

Leicestershire County Care Limited

The Limes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Limes is a care home providing personal care to 40 people, with a range of support needs. There were 38 people living at the home at the time of our inspection. The service provides support to older people some of whom are living with dementia.

The Limes is purpose built. It is split over two floors with communal areas on each floor.

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

The service provided to people at The Limes was not consistently safe. People did not always receive their medicines as prescribed. People were not always protected from risks, such as falls. Opportunities to learn from adverse incidents had been missed. The home was not clean and hygienic in all areas; consequently, people were not protected from the risk of infection. There were not always enough staff to ensure people's safety. People were protected from abuse and improper treatment.

People were not supported to have maximum choice and control of their lives and there was limited evidence that staff supported people in the least restrictive way possible and in their best interests; the systems were not effective in preventing this practice. Staff did not have training in some key areas. The management team had identified this and had arranged training. Overall staff told us they felt supported; however, some staff had not received formal supervision. There was a risk people may not receive the support they needed in relation to their health. Overall, we found that people had enough to eat and drink. The home was adapted to meet people's needs.

People were supported by staff who were kind and caring, staff knew people well and people were involved in making decisions about their care. People were treated with dignity and respect and their right to privacy was upheld.

People did not always receive personalised care that met their needs. Some further work was needed to ensure people were provided with consistent, caring and compassionate support at the end of their lives. People had opportunities to get involved in meaningful activities within the home and in the community and their diverse needs were met. There were systems in place to respond to complaints and concerns.

Systems to ensure the safety and quality of the service were not fully effective, this posed a risk to people's health and wellbeing. Sensitive personal information was not stored securely and records of care and support were not consistently accurate or up to date. The management team had a vision to provide high quality care, however further work was needed to implement and sustain this. The management team told us action would be taken to address the issues found during our inspection. People, families and staff were involved in the running of the home and there were links with partner agencies and the local community. The management team were meeting their legal duties to notify us about significant events and to display their rating.

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 8 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, consent and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Limes

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

This inspection was carried out by one inspector and an 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 a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider opportunity to discuss this during the inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care

provided. We spoke with four members of care staff, a member of the catering team, the registered manager and the compliance care standards officer. 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 five people's care records and multiple medication records. We looked at four 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 policies and audits sent to us by the management team.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People did not always receive their medicines as prescribed.
- Although people told us they got their medicines, we found multiple issues with medicines storage, recording and administration. There were gaps in several people's medicines records which indicated that medicines had not been given.
- When people had medicines prescribed to be taken 'as needed' there were not always protocols in place to guide their administration. Consequently, we found these medicines were not always given as prescribed.
- Medicines were not always recorded accurately. For example, there were no records of some medicines that were in the building. This increased the risk of error or misuse.
- Some people required medicines to be hidden in food or drink to make sure they took it. There was no evidence that a pharmacist had been consulted to ensure it did not effect the function of the medicine. In addition, there was limited information about how staff should give this medicine.
- The issues with medicines management meant some people had not received their medicines as prescribed and there was a risk other people may not receive their medicines.
- We found that several topical creams were in use past their expiry date. In addition, staff were not routinely recording the application of topical creams. This posed a risk to people's skin integrity.

Assessing risk, safety monitoring and management

- People were not always protected from risks associated with their care and support.
- Staff did not use care plans to inform their care and support. This had resulted in a failure to follow risk reduction guidance in some cases. For example, one person was at risk of falls and their care plan stated they must be monitored every 30 minutes. Staff were not recording the 30 minute checks and we found the person in an unsafe situation which placed them at risk of falls.
- This failure to consistently assess, monitor and mitigate risk increased the risk of people receiving unsafe support.
- There was a risk people may not receive the support they required in the event of an emergency, such as a fire. Personal emergency evacuation plans were not available for some people and the fire plan was not accurate.

Learning lessons when things go wrong

- Opportunities to learn from adverse incidents had been missed.
- Although there were systems to review some incidents such as falls, actions planned to reduce risk were

not always completed. For example, one person had fallen recently, and the falls analysis stated their care plan and risk assessment had been reviewed. However, there was no evidence of this review to ensure measures in place remained appropriate to the level of risk.

