

A A Toorabally

The Limes Care Home

Inspection report

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Date of inspection visit:
27 August 2020

Date of publication:
06 November 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Limes Care Home is a Residential Care Home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

The service was purpose built with bedrooms and communal areas split across two floors. Due to the number of people living in the home at the time of the inspection only the ground floor was in use.

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

Systems and processes to assess and monitor quality were still not effective. Health and safety had not always been kept up to date. This included recording of temperatures and risk assessments. Some audits had not identified issues found, consequently, these had not been fully addressed. Supervision records did not reflect staff training and development needs.

Incidents and accidents were reviewed and monitored, but the investigations did not always identify and mitigate the risk. Risk assessment and safety monitoring records were not always completed in a timely manner. Measures were in place to keep people safe from harm. There was sufficient staff for the number of people living at the home at the time of this inspection. Medication and risk of infection was managed.

We have made a recommendation that management, review all known risks for people.

Staff were recruited safely, but interview questions were not always available to reflect the rational and suitability of the staff member.

Since our last inspection training had improved, but the training style of online training did not meet all staffs training needs. Supervision was completed but did not reflect training and professional development.

We recommend the provider reviewed the supervision process.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was requires improvement (published 26 February 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last six consecutive inspections. At this inspection some improvements had been made, however further improvement were required to comply with the regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 January 2020. breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

Enforcement

We have identified one breach in relation to good governance. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Limes Care Home on our website at www.cqc.org.uk.

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.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

This service has been in Special Measures since 20 January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

The Limes 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.

Inspection team

The inspection team consisted of two inspectors onsite at the service and one inspector contacting relatives and staff who were not available on the day of the inspection.

Service and service type

The Limes Care Home is a 'care home'. People in care homes received 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 announced.

We gave the service 72 hours' notice of the inspection. This was because we needed to understand the COVID19 infection control precautions the provider had in place and to ensure the inspectors understood the current climate of the pandemic and any potential infection risks.

What we did before the 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.

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 used all this information to plan our inspection.

During the inspection-

We spoke with 15 relatives about their experience of the care their relative/loved one received. We spoke with seven members of staff including the provider, registered manager, care workers and the cook. 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.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision.

After the inspection We asked the provider to send a variety of records relating to the management of the service, including policies and procedures, training data, quality assurance records staff meetings and daily notes all of which were reviewed. We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection in January 2020, we found people were not provided with safe care and treatment and opportunities to learn from incidents had been missed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider is no longer in breach of regulation 12

Assessing risk, safety monitoring and management

- Risks were assessed and identified for most people, but we found some risks had not been recorded. For example, one person's condition put them at high risk if they were to contract the virus COVID 19. Staff were aware of the risk for this person, but a risk assessment had not been completed until the 1 September 2020, after our inspection. People whose preference was not to wear slippers or shoes were at risk of harming their feet, this was known by staff but not recorded until the day of our visit.
- At the last inspection the provider had no systems in place to monitor falls for people. At this inspection we found improvements had been made. Although people at risk of falls were identified and referred to relevant professionals when needed. The investigation process was not robust to identify lessons learnt to mitigate risk.

We recommend that the provider reviews all known risks for people and ensures where required this is recorded and investigated to ensure they mitigate risk.

Preventing and controlling infection

- Staff generally wore PPE appropriately in line with Government guidelines. However, we observed two staff not wear their mask correctly. We discussed this with the registered manager who addressed this immediately.
- People were protected from infection as they lived in a clean environment. At the last inspection we had concerns that the home was not fully clean and odour free. At this inspection we found improvements had been made. One relative said, "home looks clean." Another relative told us, "absolutely no smells in the home. It is very clean."
- There was a process in place for new admissions into the home. However, people who may be high risk did not always follow this process as they had been tested for COVID 19 before they arrived. This meant the risk was mitigated.
- The layout of the home supported infection prevention and control arrangements. People's rooms had their own toilets and washing facilities. They could also self isolate in their own room if needed.
- People were protected from the risk of infection as appropriate arrangements were in place to reduce the

spread of infection. Robust risk assessments had been put in place for visitors, people shielding or those required to social distance. When required these were followed effectively.

Temperatures were taken, and PPE provided. The service had access to COVID 19 testing and staff and people had participated. All tests were negative at the time of the inspection.

- Cleaning schedules and provider monitoring systems were in place to ensure the home was clean and tidy. All staff had received infection control training.

