

Roseville Care Homes Limited

Limetree House Upper Poppleton

Inspection report

Chantry Green, Main Street
Upper Poppleton
York
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Limetree House is a residential care home. It provides personal care and accommodation for up to 26 older people and is owned and managed by Roseville Care Homes Limited. The home is a large detached property set in private gardens in the village of Upper Poppleton on the outskirts of York. There is some parking on the site, and on the road nearby.

We inspected this service on 31 May and 2 June 2016. This inspection was unannounced. At the time of our inspection, there were 25 people using this service.

The service was last inspected in June 2014 at which time it was compliant with all the regulations we assessed.

The registered provider is required to have a registered manager in post as a condition of registration. On the day of the inspection, there was a manager in post and they were in the process of applying to become the home's registered manager, however, the home had been without a registered manager since January 2016. A registered manager is a person who has registered with the CQC 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.

During our inspection, we found that appropriate checks had not been completed to ensure the gas system and passenger lift were safely maintained.

This was a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified issues with the storage and recording of medicines administered to people who used the service.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have taken in response to these breaches of regulation at the back of the full version of this report.

We found that people's needs were assessed, risks identified and risk assessments put in place to keep people safe. We found that staff understood their role and responsibilities with regards to safeguarding vulnerable adults from harm.

The registered provider ensured appropriate checks were completed so that only people considered

suitable to work with vulnerable adults had been employed. We found that sufficient numbers of staff were employed to meet people's needs.

Staff were described as knowledgeable, skilled and experienced. Training was provided and in the process of being updated. A new system of supervisions had been introduced and work was on-going to ensure all staff received regular supervision.

People who used the service were supported to make decisions in line with relevant legislation and guidance.

We received positive feedback about the food available at Limetree House and found that effective care and support was provided to ensure people ate and drank enough.

People who used the service were supported to access healthcare services where necessary.

We made a recommendation about the registered provider developing a more dementia friendly environment.

Staff were kind, caring and attentive to people's needs. People were supported to make decisions and their privacy and dignity were respected by staff.

People's needs were assessed and person-centred care plans developed.

Positive progress had been made to support people to engage in activities. However, our observations and feedback from people who used the service showed us this work was on-going. We have made a recommendation about continuing to develop the support provided for people to engage in meaningful activities in the body of our report.

People told us they felt able to raise issues and concerns and we saw that a system was in place to listen, learn and respond to people's experiences of using the service.

We received consistently positive feedback about the new manager and observed that positive changes and improvements had been made under their leadership. However, further progress was needed to embed new systems and processes, to update training and supervisions, and to increase the monitoring of medication management within the home.

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.

Staff we spoke with understood their role and responsibilities with regards to safeguarding vulnerable adults.

Risk assessments were used to guide staff on how to reduce risks and keep people safe. However, appropriate health and safety checks had not always been completed to ensure the safety of the premise and the equipment used.

The management and storage of medicines needed to be improved to ensure people consistently received their medicines as prescribed.

We received positive feedback about staffing levels within the home and observed that there were sufficient staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective.

We received positive feedback about the skills and experience of staff working at Limetree House. Training was provided and was in the process of being updated to ensure staff had the knowledge and skills needed to carry out their roles effectively.

Consent to care and treatment was sought in line with relevant legislation and guidance on best practice.

People who used the service were supported to eat and drink enough and to access healthcare services if needed.

Good ●

Is the service caring?

The service was caring.

People who used the service provided positive feedback about how kind and caring the staff were.

People were supported to make decisions and express their

Good ●

wishes and views.

The care and support provided by staff maintained people's privacy and dignity.

Is the service responsive?

The service was responsive.

People's needs were assessed and person-centred care plans developed. Staff showed a good understanding of people's individual needs.

Positive progress had been made to support people to engage in activities.

There were systems in place to listen and learn from people's experiences and respond to complaints.

Good ●

Is the service well-led?

The service was not always well-led.

We received consistently positive feedback about the new manager and their management of the home.

We identified that a number of positive changes and improvements had been made to the management systems within the home.

We found that training, supervisions, medication management and the quality assurance system needed to improve. Whilst work was on-going to address these issues and concerns, they had not been fully resolved and further improvements were still needed.