- There was no system to learn from behavioural incidents. Staff recorded behaviour incidents, but these charts were not reviewed to identify themes and trends.
- Several behaviour charts documented that staff told people that their behaviour was 'unacceptable,' this did not reflect a good understanding of dementia. As these charts had not been reviewed no action had been taken to address this.
- This failure to review and learn from incidents and behaviour placed people at risk of unsafe support that did not meet their needs.

Preventing and controlling infection

- People were not protected from the risk of infection.
- Some areas of the home, such as toilets and bedrooms, were not sufficiently clean. Some bedrooms were odorous and we found bodily matter encrusted on bedding. There were several shared wheelchairs, these were not cleaned between uses, consequently they were dirty and stained.
- This did not promote the control and prevention of infection.

The failure to ensure people were provided with safe care and treatment was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not always enough staff to ensure people's safety.
- People gave mixed feedback in this area. Whilst some people told us there were enough staff and said staff came quickly if needed, others did not think this was the case. One person told us, "There are never enough staff. Weekends are bad. We could do with an extra carer upstairs and an extra carer downstairs."
- There were periods when there were no staff available to monitor people's safety. For example, we saw seven people in a communal area with no staff present; one person was at high risk of falls and also posed a risk to others. This placed people at increased risk of harm.
 - There were high levels of unwitnessed falls. In November 2019, there were 20 falls, 18 were unwitnessed and six of these were in communal areas. This demonstrated staff were not always available to ensure people's safety.
 - We received unanimous feedback from staff that there were not always enough staff. They told us that short notice staff absences were not always covered which left them a staff member down.
 - The management team were aware of the issues with staffing and told us recruitment was underway to improve the situation. They told us agency staff were used to cover staff absence but acknowledged there were times when agency staff were unavailable, which resulted in reduced staffing levels.
 - Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment.
- People and their relatives told us they or their relations were safe. One person said, "Yes I feel safe. Some of the carers make me feel safe."
- Staff knew how to recognise and report abuse. The management team had acted quickly to identify potentially abusive practices and had conducted investigations of concerns raised.
- Allegations of abuse had been reported to the local authority safeguarding team when required.

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 good. At this inspection this key question has now deteriorated to 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.

- People's rights under the MCA were not always respected.
- Where people were subject to restrictions, such as monitoring of their movements, their capacity to consent had not been assessed.
- One person was subject to continuous monitoring of their movement by either staff or movement sensors. During a 15-minute period they attempted to stand up approximately 20 times and were told to sit back down. As their capacity to consent in this area had not been assessed there was no evidence that interventions were the least restrictive option or in their best interests.
- This was also for other people who were subject to restrictive practices.

The failure to respect people's rights under the MCA was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who were able to make decisions told us staff sought their consent. One person commented, "Yes they ask our permission. They don't do things without asking."
- DoLS were in place when required. None of the DoLS we viewed had any conditions imposed.

Staff support: induction, training, skills and experience

- Staff did not have training in some key areas, such as dementia awareness and safely supporting people

whose behaviour could pose a risk to others. This meant some staff lacked insight into the experience of people living with dementia.

- The management team had identified this and had arranged training which was due to take place the week after our inspection.
- Despite the above, people told us they felt staff were well trained. One person said, "Yes staff know what they are doing. They are well trained."
- Most staff had training in other areas, however, further work was needed to embed learning in some areas. For example, although staff had training in infection control, they did not always follow good infection control practices.
- Overall staff told us they felt supported. However, some staff had not received formal supervision. This meant opportunities to manage performance and support staff may have been missed. There was a plan in place to ensure staff received this support in the future.

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

- There was a risk people may not receive the support they needed in relation to their health.
- Care plans did not contain enough information about people's health needs and the impact upon their lives. Furthermore, staff were not reading care plans which increased the risk of people receiving inconsistent support.
- People told us they were supported with their health needs and people's relatives said they were kept informed about any changes to people's needs. One person said, "If you want to see the GP, dentist or optician, you can see them."
- Records showed staff sought advice from external professionals when people's health needs changed. There was evidence that advice had been sought from external health professionals, such as physiotherapists and a specialist falls prevention team. However, records did not always evidence that staff followed guidance given by health professionals.
- Although systems were available to share information across services when people moved between them, this was not consistent. Some people had a summary sheet in place which could be shared in the event of an emergency admission to hospital, but this was not available for everyone. This posed a risk that people may not receive person-centred support.

