

Lime Lodge Care Ltd

Lime Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Lime Lodge is registered to accommodate up to nine people in one adapted building. People living at the service had a learning disability and / or autism. At the time of our inspection, seven people were living at the service. Accommodation is provided over two floors and within the grounds of the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Improvements were required in how people were involved in their care and treatment that maximised their choice, control, and independence. People did not receive consistent person centred care and the promotion of independence was limited. Opportunities to engage in stimulating and meaningful activities, interest and hobbies including social inclusion was also limited.

Risk assessment, review and monitoring needed improvement. There was a risk people may not receive consistent safe care due to a lack of guidance for staff. People's individual support plans and risk assessments had either not been developed or were not sufficiently detailed. Risks in relation to the environment had not been fully assessed and mitigated.

Staff deployment was not sufficiently planned and did not meet people's individual care and support needs. Staff did not have sufficient time to maintain expected standards in cleanliness and hygiene of the service. Improvements were required to ensure people were protected from COVID-19.

The provider's systems and processes used to monitor quality and safety were not fully effective. The provider's internal governance, systems and processes had not fully identified the shortfalls we found. There was no ongoing action plan to drive improvements. The provider had limited oversight and monitoring of the service.

Staff's ongoing training and development needed improved monitoring to ensure all staff were sufficiently trained. Safe staff recruitment checks were completed before staff commenced their employment. Medicines management processes did not fully follow best practice guidance.

The staff team worked with external health and social professionals. Staff were positive about the support and leadership of the registered manager. An external professional and relatives gave positive feedback about the service.

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 4 November 2017).

Why we inspected

We received concerns in relation to the environment, hygiene and cleanliness and opportunities for people to engage in activities. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

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 coronavirus and other infection outbreaks effectively.

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. 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.

The provider took immediate action to mitigate some of the risks identified during this inspection; This included reviewing people's risk assessments.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lime Lodge on our website at 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 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 three breaches in relation to assessing and mitigating risks, staff deployment, and governance of the service. 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 from 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 consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Lime Lodge

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

Two inspectors completed a site visit. An Expert by Experience made telephone calls to relatives to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lime Lodge 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

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 who work with the service. We also contacted Healthwatch for feedback about the service. 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 observed staff engagement with people where possible and spoke with one person who used the service. We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two care staff. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including the staff rota, audits and checks. We also reviewed the internal and external environment.

After the inspection

Following the inspection site visit, the Expert by Experience contacted relatives by telephone and spoke with three people. An inspector spoke with an additional three staff to gain feedback about working at the service. We also sought feedback from external health and social care professionals and spoke with one professional who regularly worked with the staff.

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's training data, policies, procedures and meeting records.

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 known risks were not consistently assessed or mitigated effectively. Prior to the inspection, we were aware a person may pose a risk to others due to their behaviour. This risk had not been assessed or planned for and therefore put the person and others at potential risk of harm. However, staff were aware of the risks. Following our inspection the registered manager confirmed a risk assessment had been completed.
- One person had been assessed by a speech and language therapist (SLT) and recommended a modified diet due to a risk of choking. We noted this person's food intake record showed they had eaten biscuits and crisps. The registered manager said these foods were of soft texture. However, the support plan and risk assessment did not reflect these foods could be eaten. A person had a behaviour of putting paper in their mouth. A risk assessment had not been completed to mitigate against the risk this posed. This put the person at risk of harm. Following our inspection the registered manager confirmed they had re-referred the person for a SLT assessment and the risk assessment and support plan had been updated.
- Risks in relation to the environment and health and safety had not been effectively assessed or monitored. For example, the staff rota was used to identify which staff on duty were first aid trained, however, information was missing. From discussion with staff and the registered manager, we were not sufficiently assured staff were all first aid trained. First aid boxes were checked recently and identified as needing new stock but had not been replenished. Following the inspection the registered manager confirmed action had been taken.
- A storage room was found to have a large hole in the ceiling due to water damage. Electrical wires were visible and within reach. The door to this area was unlocked. A risk assessment had not been completed. This put people at potential risk of harm.

The failure to ensure people's individual care needs and health and safety were effectively managed increased the risk of harm. This was a breach of Regulation 12 (Safe care and treatment) Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staffing levels were not sufficient to meet people's individual care and support needs. The provider had not used a systematic approach to determine how staff should be deployed to meet people's dependency needs.
- Staff had limited time to provide person centred care and support due to the deployment of staff and the additional domestic tasks expected of them. All staff spoken with, told us they believed staffing levels were insufficient and this was their greatest concern. Comments included, "It's my only concern, there's not

enough staff on duty. People receive basic care. Their experience could be better if staffing was increased."

- The training matrix was requested but not provided. The registered manager told us three staff required refresher mandatory training, they did not provide details of when this would be completed. The nominated individual confirmed they sometimes covered care shifts but had not completed any mandatory training. This put people at risk of receiving unsafe care.

The failure to ensure sufficient numbers of trained staff were deployed to meet people's individual care and support needs increased the risk of harm. This was a breach of Regulation 18 (Staffing) Regulated Activities) Regulations 2014.

- Staff confirmed they had received a face to face interview, relevant pre employment checks, induction and shadowing opportunities. Not all relevant documents were on the staff files. The registered manager assured us these records had been completed but were archived.