Requires Improvement ●

Limetree House Upper Poppleton

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. The inspection was planned to check whether the registered provider was 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 31 May and 2 June 2016. The inspection was unannounced. On the first day of our inspection, the inspection team was made up of one Adult Social Care (ASC) Inspector and an Expert by Experience (ExE). An ExE is someone who has personal experience of using or caring for someone who uses this type of service. On the second day, the inspection team was made up of one ASC Inspector.

Before our inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at information we held about the service, which included information shared with the Care Quality Commission via our public website and notifications sent to us since our last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's quality assurance and adult safeguarding team to ask for their feedback about the service. We used this information to plan our inspection.

During the inspection, we spoke with seven people who used the service and three people who were visiting their relatives or friends. We spoke with the manager, deputy manager, four care staff, the activities coordinator and the cook. We also spoke with two visiting healthcare professionals.

We looked at three people's care files, three staff recruitment and training files, medication administrations records (MARs) and a selection of records used to monitor the quality of the service. We observed interactions between staff and people who used the service and observed lunch being served. We also

carried out a tour of the service and, with permission, looked in people's bedrooms.

Is the service safe?

Our findings

Checks of the building and any equipment used were completed to minimise health and safety risks. We saw documentation and certificates which showed that relevant checks had been carried out on the electrical installation, portable electrical equipment, the nurse call bell system and lifting equipment, including hoists. However, we found the home did not have an up-to-date gas safety certificate and the home's passenger lift had not been serviced at regular intervals since it was installed in October 2014. This showed us the registered provider had not taken all reasonably appropriate steps to ensure that these were safe and in good working order.

This was a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the back of this report.

Staff supported people who used the service to take their prescribed medicines. The registered provider had a medication policy and procedure in place and staff responsible for administering medicines completed training to support them to do this safely. However, there was no evidence that medication competency checks were completed. Medication competency checks typically involve an observation of staff's practice and are an important way of checking staff are administering medicines safely. The manager told us he had been informed by staff that these had been completed in the past; however, records of these were not available. The manager told us they were introducing a new system to monitor staff's competency when administering medicines.

Medicines were stored in a locked trolley, which was securely anchored to the wall. However, we noted effective systems were not in place to ensure that medicines were stored at the correct temperature. We saw gaps in records where daily temperature checks had not been recorded. We also identified numerous examples where the recorded temperature at which the medicines were stored was above the recommended safe range. There was no evidence the pharmacy had been contacted to discuss this and to make sure the medicines were still safe to use.

Medicines were supplied by the pharmacy in a monitored dosage system. These contained a 28 day supply of each person's medicine, colour coded to indicate the time that the medicine should be administered. The pharmacy also provided printed Medication Administration Records (MARs) for staff to record medicine given to people who used the service. We found gaps on four of the MARs we looked at where staff had not consistently signed to record they had administered that person's medicine as prescribed. If MARs are not completed accurately and kept up to date, medication errors could occur, placing people at risk of harm. One person who used the service told us staff did not always support them to apply their prescribed cream three times a day. We reviewed this person's MARs and found gaps in recording where staff had not supported this person with their prescribed medicine.

These concerns showed us that the systems in place to ensure medicines were managed safely within the home were not effective.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the back of this report.

People who used the service consistently told us they felt safe living at Limetree House and with the care and support provided by staff. Comments included "I have no worries about staff hurting me, they are all very kind" and "No-one has ever been nasty to me here and I have never heard staff shout at anyone." We observed that people who used the service were relaxed and at ease around staff which indicated to us that they felt safe living at Limetree House. A relative of someone who used the service told us, "This is a safe environment for [Name] to be in."

We asked staff how they kept people who used the service safe. Comments included, "We assess needs and do what's best for them [people who used the service], minimise risks and remove hazards. We do the risk assessments in the care plans and go off that, but it's knowing the person and how to look after them as well." We observed staff were knowledgeable about people's needs and worked well as a team to anticipate risks to promote people's safety. A visiting healthcare professional told us, "They [staff] know the patients and how best to approach them and that has minimised their mental health distress."

We reviewed three people's care files and saw that risks to people's safety were identified. Risk assessments were put in place to guide staff on how to manage and minimise these risks to keep people safe. For example, where someone was at risk of falling, we saw that a mobility risk assessment was in place with details about the equipment used and the level of assistance required to help them walk safely. This showed us risk assessments were appropriately used to promote people's safety.

