Lime Lodge Care Ltd

The Limes

Inspection report

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Date of inspection visit:
13 September 2022

Date of publication:
21 October 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Limes is a residential care home providing support and personal care to up to six people in one adapted building. The service provides support to people with learning disabilities, autism and mental health conditions. At the time of our inspection there were three people using the service.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The provider was not always able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

Right Support:
Risk assessments were not in place when people were at risk of serious harm.

People's care and support plans were either not in place or out of date and contained information that was incorrect.

Staff did not always support people with their medicines in a safe way. The service did not maintain accurate and up-to-date records about people's medicines.

People had access to specialist health and social care support in the community.

Right Care:
People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Where people had a care plan, they were not person-centred. However, people were supported by a core team of staff who knew their needs well and how they liked to be supported.

People received kind and compassionate support. Staff were appropriately trained and had completed training in understanding autism.

Right Culture:
There was limited opportunity for staff to learn from incidents and improve practice.

The provider did not seek feedback or views from people or their relatives.

Staff treated people who used the service in a way which upheld their dignity, privacy and human rights.

Staff felt able to raise concerns and had training in safeguarding. Safeguarding training enables staff to recognise abuse, respond to concerns and support people to live free from abuse and neglect.

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 23 August 2019)

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about how risks to people were being managed. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with how the provider was managing risk along with their compliance to the principles of the Mental Capacity Act, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

Enforcement
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 monitor the service and will take further action if needed.

We have identified breaches in relation to consent and not applying the principles of the Mental Capacity Act, safe care and treatment and good 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always Safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
One inspector carried out the inspection.

Service and service type
The Limes is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Limes is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We used information gathered as part of a monitoring activity that took place on 30 June 2022 to help plan the inspection and inform our judgements.

We sought feedback from the local authority and professionals who work with the service such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection
We spoke with one person who used the service and one relative about their experience of the care provided.

We spoke with four members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and three medicine records. We looked at three 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.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

• Risk assessments were not carried out for people who were at risk of significant harm. Although staff were aware of people's risk, assessments had not been carried out to identify reasonable control measures. This meant staff did not have the appropriate guidance to keep people safe.

• Only one person had a care plan in place at the time of inspection. Although staff were observed to support people well, there was no information available to staff on people's individual needs and how support should be given. Following our feedback, the registered manager provided evidence that two people now had care plans.

• Medicines were not always stored in line with best practice. We checked two bottles of open liquid medicine and one prescribed cream. None of these prescribed medicines had a date on them to state when they were opened and when they expired. By not following manufacturers guidelines, it increased the risk of medicines not being as safe or effective.

• Medicine administration records (MARs) were not consistently completed. We reviewed three people's MARs and found there were gaps in the records. We could not be assured people were always receiving their prescribed medicines.

• MAR's were handwritten with errors found on two people's records. For example, the start and end dates on two people's MAR's were wrong. This meant people were at risk of their medicines not being managed safely.

• Fridge and freezer temperatures were not recorded. Where food was stored for one person, the temperatures were not taken to ensure food was being stored at a safe temperature. This put the person at risk of foodborne illnesses.

• Staff were not always wearing personal protective equipment (PPE) in line with current COVID-19 infection, prevention and control guidance. For example, we observed a staff member not wearing a mask when providing direct support to a person. Other staff were seen to not be wearing masks correctly over the nose, mouth and chin. This meant not all steps were being taken to prevent the spread of infections.

• Records did not evidence the home was cleaned daily. Although a cleaning rota for the day and night was in place, they were not consistently signed to show the cleaning had been done. However, the home was visibly clean and staff confirmed they did clean daily but often forgot to sign the records.

We found no evidence that people had been harmed, however the provider had failed to appropriately assess, monitor and manage risks to people's health and safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong
• Incident forms did not contain all relevant information. For example, we found when incidents had occurred, actions taken were not always recorded. This meant it was less likely a thorough review could be carried out so staff could learn from what went wrong.
• The registered manager involved relevant people when things went wrong. There were clear lines of communication between other professionals when supporting a person who used the service. This partnership working meant the person benefited from different expertise and resources.
• Relatives were satisfied their family members were safe. A relative told us, "As far as I know, they are happy and safe. I have no concerns about that."
• Staff completed training in safeguarding vulnerable adults. Staff were able to explain how they would report any concerns to protect people from preventable harm and abuse.

Staffing and recruitment
• There were enough trained staff to meet people's needs. The registered manager told us they sometimes employed temporary staff but aimed to book regular staff to help ensure continuity for people.
• Staff were safely recruited. Pre-employment checks such as Disclosure and Barring Service (DBS) had been completed before staff started work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Visiting in care homes
The provider had visiting arrangements in place that aligned to government guidance.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

• DoLS had not been applied for when required. The registered manager had not requested a DoLS authorisation for a person who lacked capacity and was under continuous supervision and control and not free to leave. This meant the person was being unlawfully deprived of their liberty.
• The provider did not always apply the principles of the MCA. We found that mental capacity assessments had not been completed for people who lacked capacity to make their own decisions about their care and treatment. We could not be assured people were being supported in their best interests or in the least restrictive way.