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

- People's needs were assessed prior to them moving into The Limes. This was used to develop care plans for each person. We saw that care plans had not always been developed in a timely manner, this had been identified and improvements were underway.
- Nationally recognised tools were used to assess risk and manage care. For example, a nationally recognised tool was effectively used to assess the risk of pressure ulcers.

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

- Overall, we found that people had enough to eat and drink.
- People told us they liked the food. One person said, "The food is excellent. I get enough to eat and drink. There are choices of meals." Mealtimes were positive occasions. Staff provided timely assistance when needed. People were offered choices and preferences were catered for.
- Further work was needed to ensure risks associated with eating and drinking were managed safely. Although we saw that people were offered frequent drinks throughout the day staff did not keep accurate fluid records for people who had been identified as being at risk of dehydration. This meant staff may not identify when people hadn't had enough to drink.
- When people were at risk of losing weight, staff monitored their weight regularly and made referrals to

specialist health professionals as needed.

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

- The home was adapted to meet people's needs.
- The needs of people living with dementia and memory loss had been considered. There was dementia friendly signage throughout the home to help people find their way around and murals and other items of interest, such as sensory objects.
- People's bedrooms were homely and personalised. The registered manager told us they purchase additional personal effects for people who had few belongings to ensure they felt at home.

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. 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 were supported by staff who were friendly, kind and caring.
- People and their families were very positive about the approach of the staff team. One person told us, "They are kind and caring. They check to see if we need anything."
- People told us they had developed relationships with staff and said staff knew what mattered to them. One person said, "They know me well."
- There was a lot of positive interaction at the home. There was friendly banter between people, relatives and staff and people had developed friendships with others living at the home.
- Staff were responsive to people's need for comfort and reassurance. One person became distressed, staff were quick to identify this and knew what to do to soothe them.
- People were treated fairly and were free from discrimination.

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

- People told us staff consulted with them about their day to day care and said they felt listened to. One person told us, "They do support my choices and listen to me."
- The registered manager explained how they still ensured that a person's dietary preferences were respected when they no longer had capacity to remember this.
- People's relatives felt involved in the care of their family members. A relative commented, "Yes we have a say in how [relation] is cared for. If we see things not improving, we can say and they will improve them"
- People and their families told us they had been involved in developing their care plans. It was evident that most people had shared information about their personal history, family background and likes and dislikes.
- Staff understood how people communicated. Care plans included information about people's communication needs and staff demonstrated a good understanding of this.
- People had access to an advocate if they required one to help them express their views and there was information about advocacy displayed in the service.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy. One person told us, "They respect my privacy. They always knock my door before they come in."
- Staff treated people with dignity and respect. A relative told us, "Yes staff treat [name] with dignity and respect. They treat them how I would like to be treated. We are here a lot and never seen any incidents."
- We observed staff were patient, gentle and respectful.

- People were supported to be as independent as possible. "They encourage us to do things for ourselves." Further work was needed to ensure this was clearly reflected in care plans so that people got consistent support in this area.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People did not always receive personalised support in a timely manner.
- People's needs were not always met. We found some people did not have toothbrushes or toothpaste, there were no oral health care plans and care records did not evidence that people had their teeth brushed. This did not meet people's needs and poor oral care could have a negative impact upon people's wellbeing.
- People were at risk of receiving inconsistent support that did not meet their needs. Several staff told us they did not read care plans but instead learnt about people's needs from other staff. This placed people at risk of receiving unsafe support that did not meet their needs.
- We received variable feedback about personalised care, some people told us care was flexible to their needs, however others told us about times they did not receive care that met their needs in a timely way.
- Some staff stated they were unable to provide care as quickly as they wished due to staffing levels.

End of life care and support

- There was little evidence to demonstrate that people had been offered the opportunity to discuss their wishes for the end of their lives.
- Further work was needed to ensure people had the time to share their wishes and to provide staff with the skills to manage these difficult conversations.

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.

- The provider was meeting the requirements of the AIS. Most care plans contained information about each person's individual communication needs and staff demonstrated a good understanding of this.
- Information was available to people in a range of formats and people's individual needs had been accommodated. For example, people were provided with talking books when they were no longer able to read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with opportunities for meaningful activity and were supported to stay in touch with people who were important to them.
- The home employed an activities coordinator. They told us, "I chat to new residents at the beginning. I

base some activities on peoples' interests. We have a residents meeting once a month, where residents can say what they want to do. As a group most people join in."