Where people who used the service had been involved in an accident, or an incident had occurred, records were kept about what had happened and any action taken by staff. The manager showed us a new system they had introduced to review and analyse accidents and incidents to ensure that appropriate action was taken and lessons learnt. We saw that the manager signed off all new accident and incident records and recorded details where further follow-up action was needed to reduce any future risk of harm. This showed us that systems were in place to review and learn from accidents and incidents so that steps could be taken to reduce identified risks and prevent similar reoccurrences.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise and respond to safeguarding concerns. The registered provider had a safeguarding vulnerable adult's policy and procedure in place to further guide staff on how to respond to safeguarding concerns to keep people who used the service safe. Staff we spoke with showed they understood their responsibilities with regards to identifying and responding to safeguarding concerns. Records showed that safeguarding concerns were appropriately referred to the local authority's adult safeguarding team.

We saw a fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure these were in safe working order. Records showed that fire drills were held to ensure staff knew how to respond in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) were in place documenting individual evacuation plans for people who would need assistance to leave the home in the event of a fire. This showed the registered provider had taken steps to protect people who used the service against risks associated with the home environment. However, we spoke with the manager about ensuring doors were locked and the building secure. On the first day of our inspection, we were able to enter the home unchallenged and unobserved by staff. However, on subsequent occasions we found that the locking mechanism did mean the front door was appropriately secure. The manager told us they would monitor this. We identified that a door containing an electrical warning sign

which was meant to be locked had been left unlocked. We also identified that the door to the kitchen did not have a lock, which meant it was a potential hazard for people who used the service if they entered unescorted by staff. During the inspection, we observed a member of staff had to support a person who used the service to leave the kitchen when they had initially entered unobserved. We spoke with the manager about assessing this to ensure these risks were appropriately managed.

The registered provider had a business continuity plan which detailed how they planned to continue to meet people's needs in the event of an emergency, such as a fire, flood or loss of power. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Staff told us they had an interview, provided references and disclosure and barring service (DBS) checks were completed before they started working at Limetree House. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with vulnerable groups. We reviewed three staff files, which evidenced that appropriate checks were completed to ensure that only people considered suitable were employed.

We asked people who used the service if they felt there were enough staff on duty to meet their needs. Feedback included, "Sometimes they seem to be short-staffed, but they do manage" and "For me personally, I feel there is enough staff to meet my needs." A relative of someone who used the service told us, "They don't use agency staff here, which is a good thing. We have visited at different times of the day and there always seems to be enough staff around."

We observed there were sufficient staff on duty throughout our inspection. We saw that care and support was attentive and provided in a calm and unrushed manner. Due to the layout of the building, there were clear lines of sight and a visible staff presence in communal areas of the home. We saw that call bells were responded to quickly and people who used the service said, "I have my call bell next to my chair and they always come quickly when I need them" and "Sometimes I use my call bell and it has always been answered quite quickly."

Staff told us they felt staffing levels were safe. Feedback included, "There's enough staff. If someone rings in sick the deputy manager goes out and covers; they ring around everyone to get cover" and "Staffing has improved since [manager's name] started; we are not as short-staffed as we used to be."

The manager showed us a dependency tool they used to determine staffing levels and we saw this was kept up-to-date. This showed us staffing levels were monitored to ensure there were sufficient staff to meet people's needs.

Is the service effective?

Our findings

People who used the service told us they felt staff met their individual needs and we received positive feedback about the skills, knowledge and experience of staff who worked at Limetree House. Comments included, "Due to staff supporting me, my mobility has improved. They are always encouraging me to use my walking frame rather than the wheelchair and they come and chat to me to help improve my speech; they are amazing."

Relatives of people who used the service said, "Staff are very understanding about [Name's] dementia, deafness and health issues and are very aware of how to overcome problems due to these" and "The difference being in here has made in just one month is amazing. [Name] has got that spark back now and is very aware of what is happening. This is down to the staff here."

