The Limes Residential Home

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Inspection report

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Date of inspection visit:
16 July 2019

Date of publication:
29 August 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
The Limes is a residential care home providing personal care to 34 people at the time of the inspection. 32 people were living at the service at the time of the inspection.

People's experience of using this service and what we found
People were not always supported to have maximum choice and control of their lives and received support in the least restrictive way possible and in their best interests. The policies and systems in the service did not always support this practice because records did not show how people's mental capacity to consent to their care and treatment had been completed and how decisions made in people's best interests had been arrived at. Not all statutory notifications had been submitted as required.

People felt safe living at The Limes and steps had been taken to ensure people were protected from abuse and avoidable harm. Risks to people's health and care needs, as well as risks in the general environment had been assessed and actions taken to manage them. People received their medicines as prescribed and medicines were managed and stored safely. The environment was kept clean and staff followed procedures to prevent and control risks associated with infections. Enough staff were deployed to ensure people received safe care. Any accidents or incidents were reviewed so that any lessons learnt could be identified.

People's needs were assessed before they went to live at The Limes. Assessments covered all aspects of people's health, care and well-being and reflected the requirements of the Equalities Act. Staff were competent in meeting people's needs and training and supervision supported their competence. People received food and drink to meet their nutrition and hydration needs. Staff worked with other healthcare professionals to ensure their care needs were met. The Limes had been adapted where necessary to meet people's needs such as with a lift and level access ramps. People's own bedrooms were personalised to their own preferences.

Staff were caring in their approach to people. People and their relatives were involved in expressing views about their care and treatment. These views were respected. People were cared for with privacy and dignity. People were supported to be as independent as they could be.

Staff knew people well and knew about what interested them and what they enjoyed. People were supported to remain connected to their local community through local trips out and about. Relatives visited people throughout the day at times that suited them. If people were unwell or required assistance from other healthcare professionals, this was arranged. People's communication needs were assessed and met. Procedures were in place to ensure any complaints would be investigated and managed.

Audits and checks on the quality and safety of services were in place to help ensure people received quality care. People and relatives knew the registered manager, found her approachable and found the service to be run with an open management style. Regular meetings were held so that people and their relatives could

contribute their views to the development and running of the service. The service worked well with other professionals and looked to identify learning to contribute towards improving care for people.

We found two breaches of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this full report.

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

Rating at last inspection
The last rating for this service was Good (published 28 January 2017).

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

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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 included one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Limes is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from local authority

professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and four visiting relatives about their experience of the care provided. We spoke with one visiting healthcare professional. We spoke with seven members of staff including the registered manager, two members of care staff, two domestic staff, one cook and an administrator.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at further policies sent to us by the registered manager.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same, Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us they felt safe living at The Limes. One relative told us, "Oh yes, [family member] is safe because the staff are so attentive, and they feel safe." Staff we spoke with were knowledgeable on what actions to take should they suspect a person was at risk of harm; this knowledge was supported with regular training in safeguarding. When appropriate, the registered manager had followed local safeguarding protocols to ensure people's safety and had notified relevant agencies as appropriate.

Assessing risk, safety monitoring and management

● Risks to people were assessed and actions identified to help manage and reduce risks to people. This included any risks associated with healthcare needs, such as from falls. Staff were knowledgeable in how to prevent falls, for example, staff told us they made sure people wore well-fitting footwear. Risks to people from any care they needed to help them mobilise were assessed; including the use of any equipment people needed, such as walking aids. We observed staff provide safe care to people when they assisted them to mobilise; this included staff communicating clearly to people what they were doing.

● Risk assessments were in place for the general environment and from other risks, such as fire. Plans were in place and evacuations of the premises were practised, to help people and staff manage such an event as safely as possible should this be required.

Using medicines safely

● Medicines were managed and administered in line with good practice and national guidance; this included arrangements for the storage, ordering and disposal of medicines. Staff who administered medicines had been trained and their competency checked.

● People received their medicines as prescribed and staff checked with people whether they required any additional pain relief medicine. One person told us, "I'm on a pill a day." Another person added, "I have to have medicine every night and I do." When people had been prescribed anti-biotics, we saw the whole course had been completed as needed. Where people had been prescribed medicines to be applied on their skin, records showed these had been applied as prescribed.

Preventing and controlling infection

● People told us they were happy with how their home was kept clean. One person told us, "Oh yes, it's absolutely very clean; cleaned every day, yes, everywhere; it's done every day." A relative told us, "[My relations] room is absolutely spotless all the time. Everything is run by the team of carers and they're not

allowed to go into the kitchen because of cross contamination; things like that." We checked communal areas, bathrooms, toilets and some bedrooms and found these to all be clean. Staff had been trained in infection prevention and control and we saw staff used gloves and aprons to help prevent infection.

