

First Care Services Limited

The Limes Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Limes is a residential care home that provides accommodation and personal care and support to a maximum of 76 older people and for some older people living with dementia. At the time of our inspection 51 people were living at the service.

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

The provider had safeguarding systems and processes in place to keep people safe. Staff knew the risks to people and followed the assessments to ensure they met people's needs. People felt safe and were supported by staff who knew how to protect them from avoidable harm.

Staff were recruited safely and there were enough staff to meet people's needs. Staff followed the infection control procedures the provider had in place. Risks to people's health and well-being had been assessed and monitored to ensure they were kept safe. People received their medication as prescribed.

The provider had quality assurance systems with spot and competency checks of staff completed regularly. The registered manager understood their legal responsibilities in regard to safeguarding and notifications. The provider worked with other professionals such as district nurses and GP's to ensure care needs were met.

People and their relatives told us the service was well-led. They told us the management team and staff were good. Provider feedback processes had been used to gather information about the views of people, their relatives and stakeholders about the service provision.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

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 19 April 2018).

Why we inspected

We received concerns in relation the management of safeguarding incidents. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Limes Care Home on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Is the service well-led?

Good ●

The service was well-led.

The Limes Care Home

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.

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

The inspection was carried out by two inspectors, one assistant 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 Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager 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 and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with five people who used the service and thirteen relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, manager, senior care workers and care workers.

We looked at eight people's care records to see how their care was planned and delivered, including pre-assessment records and risk assessments. Other records we looked at included, accident and incident records, safeguarding, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance, infection control procedures and overview information about the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are many different types of abuse such as physical, emotional, financial, neglect and institutional".
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I became aware of or observed any type of abuse, I would take action to protect the victim and report to my manager, the police and local safeguarding team". Another staff member told us, "If I was unhappy with how the management had handled the issue, I would contact CQC, the local authority safeguarding team or the police".
- We found the provider had raised safeguarding incidents with the local authority and these had been responded to appropriately.
- People and their relatives explained how the staff maintained people's safety. One person told us, "I always feel safe they [Care Staff] are wonderful". A relative told us, "[Name of Relative] gets on with the carers. I have no concerns. She is better there than anywhere. I was asked if it would be okay for her to have a vaccination. They have also sorted her room out well. I am kept up to date. Staff understand her and her requirements".

Assessing risk, safety monitoring and management

- The registered manager assessed risk from both people and the environment, these were managed through clear person-centred records.
 - Individual risk assessments met the specific needs of people to keep them safe. For example, we saw assessments to manage the risk from people's behaviour and the risk of falls. One relative told us, "[Name of Relative] has had one or two falls. Not good on her legs. She tries to get out of her chair. The carers used to check her every hour, but since the falls this has been increased to every 30 minutes. Seems to have solved the problem."
- Staff we spoke with confirmed the identified risks and knew how to safely manage them in line with the risk assessments.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "Any time I visited there are enough staff. All seem to attend to the residents' needs".
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.

- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- Administration of medication records indicated people received their medicines regularly. This was confirmed by the people we spoke with.
- There were clear protocols for staff to follow for people who had been prescribed medicine to be used as required (PRN).
- People's medicines were safely received, stored and administered. Management completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- We found the provider had made improvements to the service quality assurance processes. For example, increasing the number of spot check visits undertaken. The registered manager told us, "I have increased the number of unannounced spot checks I conduct on night staff. I will only decrease the number of spot checks when I am satisfied improvements have been sustained over a period of time."
- We found accident and incident records were completed and monitored by the registered manager for trends to reduce the number of accidents and incidents. For example, the number of falls within the home had decreased due to utilising preventative equipment and making slight alterations to people's rooms.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Prior to the inspection we received concerns in relation the management of safeguarding incidents. We found during the inspection the provider had addressed all the concerns. For example, we received whistle blowing concerns stating staff members were not having their temperatures checked on arrival. The provider has implemented a temperature check-in book, all staff members were required to take their temperatures on arrival and record the result. If they record a high temperature, there were clear instructions for staff members to follow. In addition, a senior carer was also tasked with checking every staff member had a recorded temperature.
- The provider had commissioned additional safeguarding training to improve staff members knowledge of the different types of institutionalised abuse.
- The registered manager ensured a range of quality assurance tools were in place to continually assess the care provided was person-centred to individuals developing needs.

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

- People and relatives told us they knew who the manager was and felt they were approachable. One person told us, "[Name of manager] is good and easy to talk to". One relative told us, "Manager is friendly, helpful and professional."
- People told us, and records supported they were involved with the planning and reviewing of care plans.
- People and relatives told us there was a positive and open atmosphere. A relative told us, "Very good atmosphere in the home. Before Covid there was always something going on, for example they had an Easter Bonnet Parade."
- Staff promoted the providers vision and felt well supported by the management team. A staff member told us, "I feel well supported in my role, the management are very flexible and accommodating." Another told us, "The registered manager and owner are both very approachable."
- The registered manager ensured families were involved to support good outcomes for people. A relative told us, "'Under the circumstances (lockdown) the home did extremely well from where I am sitting. I have recommended them to others. My (relative) now wants to stay there, which speaks volumes." Another relative told us, "Staff have got [Name of Relative] walking now. At the start she had to have two carers to walk, but now only needs one to support."

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

- Staff were actively encouraged by the registered manager to raise any concerns in confidence one staff member told us, "I have no issues raising concerns"
- The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.
- We found the registered manager was notifying us in relation to incidents that they were legally required to do so, as a result we were aware of significant events that had occurred within the home.

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

- There was a clear management structure within the home from the registered manager, deputy manager and support staff. The registered manager ensured all staff received one-to-one supervision regularly. One staff member told us, "I have regular supervisions, these are very good we discuss people and my development."
- The provider had policies and procedures in place to promote and direct the smooth running of the service. For example, there were policies on complaints, equality and diversity, safeguarding and whistleblowing.
- We saw a detailed handover between the staff this showed detailed information was handed over regarding the events of the shift to ensure positive communication between staff.

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

- Staff reported positively about working for the service and did not identify any areas for improvement.
- People were positive about resident meetings they had attended.
- The manager consulted with staff at meetings, to get their views and ideas on how the service could be improved.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.

Working in partnership with others

- The registered manager and provider had engaged on a regular basis with the local authority during the COVID-19 pandemic. This evidenced partnership working between the home and external professionals to enable positive outcomes for people.