Staffing and recruitment

- Safe recruitment processes were in place and risks were assessed to ensure a safe number of staffing levels would continue throughout the pandemic. The registered manager told us they were actively recruiting, but this had been challenging due to the impact Covid-19 has had on the workforce.
- Staff files reviewed identified not all interview notes had been recorded. This meant we were not assured that the correct person would be suitably employed.
- There was enough staff to care for the number of people living in the home at the time of our inspection.
- Staffing levels were identified by a two-weekly rota. We noted the registered manager provided support on some of the shifts. We checked the dependency tool, which identified the number of staff a person required each day. We found there was enough staff to provide care and support for the number of people in the home, but this would need to be reviewed as more people came to live at the home to ensure their needs would be safely met.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and in a safe way.
- The medicines trolley was secured and fixed to the wall when not in use.
- Safety measures were in place to ensure medicines were effective and safe to use.
- Stocks of medications were correct and opening dates were on creams and eye drops.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment.
- Processes and policies were monitored along with staff knowledge of how to report and respond to safeguarding referrals if required.
- The registered manager told us there had been no safeguarding incidents at the home. The provider had completed a monthly review and confirmed there were no safeguarding issues to report.

Learning lessons when things go wrong

- Falls and incidents were monitored and investigated but these were not robust enough to identify risk, minimise reoccurrence and identify action taken. We have identified this as a recording issue.
- People were not phased by staff constantly wearing masks, they understood the importance of wearing them. The provider told us they were adopting a process that if someone unknown to people entered the home. E.g. other professionals or new staff they would ask them to show a photograph of them without a mask – this was good practice to ensure they kept people's anxiety to the minimum.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in 20 January 2020 we found the provider failed to ensure staff had completed relevant training. This was a breach of regulation 18 (staffing) of the health and social care act 2008 (Regulated Activities) regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Since our last inspection, staff had received updated training. The number of staff who had completed training had increased, but there was still some training outstanding. We are mindful that this could be due to the current pandemic.
- Staff told us they were in the process of completing NVQ Level 2 and this was confirmed by the registered manager. However, staff felt the learning style of the online training did not suit all their training needs. The provider told us no other training styles were available at this time due to the pandemic.
- Staff supervisions were taking place, however these were generic and only focused on task-based areas, such as, infection control. Supervision and appraisal had not been used to develop and motivate staff, review their practice or behaviours, and focus on professional development.

We recommend the provider reviewed the supervision process to ensure staff are fully supported for motivation and professional development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they joined the service, and this was reflected in the care plans.
- National recognised tools were used to assess people's needs. For example, one person's weight was being monitored for any increase or decrease in weight. People who were at risk of falls were assessed to determine the level of support they required to mobilise around the home.
- People were involved in deciding what care and support they required. Where agreed families were involved in this process. We saw care plans were reviewed on a monthly basis and updated. One relative said, "The manager requested a review of (family member's) needs, which resulted in a change in medication. This reduced their anxiety and behaviours that may challenge and were now settled."
- We observed staff supporting and attending to people's needs. A relative told us "Staff are brilliant. Clothes are always clean. [Family member's] nails are done, hair done, and feet always creamed. They have relaxing pamper sessions with bath bombs!" We saw people were clean and presentable during our

inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were mostly met. People looked well nourished. One relative said, "My [family member] is eating well and has put on weight." However, one person required encouragement and support to drink at least 1500ml of fluids per day. We reviewed person's fluid intake chart which indicated their target amount had not been met in the last week.
- People had nutritional and hydration support plans. Support plans provided person-centred information such as people's food likes and dislikes. People's dietary needs were available to kitchen staff; however, this information was not available for people who recently moved in to the care home. We identified this as a recording issue. The registered manager told us they would address this.
- People's weight was monitored on a regular basis. The provider used a traffic light coded system to easily identify weight loss and weight gain.
- We observed a lunch time meal. We found the meal experience to be calm and people looked relaxed. Two staff were supporting people and encouraging them to eat their meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to external healthcare professionals, such as, GP's, district nurses and dementia outreach teams, as and when required.
- There had been no restrictions for accessing healthcare professionals during the pandemic. We saw staff had discussed one person's weight loss with a GP and followed their recommendations. District nurses attended the home to change dressings and support people's medical needs.

Adapting service, design, decoration to meet people's needs

- At our last inspection people's privacy had not always been maintained. For example, we were able to see in to one person's bedroom through a downstairs window. During this inspection people's bedrooms could still be seen from the street. We discussed this with the registered manager. They had discussed this issue with people and families directly involved. Who had agreed for extra window covering to be used as and when needed, an example being, during personal care.
- The layout of the home had not been changed, but due to the number of people living there they were only using the ground floor. We saw some rooms upstairs were being refurbished and maintained to keep them in good repair.

Ensuring consent to care and treatment in line with law and guidance

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- People who had restrictions imposed on them to keep them safe had appropriate DoLS in place.
- Staff were trained to understand the principles of the MCA and DoLS.