● Staff with responsibility for cleaning understood their roles and followed cleaning schedules to ensure all areas of the home were regularly cleaned. Staff with responsibility for people's laundry had systems in place to help prevent and control infections. For example, systems were in place to keep any soiled laundry in separate bags that could be placed directly into washing machines.

Staffing and recruitment

● Checks had been completed on staff before they were offered employment. These checks helped the provider make decisions on the suitability of staff to work at The Limes.

● People and relatives told us they thought there were enough staff so that care was provided in a timely manner. We observed staff were present in communal areas with people and responded to people promptly when they required assistance. Staff told us they worked together as a team and were clear on their roles and responsibilities. Staff rotas were planned in advance to ensure people's needs could be met and the registered manager told us any changes in people's needs were taken into account when planning staffing levels.

Learning lessons when things go wrong

● Staff were clear on how to report any accidents, incidents or record any monitoring of people's needs. These records had been reviewed to review what further actions could be taken to help reduce risks further. This meant the registered manager looked to learn and make improvements if something had gone wrong.

Requires Improvement

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 remained the same, Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- When people did not have the mental capacity to consent to their care and treatment, staff understood that decisions would be taken in their best interests. However, records did not show how staff had assessed the person's mental capacity in relation to specific best interest decisions. At our previous inspection we had also found assessments had not adequately demonstrated how the provider had concluded that people lacked capacity to give their consent. Despite the registered manager updating people's records with their mental capacity for day to day decision making, this still did not fulfil the requirements of the MCA. We discussed this with the registered manager, who shortly after our inspection sent through a completed 'functional assessment' and 'best interest decision' record for one person. This was in line with the provider's policy on the MCA and the registered manager assured us they would continue to put 'functional assessments' and 'best interest decision' records in place where people lacked the mental capacity to consent to their care or treatment. However, these were not in place at the time of our inspection.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people had DoLS in place where restrictions were in place to help keep the person safe. The registered manager had applied for DoLS when assessed as needed. Other legal issues of consent, such as

details on if people held 'Power of Attorney' for people were also known and considered in people's care plans.
● Staff had received training on the MCA and DoLS and our observations showed staff sought people's consent before providing care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The registered manager visited people and assessed whether their needs could be met prior to any admission to The Limes. Assessments covered all aspects of people's health, care and well-being. In addition, they reflected the requirements of the Equalities Act to ensure people's diverse needs could be met. Staff knew people's needs and whether for example people had nay needs relating to their faith.

Staff support: induction, training, skills and experience
● Staff told us they felt supported, competent and experienced in their job roles. They told us, and records confirmed they had regular training in areas relevant to people's care needs. One relative told us, "Staff seem to know exactly what they're doing and can answer any questions; they are also very pleasant and chatty too." In addition, staff had regular supervision meetings with their manager. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed the meals served at The Limes. The daily menu was on display and we saw people looking at this in the morning. People told us they could always talk to the cook if they wanted an alternative menu. The cook was knowledgeable about people's different dietary needs and told us how these were catered for. For example, the cook catered for vegetarian and gluten free diets, as well as people's personal preferences for certain dishes.
● We observed dining experiences were calm and pleasant and people enjoyed talking amongst themselves. Staff explained what they served to people and offered people second helpings if they wanted them. Throughout the day staff prompted people to drink well to stay hydrated. People were supported to maintain good nutritional and hydration levels.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● We spoke with one visiting healthcare professional on the day of the inspection. They were positive about how staff at The Limes worked with them to ensure effective care for people. The Limes had a separate treatment room for use by visiting healthcare professionals when they came to see people. In addition, a GP had visited a person who had told staff they felt unwell. Records showed how other healthcare professionals were regularly involved in people's ongoing health care. People told us they received care from other healthcare professionals when they needed it, for example, a chiropodist. Information from other healthcare professionals was reflected in people's care plans. People were supported with effective care and supported to access other healthcare services when needed.

Adapting service, design, decoration to meet people's needs
● The premises had been adapted to meet people's needs. These adaptions included a lift between floors, ramps to the outside of the property and signs where needed, to help people orientate around the building. Throughout the day people enjoyed sitting outside in the garden as well as spending time in the different communal areas or in their own rooms if they so wished. People's own rooms had been decorated to reflect their personal tastes and preferences.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People and relatives told us staff were caring to people. One person told us, "If I call staff for anything they do come." A relative told us, "Yes [my relative is] very well cared for; all the staff are really, really nice and dedicated; you can just see that staff care for people." We observed staff spoke gently with people and offered people reassurance throughout the inspection. Staff told us if people had any faith needs they would be supported to express those; though no-one currently at the service needed any additional support with this. We saw assessment processes checked what support people required to help prevent any discrimination.