We reviewed the registered provider's training and induction programme. We saw that training was provided on topics including safeguarding vulnerable adults, first aid, moving and handling, health and safety, fire awareness, infection prevention and control and food hygiene. We were told training the registered provider considered to be essential, had to be refreshed every one to three years depending on the course. This was to ensure staff updated their knowledge and skills regularly. The manager showed us a training matrix they had recently developed to monitor staff's training needs. This identified there were gaps in staff's training, particularly with regards to health and safety and moving handling training, which needed to be updated. We were also concerned that staff files did not consistently contain records or certificates of training completed. The manager told us they were in the process of updating staff's training and the systems and processes used to monitor and evidence training completed.

Although there were instances where training needed to be updated, people we spoke with were positive about the skills and experience of staff. Throughout our inspection, we found staff to be knowledgeable and our observations of practice found staff provided effective and competent care and support.

We saw supervision agreements were in place which recorded that staff would have supervision every six to eight weeks. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important for staff to have regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development needs and address any concerns or issues regarding practice. Staff we spoke with told us that before the new manager started, there was no process in place for regular supervisions. We saw that since the new manager had started, one supervision session had been completed in March, five in April and three in May 2016. Records of supervisions completed showed staff discussed their role and responsibilities, their wellbeing and feedback was given on their progress.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DoLS. We saw people were asked to consent to the care and support provided. If there were concerns about people's capacity to make a decision, we saw mental capacity assessments had been completed. We saw staff completed training on the MCA and had an understanding appropriate to their role of how to support people to make decisions and what to do if they were concerned about someone's mental capacity.

Where people may be deprived of their liberty, requests for authorisation were submitted on the appropriately completed paperwork. At the time of our inspection, nine people who used the service were subject to DoLS and this was clearly recorded in their file so that staff could monitor and ensure appropriate re-authorisations were submitted in a timely manner. We spoke with the manager and found they understood the importance of DoLS and their responsibility to provide care and support in the least restrictive way.

We asked people who used the service about the food provided at Limetree House. Feedback included, "In general, I like the food served and there are always choices on offer", "The meals are excellent. There is a set menu, but if I wanted something else I could have it", "The food is delicious, I love fish and they give it to me here" and "I really like the food, it is lovely". A relative of someone who used the service said, "[Name] says the food is lovely and they have gained weight already."

We saw there was a bowl of fresh fruit available in the lounge and people who used the service were supported to drink regularly throughout the day. We observed lunch being served in the main dining room and saw that people were served quickly, food provided looked appetising and appropriate portions sizes were provided. Staff encouraged and prompted people with meals and drinks and consistently asked people if they wanted more before taking their plates away.

We observed the dining experience for people who used the service was relaxed and enjoyable. People ate at their own pace and staff were attentive in offering support and encouragement to ensure they ate and drank enough.

The home had a four weekly menu in place. We spoke with the chef who explained they gathered information from meetings or from speaking with people who used the service and used this to plan meal choices. The chef explained how they designed options to meet people's specific nutritional needs and told us how they researched ways of introducing healthy foods into people's diets.

People who used the service were weighed regularly to identify issues or concerns with significant weight loss or weight gain. Food and fluid charts were not used at the time of our inspection; however, we were told these would be used to monitor people's daily food and fluid intake if there were concerns about malnutrition or dehydration. This showed us there were systems in place to ensure people who used the service ate and drank enough.

Care files contained details about people's health needs and the level of support required from staff to maintain good health. During the course of our inspection, we observed that people were visited by health and social care professionals and care files recorded details of these visits. We saw that people who used the service were visited or supported to visit their GP, the district nurses, chiropodist and other health and social care professionals where needed. One person who used the service explained how they needed to see a

chiroprapist and staff arranged this for them. They also explained how staff took them to the doctors if they were unwell. During our inspection, we observed staff supporting one person who used the service to arrange a hospital appointment. We saw that where an accident or incident had occurred, staff sought appropriate medical attention or further advice and guidance if needed.

A visiting health and social care professional told us they had a good working relationship with the home and that staff were responsive to their advice and guidance. They said, "Any advice I have given, staff have followed. Staff are very approachable and seem knowledgeable about the people I am asking about."

This showed us there were systems in place to support people to maintain good health and to access healthcare services where necessary.

