

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

## The Limes Residential Home

12 Limes Avenue, Mickleover, Derby, DE3 0DB

Tel: 01332516819

Date of Inspections: 16 January 2014  
15 January 2014

Date of Publication: February  
2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The Limes Residential Home
Registered Manager	Mrs. Julie Serena Woodhouse
Overview of the service	The Limes Residential Home provides accommodation for up to 34 people who require personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 January 2014 and 16 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We also spoke with external health professionals.

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### What people told us and what we found

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People we spoke with told us they understood the way their care and support was to be provided and relatives confirmed they were involved in monthly care reviews and signed relevant documentation.

People using the service appeared relaxed and contented in their surroundings and we saw relationships with staff were friendly and respectful. One person told us "I like living here" and another "The staff are good". Relatives we spoke with said they were very pleased with the care provided to their family member. One said "I'm very happy with the care here" and another said of their family member "She's lucky to be here". People told us they liked the meals. One person told us "The food is marvellous" and another said "The meals are good".

We saw there were procedures in place to safeguard people and that staff training was up to date and ensured staff could meet individual needs. There were systems in place to monitor the quality of the service and people and their relatives were confident that any issues or concerns they had would be sorted out.

External professionals praised the care describing it as very, very good and another said "There's a lot of compassion there".

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### Reasons for our judgement

People we spoke with told us they understood the way their care and support was to be provided and relatives confirmed they were involved in monthly care reviews and signed relevant documentation. There was signed documentation regarding consent for monthly weights and use of photographs.

.An external professional told us "It's very welcoming here" and we saw staff had warm relationships with people and were respectful in their communications. Staff we spoke with were knowledgeable about individual preferences and were able to explain how they ensured that people were given choices and understood the support and care provided. They told us they did not restrict people's liberty in any way and encouraged people to be as independent as possible.

We looked at three people's care and support records. They showed that people's capacity to make decisions was reflected over a range of decisions related to the care and support provided. We also saw people or their relative had signed the records. This meant people were involved in decisions about their care.

The manager was able to demonstrate in discussion that she knew how to apply for an assessment to determine whether any decisions made where someone did not have full capacity was in their best interests and was able to give an example of where this had been applied in the past. She told us that no one using the service was currently subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. She also told us that no one currently had an advocate but she knew which organisations to approach should one be required.

We saw staff had received training on the Mental Capacity Act in 2013, which meant that they had up to date guidance on capacity and decision making.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People using the service appeared relaxed and contented in their surroundings and we saw relationships with staff were friendly and respectful. One person told us "I like living here" and another "The staff are good". Relatives we spoke with said they were very pleased with the care provided to their family member. One said "I'm very happy with the care here" and another said of their family member "She's lucky to be here". They confirmed they were kept informed of any health issues.

We saw staff approached people in a caring and understanding manner and that the care and daily routines were centred around people's needs and preferences. Staff we spoke with told us they received sufficient training to perform their role. Where specialist input was required, such as end of life care, staff told us they had the opportunity to go on relevant courses. They told us they supported each other well and worked together as a team. We saw there were enough staff on duty to meet people's needs in a timely manner, although the provider should note one person told us they felt they had to wait too long for assistance to use the stair lift.

External health professionals confirmed they were called in appropriately and told us their advice was acted on. One said "The care is very, very good" and told us the service addressed pressure ulcer prevention well. We saw there was pressure relieving equipment in place for those people requiring it. Another said "There's a lot of compassion there".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at two people's support records and saw that these were well organised, up to date, easy to read and contained relevant information to provide the right support, including a range of risk assessments, for example, for pressure ulcer prevention, falls prevention and nutrition. We saw that care was reviewed on a monthly basis and people and their relatives confirmed they were involved in discussing the care. However, the provider should note that the instructions for staff were not detailed, which meant there was the potential for staff to misunderstand how support was to be provided.

We saw that there were a range of social and leisure opportunities available to people.

During our visit a religious service took place and people were also involved in flower arranging. A monthly newsletter was produced that gave details of planned excursions and events and people confirmed they used local facilities such as shops and the community centre. They also told us they used the grounds in good weather and those who were interested had the opportunity to take part in gardening.

Most people we spoke with told us they liked the food. The serving of the lunch time meal was observed and people told us they enjoyed it. However, the provider should note people were waiting at the table for over half an hour before the meal was served. One person told us "The food is marvellous" and another said "The meals are good". We saw there were different options available and people were encouraged to eat and given appropriate assistance where required

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People told us they felt safe using the service and a relative told us they had no concerns about the care provided.

