

Wilton House Limited

# Lime Tree Manor Nursing and Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Lime Tree Manor Nursing and Residential Home provides personal and nursing care for up to 110 older people, some of whom may be living with dementia. At the time of our inspection there were 97 people living at the service.

The home was purpose built and provide accommodation to people over three floors each with separate adapted facilities. One floor specialises in providing care to people living with dementia. All bedrooms have complete en-suite facilities with either bath or shower.

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

People, their relatives and health professionals we spoke with felt that staff worked using safe practices. Staff knew how to report their concerns related to safeguarding as well as how to effectively manage risks for people. People's medicines were administered by trained staff who followed safe medicine administration practices.

There were effective infection control processes in place to lower the risk of infections spreading in the home.

People, their relatives and staff confirmed there was enough staff to meet people's needs. The provider's recruitment process was robust, including all required checks to help ensure staff employed had the right skills to work in a care setting.

People and their relatives praised the registered manager and the staff team for being kind and involving people in their care.

The registered manager carried out daily, weekly and monthly audits which helped them assess the quality and safety of the service they provided to people. Actions were taken when needed to improve the service. Lessons learnt with actions needed were shared with staff in meetings and handovers. The service worked in partnership with health and social care professionals to maximise people's health.

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 on 05 October 2017).

### Why we inspected

We received concerns in relation to staffing, medicine management and the lack of support and actions taken by management following concerns raised by staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

The overall rating for the service remained good based on the findings of 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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lime Tree Manor Nursing and Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was 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 Manor Nursing and Residential 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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.

#### Service and service type

Lime Tree Manor Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lime Tree Manor Nursing and Residential Home is a care home with nursing care. 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 inspection

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. We used information gathered as part of monitoring activity that took place on 17 February 2022 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with six people who lived in the home, three relatives and six members of staff including the registered manager. We reviewed a range of records. This included four people's care records, staff training records, and records relating to the management of the service, including accidents and incidents, safeguarding, complaints and compliments.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- People told us they felt safe and were happy in the home. One person said, "I do feel safe here. [Staff?] look after me very well."
- Staff received safeguarding training and were able to clearly demonstrate their knowledge about how to keep people safe. They told us they would not hesitate contacting Care Quality Commission (CQC) or the safeguarding authority to raise concerns if their managers failed to do so.
- The registered manager investigated accidents and incidents. They looked for trends and patterns to ensure if it was needed, they implemented preventative measures.
- Lessons were learnt and shared with the staff team from incidents, accidents and complaints. The registered manager carried out an investigation into any complaints or concerns raised by people, relatives and staff. They looked at what happened, what went well and what can improve to prevent reoccurrence.

Assessing risk, safety monitoring and management; Using medicines safely

- There were plans in place to lower the impact if people were exposed to any risks OF this on their health and well-being. For example, if people were found to be at risk of falls, staff checked on them regularly and a sensor mat was used to alert staff if people needed help. Staff involved the GP and physiotherapists in their care for people who continued to fall despite these measures
- Risk assessment tools were used to help staff measure how high the risks were for people to develop pressure ulcers and malnutrition. People's care plan detailed what support and equipment people needed to prevent pressure ulcers as well as how staff had to promote good food and fluid intake. One relative told us, "Staff do know my [family member] well who is at risk of falling, have assessed the risk of falls and have placed an alarm pressure mat next to the bed so they are alerted at night if they get out of bed."
- Staff administered people's medicines following best practice guidelines. Staff were trained and had their competency observed before they could administer people's medicines on their own.
- Regular medicine audits were carried out by senior staff and the registered manager to ensure if errors occurred these were rectified in a timely manner.

Staffing and recruitment

- People told us they felt there were enough staff. This was because their call bells were answered promptly, and their needs were met in a timely way by staff. Relatives said they felt there were enough staff when they visited.
- Staff told us there were enough staff to meet people's needs safely. The registered manager told us they were monitoring people's needs and they ensured this was reflected in staff numbers. When it was needed absences were covered with regular agency staff.

- On the day of the inspection we observed staff were not rushed, they gave their full attention to people who needed this and they responded with kindness and respect to people.
- Staff had been recruited safely with pre-employment checks completed including references as well as criminal record checks to help ensure they were suitable to work in in the home.

#### 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.
- The provider supported visiting and remained up to date with current government guidance. People were enabled to receive visitors and maintained contact with people important to them.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives praised the registered manager and staff for the personalised support they provided. One person told us how well staff looked after relatives feelings not just people. They said, "I could hear how they supported [a person], and how they were with the family, they were so lovely and respectful. Makes you feel good." One relative said, "I feel that [family member] would not be with us now had they not moved into Lime Tree Manor, where the team are able to look after and provide for their needs in a way that we would find very difficult, if not impossible."
- The registered manager and staff promoted a positive culture at the service. People were supported to express their wishes and preferences to enable care to be person-centred. One person told us they were visited daily by the registered manager just to check how they were. They said, "All [staff] very kind, manageress (registered manager) comes and checks on me every day."
- People and relatives were asked to provide feedback about the care they received. The registered manager reviewed this feedback and where needed improvements were made.
- Processes in place, such as staff, people and relative meetings ensured the right information was shared and everyone could contribute to the running of the home.

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 understood and worked in accordance with their responsibilities under the duty of candour. Concerns, incidents and accidents were reviewed, and the provider was open and transparent with people, relatives and professionals when things went wrong.

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

- Staff were clear about their roles and responsibilities. The registered manager had a good oversight of the quality of the service they provided to people. The regular audits carried out by the registered manager and the deputy manager to assess different parts of the service helped them identify areas where improvements were needed.
- Improvement actions were agreed following the monthly accidents and incidents analysis carried out by the registered manager and these were shared with staff through meetings and handover.
- Staff told us they were encouraged to attend training and develop their skills and knowledge.

### Working in partnership with others

- People received care and support from staff who worked in partnership with health and social care professionals to promote people's well-being.
- Two health care professionals regularly visiting the home were very positive about the care and support people received. One health professional said, "[I] found all staff to be very hard working and responsible and give very good nursing care to all our patients there. The [registered] manager along with all [care staff] do a very good job at recognising [people's] needs and liaising with the GPs on daily basis for the care home ward rounds and clinical reviews with helpful information at hand." Another health professional said, "Resident care appears to be very good and in my interactions with staff and residents, the residents are always treated with dignity and respect and are given the opportunity to make decisions about their medical care where appropriate."