We spoke with the manager about developing the environment in-line with guidance on best practice regarding dementia care. The manager discussed research they were currently undertaking and improvements they wanted to make to maintain a more dementia friendly environment. We identified that picture menus would be beneficial to support people to make decisions at mealtimes and spoke with the manager about the colour scheme and decoration to help people identify doorways and handrails, and to navigate around the home.

We recommend the registered provider take steps to implement best practice guidance around developing and maintaining a dementia friendly environment.

Is the service caring?

Our findings

People who used the service told us, "Staff are very caring. If you ask for anything they are very good and will try to do it for you", "The staff are fabulous; they all speak kindly to me. I sometimes get annoyed, but they never do" and "Staff always speak to me in a nice way, they never shout at me."

During our inspection, we spent time observing interactions between staff and people who used the service. We observed positive interactions during the day where staff and people who used the service engaged in meaningful conversations. One person who used the service told us, "They [staff] do look after me, they make you feel welcome and you can ask them anything." We observed staff to be kind, considerate and respectful towards people who lived at Limetree House. There was a friendly and comfortable atmosphere throughout the home and people who used the service acted in a way that showed us they were content and happy with the care and support from staff.

We reviewed care files for three people who used the service. We saw they contained person-centred information to support staff to get to know and develop positive caring relationships with people who used the service. Our conversations and observations of staff's interactions with people who used the service showed us they knew people well and had developed positive caring relationships.

People who used the service told us they were supported to have choices with regards to what time to get up and go to bed, the clothes they wanted to wear and where and how they chose to spend their time.

Staff explained how they supported people to make decisions by speaking with them and asking them. One person said, "Staff do listen to you and try to help you." Other staff explained that, where people may struggle to make or communicate decisions, they would use visual cues, for example, showing people options about what to wear each day. During lunchtime, we observed people were supported and encouraged to make decisions about what to eat. We saw that a menu was on the wall to help people decide, but saw that pictorial menus were not used. The deputy manager told us this was being addressed and pictures were being collated of the meal choices so they could use these to support people who used the service to make informed decisions.

At the time of our inspection, one person who used the service had support from an advocate. An advocate is someone who can support people to ensure their views and wishes are heard on matters that are important to them. The manager understood the role of advocacy and had contact details available if other people who used the service required the support of an advocate.

People who used the service told us staff treated them with dignity and respect. Comments included, "Staff always respect my dignity and always make me feel comfortable" and "Staff are very aware of the importance of maintaining my dignity, they leave me to shower myself and then come back to me. They always knock on my door before entering my room."

A relative of someone who used the service said, "Staff are very much aware of maintaining their privacy and

dignity by knocking on their door before entering their room and closing the toilet doors."

We asked staff how they supported people to maintain their privacy and dignity. One member of staff described how they supported people who used the service with personal care. They said, "We ask them if it's all right to help them. Make sure they are covered up, the doors are closed and the curtains are closed." We observed staff spoke with people who used the service in an appropriate manner and tone. Care and support provided in communal areas was appropriate and discreet. Support with personal care was provided in people's rooms or the bathrooms with the door shut and we saw that staff knocked before entering people's rooms to maintain their privacy.

However, we spoke with the manager about ensuring people's confidentiality as we found a list of people's names and room numbers prominently displayed in the entrance to the service. This was acknowledged and immediately removed by staff.

During our inspection, we found no evidence to suggest that people who used the service were discriminated against in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation.

Is the service responsive?

Our findings

Each person who used the service had a care file containing assessments, support plans and risk assessments to guide staff on how to safely meet their needs. We saw care files were in the process of being updated. Care files that had been updated contained detailed person-centred information about people's needs as well as their personal preferences with regards to how those needs should be met. Care files also included information about people's hobbies and interests. Information such as this is important as it helps staff to get to know people who used the service and is needed to enable staff to provide responsive person-centred care.

We asked staff how they ensured the care and support provided was person centred and responsive to people's needs. Comments included, "When we first assess people, we ask as much as we can about daily routines and how they like things done. Then we observe and talk to people and add it into the care plans" and "Family tell you [about people's likes, dislikes and personal preferences] and also we get care plans, we read them then ask the resident. The care plans get reviewed monthly. We go through them with the resident to make sure that's still what they want."

