Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Limes

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	The Limes Care Home Limited
Registered Manager	Mrs. Joan Wilkinson
Overview of the service	The Limes is registered to accommodate up to 26 people who require assistance with personal care.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 November 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We visited the service on 20 November 2012 and spoke with two people who live at the home and two other people's relatives. All told us the care they, or their relatives, received met their needs. One person told us, "I'm able to laugh and joke with the staff, but they are direct when they need to be about my [health needs]." A family member told us they were "absolutely thrilled" with the care their relative had received.

During the course of our visit we saw staff providing care and support to people living at the home. They spoke in a calm and respectful way, varying their approach depending on the person they were assisting. The staff gave people time to communicate and did not rush them.

People and their relatives told us that they were involved in decisions about the care provided. They said they were involved in writing and reviewing their care plans and we saw that systems were in place to obtain consent to care being provided.

We found that medicines were stored and administered safely to people who received a service at the home.

We saw evidence that the provider carried out regular surveys of people's views, and had acted on concerns raised. These actions included the provision of additional training for staff in moving and handling.

Everyone we spoke with told us the Registered Manager was approachable and addressed any issues of concerns quickly.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We looked at the care documentation for two people who were living at The Limes Care Home. We found the provider had systems in place to gain and review consent from people who used the service. Where people were unable to give informed consent, there were systems in place to involve people who knew and understood the person using the service.

We spoke with two people who lived at the home, and two other people's relatives. They confirmed that they were involved in reviewing their, or their relative's, care plan and that they agreed with the planned care.

We viewed records relating to three people who lived at the home. These showed evidence of multidisciplinary discussion about people's needs and how they could best be supported. There was also evidence of how consent to care was obtained and, where appropriate, best interest decisions were made.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our inspection in January 2012 we found that improvements needed to be made to simplify care planning documents to ensure that all staff could use them effectively as working documents.

During our inspection on 20 November 2012 we found that improvements had been made to simplify the care planning documents whilst maintaining the level of detail about people's care needs and the care provided.

We found that people's needs were assessed and care was planned and delivered in line with their individual care plan and ensured people's safety and welfare. We looked at the care management files for three people who received a service at this home. Each person had an assessment of needs, a plan of care and supporting risk assessments. Each person's file contained a check list of potential risks to their, and others, health, safety and wellbeing. Where a potential risk was identified a care plan had been developed detailing the level of risk and actions to be taken by staff to reduce or remove the risk. Examples seen included accessing the community safely, violence to others and the use of bed rails.

The two people we spoke with who lived at this home, and the relatives of two other people, all told us that they felt their, or their relative's needs were understood and met by the staff at the home. One person told us, "I'm able to laugh and joke with the staff, but they are direct when they need to be about my [health needs]." A family member told us they were "absolutely thrilled" with the care their relative had received.

During our inspection staff were able to find information on people's files quickly and easily. This meant that staff had the relevant information on how to safely meet people's needs.

We saw staff providing care and support to people living at the home. They spoke in a calm and respectful way, varying their approach depending on the person they were assisting. The staff gave people time to communicate and did not rush them. People who lived at the home and their relatives told us this was always the case. One person's relative said, "I often see staff chatting to people as they provide care. Staff very often sit next to people, hold their hand and have a chat."

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that appropriate arrangements were in place in relation to the management of medicines at the home. Records showed a clear audit trail of medicines received, administered and disposed of.

We saw that there was guidance for staff where medicines were prescribed to be administered 'when required'. We saw that a change of dose for a person's medicine had been clearly documented.

Where medicines were administered covertly, we saw this was only after a best interest decision had been made involving the person's GP, social worker and the Registered Manager. The Registered Manager told us that where a person had family or friends who know them well, they would also be involved in this decision.

Medicines were stored securely and we found stock balances to be accurate.

We saw that regular audits of the medicines were carried out by senior staff. Records showed, and staff confirmed, that where shortfalls or issues of concern were identified these had been followed up.

Staff who administered medicines told us that they had been trained to do so and that their competency had been assessed by senior staff.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our inspection in January 2012 we found that improvements needed to be made ensure that all supervision records were consistently completed.

In August 2012 a health care professional raised concerns people were not always moved safely by staff at the home. The Registered Manager investigated this concern and told us they would ensure that staff who assisted people to move were retrained by the end of September 2012.

In September 2012 a further concern was raised by another health care professional about the attitude and practice of a member of staff in the home. The Registered Manager stated that the member of staff would receive further training and supervision to monitor their practice.

When we visited the home on 20 November 2012 both these actions had taken place. Staff files showed that staff were regularly trained in relevant topics, including moving and handling, safeguarding and food hygiene. Staff told us, and records verified, that staff also completed training in topics such as deprivation of liberty, dementia care and the management of challenging behaviour.

Records showed that staff had formal one to one supervision where their work was assessed and practice issues were discussed. We saw that the Registered Manager had formally written to staff where staff had not completed relevant training or had failed to attend or participate in their annual appraisal. The letter stated that if the member of staff failed to complete the training or attend the appraisal they would be taken off the rota and would not be able to provide care at the home.

Staff told us that they find the Registered Manager approachable and that she addresses any issues of concern quickly.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

The two people that we spoke with who lived at the home, and the relatives of two other people told us that they felt able to tell the staff and the Registered Manager if they had a concern or complaint. They told us they felt confident that they would be listened too. One family member commented that they felt that the staff and the Registered Manager's approach minimised the need to make complaints because they were kept informed about their relative's care and any changes affecting the home, including the building work that was taking place at the time of our visit.

The company complaints procedure outlined the action the provider would take in the event that a complaint was made. This included response dates and what to do if the complainant was not satisfied with the outcome.

The staff we spoke with were aware of the complaints procedure and what to do in the event that someone complained to them. The staff were clear that any issues regarding safeguarding would be referred to the local authority in the first instance. The staff told us they would try to resolve any minor complaints themselves, but if this was not possible they would pass the complaint on to someone more senior.

We saw that concerns raised by two health care professionals had been investigated by the Registered Manager. We saw letters to both health care professionals outlining the action that the Registered Manager had taken in response to their concerns.

People living at the home and their relatives had had the opportunity to complete a satisfaction survey in 2012. We saw that the provider had responded to people where they were less than satisfied with the service provided, or had suggested improvements to the service. These responses explained what action the provider had taken in response to the issues raised.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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