- Where there were concerns with people's ability to make decisions for themselves, mental capacity assessments had been carried out. This ensured decisions were made in people's best interest.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that the service leadership, management and governance assured high -quality, person centred care, supported learning and innovation and promoted and open fair culture.

At the last inspection this key question was rated required improvement. At this inspection the key questions remained the same. Although there had been improvement since our last inspections, the service management and leadership was inconsistent.

At the last inspection the provider had failed to ensure good governance and leadership. This was a breach of regulation 17 (Good governance) of the Health and Social Care act 2008 (Regulated activities) regulations 2014.

At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

The Limes Care home had been rated as requires improvement or inadequate for the past six inspections. This demonstrated a failure to make and sustain improvement to the quality of the care provided since September 2017.

Continues learning and improving care; managers and staff being clear about their roles, and understanding quality performance, risk and regulatory requirements

- The registered manager had completed a daily walk around of the home and addressed issues and concern as they arose, but this was not always recorded. We found a radiator leaking in the corridor with a bowl to catch excess water. We found the washing machine had a leaking seal. None of this had been reported or addressed until after our visit. Some staff files had interview notes missing. The registered manager told us all staff had attended an interview. None of the audits the registered manager had completed identified these issues. The provider completed a monthly review in July 2020 and none of the issues were identified in the monitoring or environment section of the report.
- Maintenance was overseen by the maintenance person, who was also responsible for testing the water temperature around the home. Procedure for the water testing process was in place. However, we found some of the bathrooms and toilets had a low water flow.
- Weekly and monthly water tests were carried out, but none of these issues had been identified or recorded. We also checked the weekly hot and cold-water testing for bedrooms but found no hot water test had been recorded for peoples occupied bedroom. The procedure stated, "Although not recorded random weekly checks are done on occupied rooms and the hot water temperature is adjusted if required and the rooms are currently measuring between 41%." There was no documentation to reassure us this was correct and in line with the health and safety guidelines. There was no information to identify what the provider was measuring against. We were not assured people were always protected from the risk of scolding.
- Staff supervision and appraisals were taking place but lacked details of their professional development,

motivation, review of practice and behaviours.

- People's individual risks were assessed but not always recorded, for example, one person suffered from a disease that makes it hard to breathe. This meant that the person was at high risk of contracting infection, but no risk assessment was in place at the time of the inspection. The provider addressed this issue and sent us a copy of the person's risk assessment on the 1 September 2020. The provider had identified the person was assessed as high risk during the pandemic due to their condition but put the level of risk as low.
- The provider had conducted monthly reviews of the service since our last inspection but had not identified all the shortfalls above.
- We reviewed staff yearly competency assessments. These were detailed and focused on areas such as infection control, safeguarding, moving and handling. Only 5 staff out of 14 had their competency assessed in the last 12 months.
- Dietary needs for people who recently moved in to the care home were not recorded for the kitchen staff to ensure their dietary requirements would be as they required.

The provider's failure to ensure effective leadership and governance was ongoing this was a continuous breach of regulation 17.

- Safety measures in place to ensure the home was safe. Gas, electricity and legionella tests were completed and certificates were up to date.
- Personal sensitive information was stored in line with legal regulations.
- The provider had complied with conditions imposed upon their registration. After our February 2019 inspection we imposed conditions to enable us to monitor the quality and safety of the service. The provider had submitted monthly action plans for us to continue to monitor quality of the service.

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

- The provider had implemented a 'listening form' to obtain residents views, evaluate care and the service provided. People who were unable to or had difficulty verbalising when completing the forms were supported by staff or with the use of flash cards. The feedback received was positive.
- People were supported to speak with their family and friends using telephones and technology, during the pandemic.
- Systems were in place to monitor risk when family and other health care professionals were visiting the home. One relative told us the service had, "been really good during the pandemic lockdown."
- People's equality and diversity characteristics were identified during their initial assessment and recorded in their care plan.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager told us they had not received any complaints or safeguarding's since our last inspection. The providers monthly monitoring confirmed this.
- People were complimentary about the care offered by staff and were always informed about their family member by staff and the registered manager. One relative said they had, "no concerns whatsoever."

Working in partnership with others

- People had access to external health professionals such as, their GP/District Nurse or/ and the mental health team.
- Falls, weight and skin integrity were monitored. Where issues were identified there was a process to escalate appropriately to relevant healthcare professionals.

- People's skin was intact, and no one had any pressure sores at the time of our visit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance.</p> <p>Systems in place were not robust enough to demonstrate safety was effectively managed to monitor and mitigate the risk relating to the health, safety and welfare of service users.</p> |