We saw care files were reviewed and updated regularly. Although people who used the service told us they did not always recall being involved or having input into their care plans, relatives consistently told us that they were involved and asked to have input into care planning. Relatives said, "They always involve the family before making decisions about their care" and "We were involved from day one when we all sat down and really thought it through in relation to what was important to [name] to ensure they were cared for in a way that they would want. We were asked to complete a profile which stated their likes, dislikes and preferences along with any medical information."

Throughout our inspection, we observed staff knew people who used the service well. Staff understood people's needs and preferences with regards to how their needs should be met. We observed staff were able to use this knowledge and understanding to anticipate people's needs and to provide appropriate support whilst promoting people's independence.

A relative of someone who used the service told us, "They [staff] are very good with [Name's] deafness and all the staff really make an effort to care for their needs." A member of staff said, "We do have really good staff that care a lot for the residents. They know people's routines and how they like to do things."

The new manager had asked a member of staff to become the activities coordinator and take the lead on organising and encouraging more varied activities within the service. We saw that a weekly activities programme was on offer, with scheduled activities including board games, walks, chair exercises and bingo.

We spoke with the manager and activities coordinator and it was clear that both were passionate about promoting meaningful activities for people who used the service. The activities coordinator explained how they were in the process of organising a garden party, how people had been supported to go to a local café and to an activity held on the local village green. The manager showed us letters that local school children

had written to people living at Limetree House in advance of a visit they planned to make to the home. One person who used the service was interested in rugby and was supported by staff to go to matches. They also explained how the manager made an effort to talk to them about the rugby as this was a shared interest. This showed us that positive steps were being taken to improve the range of activities on offer to people who used the service and to develop links with the local community.

Although we could see positive progress had been made to improve the range of activities on offer, two people who used the service told us, "There is not a lot to do here during the day. My family take me out quite a lot" and "They don't have many activities. They had a trip out yesterday, but because I can't walk I didn't go. They might take me in my wheelchair, but I don't like to ask them." The manager told us they organised a range of daily activities and appropriate support was provided and risk assessments completed to ensure that everyone who used the service could participate. Records documented that regular activities were offered to everyone who used the service. A relative of someone who used the service told us, "There is plenty to do."

During the morning of our inspection, we observed that a number of people who used the service were in the lounge area with the television on. All of the people we asked told us they did not like what was on and told us they had not been asked what they would like to watch. The manager told us staff did routinely ask people what they would like to watch and subsequently provided evidence of a survey they completed which recorded that 17 people asked felt they could get the television channel changed if they wanted to.

We observed the activities on offer during our inspection. We saw two staff were playing dominoes with one person who used the service. Two people sat at the same table had colouring sheets left in front of them. We observed that no attempt was made to encourage them with this activity and staff had little interaction with them. We observed three people who used the service during the afternoon and noted there was little meaningful interaction or stimulation for them. We spoke with the manager about introducing rummage boxes or memorabilia to promote reminiscence, which people who used the service could use when staff were occupied elsewhere.

We recommend the registered provider continues to develop the support available for all people who used the service to engage in meaningful activities.

We spoke with three visitors who were relatives or friends of people who used the service and they told us they were able to freely visit and were always made to feel welcome. One person said, "We bob in and out all of the time and are always made to feel welcome."

The registered provider had a complaints policy and procedure in place which detailed how they would manage and respond to complaints about the service. We saw a copy of the complaints procedure was displayed in the entrance of the home for people who used the service or visitors to access if needed. People who used the service told us they knew how to raise issues or concerns and they felt staff and the manager were approachable. Comments from people who used the service included, "I have good communications with the staff and management and feel that I can go to them with any concerns", "I would feel comfortable about raising concerns with [deputy manager] or [manager], but I have never needed to" and "I would tell staff if I am unhappy, that is the best way to do it."

The manager showed us a log they maintained of complaints and concerns about the service. We saw there had been 14 entries dating back to April 2015. Records of complaints showed that issues or concerns were investigated and a response provided. This showed us the manager was responsive to concerns and acted appropriately to resolve issues. We also saw there had been a number of compliments received by staff at

Limetree House with feedback which included, "Many thanks for keeping Dad safe and cared for at all times."