Staff we spoke with were able to describe what to do if they suspected abuse was occurring and told us they knew to report any allegations of abuse to the manager. They told us they were confident that these would be looked into properly and they knew which external organisations they could report to.

We saw the service had policies and procedures on safeguarding adults at risk and a copy of the most up to date version of the Derby and Derbyshire Local Authority procedures. We also saw training records that confirmed safeguarding training for 27 staff had occurred in 2012 and 2013, which meant staff had relevant guidance on recognising and reporting allegations of abuse.

Since our previous inspection visit in November 2012 there had been one safeguarding concern brought to our attention at the Care Quality Commission. This had been reported to the proper authorities and showed the service took any concerns seriously and took appropriate action to resolve them.

We looked at three people's financial records and saw that the records showed the balance of people's personal money located in a specified bank account. Two people signed the record to ensure transactions were correct and bank statements were available. We saw cheques for purchases corresponded with the bank statement. There were clear procedures for staff to follow when dealing with people's finances and we saw receipts were available for purchases made. This meant people's money was managed safely.

We saw records showing the safety of the premises were checked regularly; for example, external companies had conducted Legionella testing in January 2014 and fire alarms were checked in November 2013. We also saw the service had been awarded 5 stars by the Local Authority for food safety practices. This meant the provider took appropriate steps to ensure people's safety was maintained.

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

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## Our judgement

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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.

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## Reasons for our judgement

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People told us they liked the staff: One person told us "They're very good here" and another said "I'm well looked after". One relative we spoke with told us "I hear the staff talking to people and they never use harsh words".

Staff were able, from time to time, to obtain further relevant qualifications. We spoke with three staff who told us they enjoyed working in the service and told us regular training provided them with the essential information to do the job. One told us training was useful and said they were kept up to date in key areas. They confirmed they had undertaken essential health and safety training and told us that they also had the opportunity to undertake National Vocational Qualifications (NVQ).

We saw that the service had an induction programme that ensured staff were given relevant information before commencing work and that the recommended Skills for Care common induction standards were being used. We looked at training records and saw health and safety training in areas such as food safety, fire safety and moving and handling were up to date. Courses relevant to individual needs had also taken place in the last twelve months. For example, training in diabetes, tissue viability and bereavement had occurred in April 2013.

External professionals told us they thought staff were competent in their roles and one said "They are really hot on pressure ulcer prevention" and also praised them for end of life care. Another told us "The staff really know what's going on".

Staff told us they felt well supported and they confirmed supervision occurred. They described the support as ongoing and said the manager had an open door policy. One told us "She's always there for you". We saw records that showed annual appraisals took place and one staff record showed this had occurred in July 2013.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People told us they were able to make comments about the service and that the manager asked for feedback. One person said "I've no complaints whatsoever".

We saw that the provider had well established quality assurance procedures that included audits of key records such as medication records and the safety of the building, regular meetings with staff, reviews of the support people received and a clear complaints procedure. Records we saw confirmed that audits were up to date; for example we saw the most recent medication and infection control audits had taken place in January 2014.

Maintenance checks were also up to date. We saw records confirming a gas safety check had taken place in November 2013, portable appliance testing in February 2013 and the hoists in September 2013.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that a survey of relatives' views had been undertaken in 2013 and twenty people had responded. The results showed positive feedback. Comments such as "very patient and caring staff", "excellent care" and "willing to listen" were recorded on the surveys. A questionnaire for people using the service had also taken place in 2013 with 22 responses being received with very positive comments such as "always helpful and kind" and "no complaints whatsoever". Less favourable responses related to the décor and the provider told us that there was a rolling programme of decoration and carpets in the corridor were being replaced in 2014. This shows good levels of satisfaction with the service and that the provider valued people's views and acted on them.

We saw records that showed staff meetings took place that gave the opportunity for staff to discuss general issues regarding the service as well as the individual needs of people using the service. Staff told us they felt listened to by the managers and felt they could express their views freely. They occurred approximately three monthly. Records also showed us that meetings for people using the service took place and the most recent one was November 2013 when food and entertainment were discussed.

External professionals we spoke with praised the service and said it was good. They told us they received positive feedback from people receiving support and confirmed the service was well managed with any issues being sorted out promptly.

We had not received any information about complaints at the Care Quality Commission since our previous visit in November 2012 and the last formal complaint received at the service was in May 2012. People and their relatives told us they were confident of a courteous response from the manager should they wish to make a complaint.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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