- The home had several communal areas that were used to host different types of activities. This included games evenings and exercise classes. Other activities included, craft and pet therapy. We saw people appeared to enjoy the activities on the day of our inspection.
- People's individual, diverse needs had been considered. For example, one person was no longer able to read so staff used old photographs to start conversations with them. There were links with the local churches and religious leaders visited the home regularly.
- People were supported to visit the local community. There was a monthly outing, with transport provided by a local charity. People had recently visited the garden centre and Coombe Abbey.
- People's families were welcomed in to the home. People were able to make use of the smaller communal areas if they wished to have privacy when spending time with their families.

Improving care quality in response to complaints or concerns

- People and their families felt comfortable raising any complaints or concerns. A relative told us, "I have made a complaint and it was acted on straight away"
- Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns.
- There was a complaints procedure in place and complaints had been investigated and responded to in an appropriate and timely manner.
- A complaint had been made to the Local government and Social Care Ombudsman (LGO). The LGO is the final stage of complaints for adult social care providers. The complaint against the provider had not been upheld.

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

- Systems to ensure the quality and safety of the service were not fully effective.
- Although audits completed by the management team had identified many of the issues found during our inspection, effective action had not been taken to address these issues. For example, medicines audits completed over the past few months had identified many of the issues we found, however medicines were still not managed safely at our inspection.
- This failure to take effective action to address known issues posed a risk to people's health and safety.
- Personal sensitive information was not stored in line with legal regulations. For example. The office in which care records were stored was not secure. This posed a risk that visitors to the home could access confidential information.
- Records of care and support were not always accurate or up to date. For example, staff did not document some of the care provided. This failure to keep accurate records meant there was limited evidence to show people received the care they needed.

The provider's failure to ensure effective leadership and governance was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team understood their regulatory responsibilities. They had notified us of all events as required. Their most recent CQC rating was displayed in the home and on their website as legally required.

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

- The management and staff team had a shared vision to provide high quality care. However, the home had been through a difficult period, due to some staffing challenges, and consequently improvements were required to achieve their goal.
- Despite the issues found during our inspection, overall, people were positive about the quality of care provided at The Limes. This was summed up by one person who told us, "I think they provide good quality care. I don't know that it can be improved. I am very satisfied."

Continuous learning and improving care.

- The management team were aware that improvements were needed at The Limes and were committed to

achieving this. They told us, action would be taken to rectify the issues found during our inspection.

- The management team developed monthly improvement themes. However, these did not always have the intended positive impact upon care. For example, oral care was a recent theme, but we found issues with this during our inspection.
- The registered manager kept up to date with good practice in several ways. They subscribed to update services from several national good practice organisations and met regularly with other registered managers employed by the provider.

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

- There were links with the local community and these benefitted people living at The Limes.
- The activity coordinator told us, "We have links with the local special needs school who come in a sing for us. The local funeral directors support us. Also, we are going to revamp the courtyard. We received some money from the local Mayors fund and they are going to help us with the revamp."
- People told us they were consulted about the quality of the service. One person said, "I have been asked questions and filled in questionnaires." People had the opportunity to attend regular meetings where they could share their feedback and make suggestions for improvements.
- Meetings had been held for staff to share news, address issues and give them the opportunity to share their views.

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 management team understood their duty to be open and honest with people. Records showed the registered manager had been in touch with people and their families following incidents to share information and try to prevent the same from happening again.

Working in partnership with others

- The management team worked in partnership working with external health professionals this had a positive impact on people's health and wellbeing.
- Advice was sought from health and social care professionals when people's needs changed. Since our last inspection the local GP had started a fortnightly visit to the home to address people's non-urgent health needs.

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 11 HSCA RA Regulations 2014 Need for consent People's rights under the mental capacity act were not always upheld. People were subject to restrictions but their capacity to consent had not been assessed. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to ensure the safety and quality of the home were not fully effective. Sensitive personal information as not stored securely. Regulation 17(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with people's care and treatment were not managed safely, People did not always received their medicines as required and the risks of infection were not adequately controlled. Regulation 12(1)

The enforcement action we took:

We served a warning notice specifying when the provider must become compliant with the regulation. We will re-inspect to ensure compliance.