The manager showed us returned copies of a questionnaire sent to people who used the service and visiting professionals in March 2016. They explained how this was used to gather feedback about the home and the service provided. We saw that results had been collated and a response provided about what actions would or had been taken to address any issues or concerns identified. This showed us the manager actively encouraged people to provide feedback about the home so they could listen and learn from people's experiences to improve the care and support provided.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration for Limetree House. The home had been without a registered manager since January 2016. During our inspection, there was a manager in post and they were in the process of applying to become the home's registered manager. The manager was supported by a deputy manager and senior carers.

At the time of our inspection, the manager had been in post for approximately three months; feedback we received showed us they were well-liked, approachable and engaged well with people who used the service and staff. Comments from people who used the service included, "[Manager's name] is nice, he knows me and talks to me" and "[Manager's name] is very friendly and approachable; he is a rugby fan so he talks to me and keeps me up-to-date."

We asked staff if they thought the home was well-led. Feedback included, "Yes it is well-led, it seems to run smoothly", "I feel the manager is approachable. Everything seems better now, if I've got any concerns I know I can tell him. It's 100 times better since [manager's name] came" and "I love it here, the support has become a lot better I feel since [manager's name] came in, he is a great support...we are lucky to have someone like [manager's name]."

During the inspection, we found the manager had made a number of positive changes since taking over management of the home. For example, improving and updating care plans, improving the systems used to monitor and respond to accidents and incidents and working to improve support provided to people who used the service to engage in meaningful activities. We observed the manager was a visible presence within the home. They showed a good understanding of people's needs and were passionate about improving and developing the quality of the care and support provided for the benefit of the people who used the service. People we asked felt that the manager treated staff with respect and staff we spoke with felt the manager was approachable and open to suggestions. We saw this led to a positive atmosphere within the service.

We saw minutes of staff meetings held to discuss roles and responsibilities, care planning, training, issues and concerns, timekeeping and the rotas. Minutes showed that meetings were being used to encourage improvements by sharing information and discussing important changes.

The manager showed us a communication book they had introduced to share important information about things that needed doing or changes in processes or policies. The manager explained how this, alongside daily contact with staff and team meetings, allowed them to share information with staff. Staff we spoke with recognised the changes the manager had made since taking over the service. One member of staff told us how the manager took time to explain and help them understand the changes that were being made showing effective leadership. They said, "[Manager's name] is really good. There are more guidelines on how to record things on notice boards and in the communication book now."

Although we identified that the manager had introduced a number of new systems and processes which were positively impacting on the service and the quality of the care and support provided, we could see this

work was on-going and further progress was needed to fully resolve outstanding issues and concerns. For example, whilst the manager had embedded a system for staff to have regular supervisions and to ensure all staff training was brought up to date, not all staff had received supervision and not all staff's training was up-to-date. This showed us that the service had not always been well-led and whilst work was on-going to address this further progress was still needed.

The manager was in the process of introducing a more robust system of audits to monitor the quality of the care and support provided. The manager completed audits to monitor practice around infection control, food safety, health and safety, medication management and care plans. Audits identified areas of concerns and actions that needed to be taken to address these. Subsequent audits reviewed the actions and outcomes of previous audits to check that changes and improvements had been made. However, we spoke with the manager about developing a more robust system to monitor medication management as we identified on-going issues with the storage and recording of medicines administered to people who used the service. The manager showed us a new medication assessment tool that they planned to implement.

We concluded there was evidence of on-going positive progress and that the manager was actively seeking to address issues and concerns. However, this work was not complete and other systems and processes had not been fully imbedded at the time of our inspection.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked the manager how they kept up to date with important changes in legislation and guidance on best practice. The manager told us they got updates from the CQC website, had a number of subscriptions to regular newsletters and publications and attended events with speakers including those organised by the CQC. The manager told us that through this they were signposted to relevant publications including new National Institute of Health and Care Excellence (NICE) guidelines. The manager also explained how they did their own research on the internet and we discussed best practice guidance the manager had been researching around developing and maintaining a dementia friendly environment. This showed us the manager was committed to keeping up-to-date with important changes and developments in health and social care and using this information to improve the care and support provided at Limetree House.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not taken appropriate steps to ensure the proper and safe management of medicines. Regulation 12 (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider had not ensured that all premises and equipment used were properly maintained. Regulation 15 (1).