Supporting people to express their views and be involved in making decisions about their care

● People and relatives told us they were involved in their care plan and involved in decisions about their care and support. One person told us, "If I want a meeting, I can have a meeting at any time." Records showed where people had been asked for their views and these had been incorporated into their care plans. We saw relatives had reviewed their family member's care plan during our inspection. We observed staff offer people choices and supported their everyday decision making. For example, staff asked one person, "Would you like to have a sit in the garden?" They went on to help the person get comfortable in the garden when they said they would like to spend some time outside.

Respecting and promoting people's privacy, dignity and independence

● People told us they felt their privacy and dignity was respected. One relative told us, "Staff are respectful, patient, they respect people's dignity." We observed staff spoke discretely with people when discussing what medicines they needed or whether they required assistance. People had been involved in events to help celebrate 'dignity in care' principles. For example, one relative told us, "Staff get balloons and ask people to write on them what Dignity mean to them, and then let the balloons off in the garden; that's absolutely wonderful."

● We saw staff supported people with their independence. For example, staff did not rush people and supported people to walk on their own at their own pace. Assessments of people's care needs identified what people could do themselves as well as what care staff were required to provide. These actions help promote people's independence.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People and relatives told us staff knew them well. One relative told us, "Staff are very kind, they have a laugh, talk to people and interact and show an interest in what they used to do; it's something that's special to them." Staff knew people's care needs and this helped the provide responsive care. For example, staff asked people about specific medical conditions that were known to cause pain and checked if the person needed any more pain relief. When one person felt unwell, staff responded and arranged for a visit from the person's GP. People's choices were respected, and this helped people remain in control of their care and treatment.

● Staff created opportunities for people to enjoy social time, for example we saw them organising activities for people to take part in, as well as planning trips to local restaurants. We also saw people enjoyed their own interests and hobbies, such as reading. People told us, and we saw, families were free to visit people when they wanted to. Staff told us they would support people if they had any wishes relating to their faith.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were assessed, and details of any needs were recorded. Information such as newsletters and minutes from meetings were available in large print.

Improving care quality in response to complaints or concerns

● People and their relatives told us they had no complaints to make, and records showed no complaints had been received. One person told us, "I haven't a complaint to make about this place; it's wonderful." The provider had displayed information on how to make a complaint should people wish to, and a procedure was in place for the provider to follow to ensure any complaint made would be investigated. People told us they would feel confident to make a complaint should they need to.

● Thank-you cards and complimentary comments had been received by relatives and people using the service.

End of life care and support

● No-one was receiving any end of life care at the time of our inspection. However, care plans were in place

to record any advance decisions people had made.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Not all statutory notifications for when a deprivation of liberty had been approved had been submitted as required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- There continued to be shortfalls in records to show the MCA had been followed when people lacked the capacity to consent to care and treatment. We were concerned as despite the registered manager updating people's care records after our last inspection identified shortfalls, the correct records to record a functional assessment of capacity and best interest decision making for specific decisions on care and treatment had not been used.
- The provider had information displayed on the latest CQC rating. This is so that people and those seeking information about the service can be informed of our judgments.
- Audits were in place and covered areas related to health and safety, medicines and people's care. This helped the service identify where improvements could be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us they were happy with their care and how that the service was run with an open management style. One person told us, "I can see [registered manager] any time I want." A relative told us, "[Registered manager] is very approachable but doesn't stand any nonsense; she's amazing." Staff told us they were confident in the registered manager and found her approachable.
- The provider had a commitment to the duty of candour and procedures in place to ensure any investigations into complaints or shortfalls would be completed thoroughly and openly.

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

- People and their relatives had regular meetings with the registered manager and were able to discuss their views about their care and living at The Limes. Newsletters about the service were also sent to people and

their relatives to keep them updated. People's views about their care had also been sought in a 'questionnaire' style survey; the responses we saw had been positive.

● Assessment processes were in place to ensure any equality characteristics were discussed with people. People we spoke with told us they felt their needs were met.

Continuous learning and improving care; Working in partnership with others

● Staff supervision and meetings were held and used to reflect on any learning and reinforce good practice.

● A range of health care professionals worked with staff to achieve good healthcare outcomes for people. For example, district nurses visited regularly to help contribute to people's overall care needs.

● The registered manager had oversight of any trends from falls or incidents. This helped them identify any learning and improve care. For example, checks were made to a ramp in a shower room following an incident report to ensure its safety. This approach ensured improvements were made if needed.

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 18 Registration Regulations 2009 Notifications of other incidents Not all statutory notifications had been submitted as required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Records did not show how staff had assessed people's mental capacity in relation to specific best interest decisions.