The provider was not complying with the principles of the Mental Capacity Act. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People were supported to access some healthcare in the community. However, care records showed appointments hadn't always been followed up as requested by healthcare professionals. Follow up

appointments can be useful to gain information, receive test results or discuss further issues.
• People were not registered for oral or eye care services. The registered manager told us people were only living at The Limes temporarily, so they hadn't registered them anywhere. This put people at risk of not being able to access services if needed.
• A person was supported to access specialist services. The provider ensured that a person could attend vital appointments by driving them there. These appointments ensured the person was receiving the support they required to keep them safe.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were not always properly assessed before moving in. The provider had admitted a person with conditions they did not have training or experience to support. This put that person at risk of their specific needs not being met.
• Pre-admission assessments were not always available or detailed. Two people did not have any assessments available to staff. The lack of sufficient information increased the likelihood risks were not fully assessed, planned for or mitigated.
• People were not fully involved with their care planning. For example, there was no evidence people had been consulted about how they wanted to be supported and kept safe. This meant people did not have control over how their care and support was being delivered.

Supporting people to eat and drink enough to maintain a balanced diet
• Meals were prepared at the provider's other location. Although the home had a kitchen, meals were being prepared offsite. We were able to review documentation that meals were being prepared safely. The registered manager told us they were hoping to change this in the future and had bought another fridge in preparation.
• People were not involved in planning meals. There were no menus available and people did not know what food was on offer. We heard a person ask staff what was for dinner, they were told to wait and see what was brought over.
• Snacks were not available, and cupboards only contained breakfast items. The registered manager told us they were trying to cut down on snacks to promote healthy eating. However, there were no healthy snacks like fresh fruit available. This meant people weren't supported to have any choice and control over what they wanted to eat.

Staff support: induction, training, skills and experience
• Staff completed training relevant to most people's needs. However, further training was needed to ensure staff could meet all people's needs and keep them safe. The registered manager told us they were currently organising further training for example, in mental health. More training helps embed necessary skills and knowledge to deliver high-quality support.
• Staff received regular supervisions. These gave staff the opportunity to discuss any concerns and to consider further areas of interest and training.

Adapting service, design, decoration to meet people's needs
• People had access to the garden. However, further work was required to make the garden accessible to everyone due to the steep drops out the back doors.
• The home was clean, light and maintained well. The layout of the home supported people's needs, including bedrooms on the ground floor for people with mobility issues.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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; Continuous learning and improving care

- Systems were not in place to audit medicines. We found errors in the management of medicines which had not been identified by the registered manager. This put people at risk of not receiving their medicines as prescribed.
- Medicines were not being managed in line with the provider's policy. We found where people were self-administering some medicines, the registered manager was not following the guidelines set out in their policy. For example, risk assessments were not in place when staff were supporting a person with some aspects of their medicine administration.
- Quality audits were not consistently completed. We found that audits had not been carried out for two months. This meant the quality of the service was not being monitored during that time.
- Infection control audits were not effective. We found cleaning rotas were not always signed and additional schedules in place to prevent the spread of infection were not being followed by staff. However, audits had not identified this shortfall and there was no evidence that practice had improved for several months.
- A care plan was not regularly reviewed. There was one care plan to review at the time of inspection. The care plan contained old guidance on how to support the person when they were in distress which was not in line with the Mental Capacity Act. This meant the person was at risk of staff supporting them unlawfully.
- Health action plans were not reviewed. One person had a health action plan that contained inaccurate information which was not consistent with their care plan. For example, the list of medicines was different in the health action plan to their care plan. We could not be assured that any information was still relevant to that person.
- Records showed that incidents were not reviewed when things went wrong. Although we found some examples where incidents had been discussed with staff, there was no consistent approach to analyse and monitor incidents. Processes were not in place to drive improvement, this meant lessons were not always learnt.

The provider had failed to monitor and improve the quality of the service. This was a breach of Regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

• Meetings were not in place for people who used the service. There were currently no scheduled meetings for people to meet with staff or the registered manager. This meant people were not included or empowered to be part of discussions that could affect them.
• Feedback was not requested from people, relatives or other professionals. There were no processes to encourage people to be involved in developing the service. The registered manager told us it was something they wanted to implement to promote improvements.
• The management team were accessible. We saw people and staff had a good relationship with the management team. The registered manager ensured they were available to a person asking to talk to them. They explained that regular discussions helped the person regulate their feelings.
• Staff attended regular team meetings. Minutes from these meetings evidenced policies and values were discussion points for staff to discuss further. This supported staff's understanding of what standards were expected when supporting people.
• Staff felt confident to raise concerns when necessary. Staff told us they felt comfortable in raising concerns with the registered manager who they said was very approachable and accessible. This promoted a positive culture and ensured that alleged abuse or neglect would be readily reported.

Working in partnership with others
• The registered manager liaised with other agencies and professionals when required. However, communication was not always effective. For example, there had been a misunderstanding about a person's capacity which had impacted temporarily on the person's freedoms and human rights.
• The provider worked with the local authority and safeguarding teams, who monitor services to help ensure people received agreed care and support in a safe and well managed way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The provider knew their responsibility to be open in the event of anything going wrong. They understood their responsibility to notify the Care Quality Commission in line with guidance. This is so we can be assured that events and incidents are appropriately reported and managed.
• The registered manager was open and honest during the inspection. They were aware that changes needed to be made to improve the quality of the service.

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 The provider was not always complying with the principles of the Mental Capacity Act.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to appropriately assess, monitor and manage risks to people's health and safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to monitor and improve the quality of the service.