registered manager and regional manager.

We looked at the care and support plans for five people and looked at several documents relating to the monitoring of the location including quality assurance audits and health and safety checks. We confirmed the safe recruitment of two staff members.

After the inspection
We analysed further information the registered manager provided including medication checks and resident meeting details.

Requires Improvement

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.

Using medicines safely

• People told us they received their medicines when they needed them. However, we found improvements were needed regarding the management of medicines. For example, medicines were not always kept secure. We saw locks to the medication trollies were broken. This meant when the trollies were left unattended people had access to the medicines stored in them. We also found some medicated creams were not always returned to the trolley once they had been applied and were left in people's rooms. The registered manager told us they had identified the broken locks and had ordered new trollies, but these had not yet arrived.

• People who had been prescribed medicines on a when required basis had written plans in place. However, the information included was not sufficient to inform the staff of how and when to administer these medicines. For example, we saw written information for analgesic medicines directing staff to "look out for signs and symptoms of any pain" but they did not go on to describe what these signs would look like for each person. The registered manager told us they were reviewing the care and support plans to ensure this level of detail was included in all people's care plans.

• A system was in place for recording where on the body analgesic skin patches were being applied. This is done because manufacturers of these patches set out how often a patch can be applied to one part of the body. We looked at four people who had been prescribed these patches and found the patches were not being rotated around the body in accordance with the manufacturer guidance. Using a site too often could lead to these people experiencing unnecessary side effects. Although the recording showed these patches were not being rotated as they should there was no evidence people had been effected by this.

• Refrigerator temperatures, where medicines were stored, were not being measured correctly. The service was not recording the maximum and minimum temperatures on a daily basis and therefore were not able to demonstrate medicines, that required cold storage conditions, were being stored correctly.

• Processes were in place for the timely ordering and supply of medicines. The medicines administration records indicated people received their medicines as prescribed.

• Staff checked the quantity of each medicine against the information shown on the electronic recording device before preparing them for administration. Staff were aware of what to do when a discrepancy was identified.

• Staff members had been trained and assessed as competent to safely support people with their medicines.

Systems and processes to safeguard people from the risk of abuse

• People told us they felt safe living at Lime Tree Court and with the support they received. One person said, "It's not the same as living at home but it is safe being here. It's, reassuring to know there is always someone at hand if you need help."
• People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
• Information was available to people, staff and visitors on how to report any concerns.
• The provider had made appropriate referrals to the local authority, in order to keep people safe.

Assessing risk, safety monitoring and management
• People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to continue to lead the lives they wanted whilst keeping the risk of harm to a minimum.
• We saw assessments of risks associated with people's care had been completed. These included risks related to diet, nutrition, skin integrity, trips and falls. Staff members knew the individual risks to people and what to do to safely support them.

Staffing and recruitment
• People were supported by enough staff who were available to safely support them. We saw staff were available to support people promptly when needed but also had time to interact with them in an unhurried and valuing way.
• The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

Preventing and controlling infection
• We were assured the provider was preventing visitors from catching and spreading infections.
• We were assured the provider was meeting shielding and social distancing rules.
• We were assured the provider was admitting people safely to the service.
• We were assured the provider was using PPE effectively and safely.
• We were assured the provider was accessing testing for people using the service and staff.
• We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured the provider's infection prevention and control policy was up to date.
• We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
• The provider completed regular checks to ensure staff followed the latest infection prevention and control practices. Staff members told us they had received the latest training on the use of personal protection equipment and took part in a testing regime which was overseen by the management team.

Learning lessons when things go wrong
• The provider had systems in place to review any reported incidents, accidents or near misses. For example, following a recent incident all processes were reviewed regarding people's bowel care. We saw records had been updated and appropriately completed. Staff were aware at what point to seek medical assistance for people.

Good

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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• The provider and management team had quality monitoring systems in place. These included checks of people's care plans and medicines. However, although these checks confirmed people received their medicines as prescribed, they needed to review their systems to ensure medicines were stored and monitored safely.

• A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

• We saw the last rated inspection was displayed at the home and also on the providers website in accordance with the law.

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

● People told us they felt the home was well managed and felt their input and opinions were valued. One person told us they had recently made suggestions regarding the menu and these had been acted on.

● People were involved in regular meetings where they could discuss aspects of their care and where they lived. One person told us they found all the staff approachable and although they could go to the registered manager at any time, they felt comfortable raising any issues with any of the staff members. They went on to say they were always confident of a positive response.

● Staff felt their opinions were valued and they were able to contribute to the care and support at Lime Tree Court. One staff member told us they had been encouraged to seek additional vocational skills by the management team which improved the support they were able to offer people.

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

● The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

● People were involved in decisions about where they lived and took part in regular resident meetings. One person said, "I can say anything to anyone, but I could just go to the boss [registered manager]. We recently spoke about what we wanted to do activity wise, and this changed."

● Staff members found the management team approachable and supportive.

Continuous learning and improving care

● The management team kept themselves up to date with changes in adult social care. This included regular updates from the CQC and leading organisations in health and social care.

● The management team also kept themselves up to date with changes in guidance from the NHS and Public Health England in terms of how to manage during the pandemic.

Working in partnership with others

● The management team had established and maintained good links with other health care professionals. For example, GP, district nurses, dieticians, social work teams and physiotherapists.