Using medicines safely

- Best practice guidance in the management of medicines was not consistently followed. For example, medicines were not consistently administered in a timely manner. We observed a person repeatedly asked several staff for their medicines, they received them 18 minutes later. This increased the risk that people may not receive their prescribed medicines safely.
- Dates were not consistently recorded when medicines were opened. This increased the risk of expiry dates being exceeded, impacting on the effectiveness of the medicine. A system to check medicine stock balance was not kept to monitor medicines supplied. People's preferences of how they received their medicines was not recorded.
- One person told us how they preferred staff to manage their medicines but acknowledged they could do this independently. An assessment in relation to self-administration had not been completed. This was a missed opportunity to develop the person's independence.

Preventing and controlling infection

- We were not fully assured that the provider was meeting shielding and social distancing rules.
- We were not fully assured that the provider was admitting people safely to the service.
- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

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

- A person told us they felt safe living at Lime Lodge. Relatives were positive that staff provided safe care and protected people from the risk of discrimination and abuse. Comments included, "I am more than happy for [Relative's name] to be there, I feel very secure they are at Lime Lodge. They have come on leaps and bounds since moving to the service."

- Staff knew how to recognise and protect people from the risk of abuse. Staff told us they had received safeguarding training and had access to the provider's policies and procedures. A staff member said, "People get on well together, it's a chilled, calm environment, no behavioural concerns between people. Any change in behaviour that was out of character I would report. Any concerns about staff practice or risks I would also report."
- The registered manager was aware of the local multi agency safeguarding procedures of reporting any allegations or concerns, and had used this when required. This included reporting to CQC.
- At the time of our inspection, there had been no recent incidents or accidents involving people who currently used the service. The registered manager told us how they had previously reviewed incident and accident records for any themes, patterns and learning opportunities.
- We received positive feedback from an external professional about how the registered manager, managed and responded to any incidents. This included sharing information with others and seeking guidance and support to reduce further recurrence.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems and processes to monitor quality and safety were not fully effective in protecting people from the potential risk of harm. The provider had not identified all the shortfalls in the expected care standards found during this inspection. The registered manager's ability to fulfil their management role and responsibility, was impacted by their time available due to covering staff shortfalls. The provider did not have clear oversight of the service and there was no action plan to drive forward improvements at the service.
- Systems and process to assess, monitor and mitigate risks in relation to people's individual care and support needs were ineffective. This increased the risk of harm to people. Audits and checks on health and safety and the environment had failed to identify potential hazards, and poor standards of hygiene and cleanliness exposed people to increased risk.
- Staff deployment had not been effectively assessed and planned for, to ensure people's individual care and support needs were met, and they received person centred care. Staff did not have adequate time to maintain hygiene and infection and prevention standards.
- Staff training, supervision and appraisal information showed gaps and there was a lack of action to address these shortfalls.
- People's individual care records such as health action plans that recorded health related needs and guidance showed multiple gaps in information. This impacted on oversight and monitoring of people's care and support needs.

A failure to effectively and consistently assess, monitor and mitigate risks placed people at increased risk. This was a breach of Regulation 17 (Good governance) Regulated Activities) Regulations 2014.

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

- The principles that underpin CQC's best practice guidance; Right support, right care and right culture for all learning disability and autism registered services were not fully being met. There was limited evidence of people being enabled to lead an active and fulfilling life that promoted their independence, choice, and social inclusion. This included minimal opportunities for people to be involved in the development of the service.
- The staff and registered manager knew people well and showed a commitment in wanting to provide

people with good quality care. However, there was a lack of leadership, awareness, and action of current best practice guidance.

- Relatives were complimentary about the staff and registered manager's caring approach. Comments included, "The manager is very caring and dedicated to their job. They want to make life the best it can be for the individual. They always fight relations corner and has their best interests at heart. Relation calls them their second mum."

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

- Relatives were confident staff informed them of any issues or concerns and staff were open and honest in their communication. Comments included, "If there are any problems, staff will contact me. It is easy to get in touch with them."

- The registered manager told us how they had maintained contact with relatives and communicated with external professionals during the COVID-19 pandemic. The registered manager was confident they had developed positive, open and transparent relationships with others.

- The registered manager notified CQC of incidents they were required to do and displayed their current inspection rating.

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

- Relatives told us staff maintained good communication with them and on the whole, they felt involved and consulted in their relations care and support.

- The registered manager told us how they sent feedback questionnaires to relatives and people in May 2021. They told us feedback was positive. However, relatives told us they could not remember having been consulted. Comments included, "I've never been asked for feedback. I have had a recent review over the phone."

Working in partnership with others

- Relatives were confident staff worked well with external professionals. Comments included, "They work closely with the GP Surgery next door."

- From speaking with staff and reviewing people's care records, it was evident staff worked with health and social care professionals. Referrals to external agencies for advice and guidance were made in a timely manner.

- An external professional spoke positively about the service and working with the registered manager and staff. They told us how they had worked with the staff team in supporting people to achieve positive outcomes such as moving into supported living accommodation.

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 provider had failed to effectively assess and mitigate risk to ensure people receive safe care and treatment, this put people at increased risk of harm.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not fully effective in ensuring people received consistent safe care and treatment. This placed people at risk of harm. Records were not accurately complete or kept up to date.</p> <p>Regulation 17 Good Governance (1) (2) (a) (b) (c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure there were sufficient staff deployed and sufficiently trained to enable them to carry out their duties they are employed to do.</p> <p>Regulation 18 Staffing (1) (2) (a)</p>

