

Nugent Care

Lime House

Inspection report

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Date of inspection visit:

12 August 2020

17 August 2020

Date of publication:

17 September 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lime House provides accommodation for up to 32 people who require personal care. The home is part of Nugent Care and the head office is based in Liverpool. The home has a main house connected by link corridor to a lodge and is surrounded by secure landscaped gardens. There is a choice of several lounge and sitting areas throughout the home. At the time of the inspection 24 people were living at the home.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Risks to people's health and wellbeing were assessed and mitigated. People's medicines were managed safely; there was appropriate documentation in place to support the safe administration of medicines. Medicines records were audited regularly.

The provider followed safe recruitment processes to ensure the right people were employed. Staff training included an induction and ongoing training to ensure staff had the knowledge and skills they required to meet people's needs. There was enough staff to keep people safe.

People received the correct diet types and care records included eating and drinking risk assessments. Care plans contained the relevant instruction regarding what people ate and drank. People received food and drinks of their choice.

People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being.

The home was clean, and staff followed procedures to prevent the spread of infections.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. More robust quality assurance systems were now in place to ensure any shortfalls were identified and to drive continuous improvement within the service.

When required, people were supported to access healthcare professionals and receive ongoing healthcare support. People were supported to share their views and shape the future of the care they received.

Care plans provided staff with the information they needed to meet people's needs. People could choose

how they wanted to spend their time and a variety of activities were offered to people. People were supported to receive end of life care in the way that they wanted and met their individual needs.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 14/06/2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 28/02/2019 and 01/03/2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person-centred care, need for consent and good governance. The provider also sent us an updated action plan shortly before the date of this inspection, which identified continuous improvements.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lime House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Lime House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was due to the Covid-19 pandemic to ensure we had prior information to promote safety.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority commissioning team to gather information about the service; they were positive and raised no concerns about the care and support

people received

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, the facilities manager and three care workers. We observed staff administering medicines. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and three people's medication records. We looked at a variety of records relating to the management of the service, including policies and procedures and governance records.

After the inspection

We looked at 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The environment and equipment were monitored regularly to ensure safety. Premises' risk assessments and health and safety assessments were in place, reviewed regularly and up to date.
- People's care files included risk assessments in relation to their specific care needs, which were regularly reviewed and updated. The risk assessments covered areas such as people's physical health, communication, continence, hydration and nutrition, medication, mobility and personal care.
- Any risks associated with people's care and support had been identified and actions were in place to minimise risks occurring.
- Staff we spoke with knew people well and were knowledgeable about the risks in relation to their care. Staff told us they had enough time to read care plans and discuss any emerging risks to people with senior staff or the registered manager.
- Fire risk assessments were in place which covered all areas in the home. People had personal emergency evacuation plans in their care file which were up to date and which reflected each person's needs; this ensured staff knew how to safely support them in the event of the need to evacuate the building.

Learning lessons when things go wrong

At our last inspection the provider did not have effective systems and processes in place to monitor falls and to evaluate them in order to improve practice. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Following our last inspection a number of significant improvements had been made to both systems and processes that enabled the provider and registered manager to deliver an improved service to people.
- There was a new framework for governance process in place which covered audits, risks and service improvement plans. An audit schedule was in place which identified when each audit needed to be completed by the registered manager, who sent these to the provider governance team. Any risks identified

were included on a risk register. These systems linked to a bespoke service improvement plan and was overseen by a governance officer with insight and support from the head of service.

- The registered manager kept a record of accidents and incidents and took appropriate actions to ensure they were minimised. The falls policy had been reviewed and updated since the last inspection.
- Very few incidents had occurred and there had been no major or serious injuries. The registered manager kept a log of all incidents and these corresponded with notifications received by CQC.

Using medicines safely

- The provider had systems in place to ensure people received their medicines as prescribed. We looked at three people's medicines administration records and found these to be completed correctly. We did a stock check of people's medicines, including controlled drugs which are subject to more rigorous guidelines, and these were correct.
- We observed staff administering medicines and found they did so in a safe manner. All staff who administered medicines had received the necessary training and competency checks.
- We saw medicines were stored safely and room and fridge temperatures were checked daily to ensure medicines were stored at the correct temperature.

Staffing and recruitment

- Staff were recruited safely. The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. There were enough staff on duty to safely meet people's needs.

Preventing and controlling infection

- The home was very clean and free from malodour throughout; we saw staff carrying out cleaning duties during the inspection.
- We saw personal protective equipment was readily available and accessible, such as disposable gloves and aprons, and staff used these appropriately during the inspection.
- Staff received training in the management of infection control and food hygiene. The registered manager carried out regular infection control audits to ensure compliance.

Systems and processes to safeguard people from the risk of abuse

- The provider continued to ensure staff received training and support to recognise and respond appropriately to abuse. Staff understood the principles of keeping people safe.
- The registered manager kept a record of safeguarding incidents and assured appropriate actions were taken to keep people safe.
- People told us they felt safe living at the home, one person said, "I feel very safe living here; it was my decision to come here and staff are very kind and never rush me." A relative told us, "I think they [staff] have been absolutely out of this world in protecting [my relative] and I've been able to see [my relative] through the bedroom window and we have had good conversations about this. Staff definitely have kept people safe."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection the registered person had failed to act in accordance with the Mental Capacity Act 2005 when providing care and treatment to service users who are 16 or over and unable to give consent because they lack capacity to do. This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We looked at care records and found the provider was working within the principles of the MCA. Where people lacked capacity, decisions had been made in people's best interests with the relevant people.
- New consent to care and treatment records were now in place, in addition to a new consent policy. One person told us, "Staff always ask for my consent first; they always knock on my door before they come in and always respect my privacy. I have had video calls with family during the lockdown period."
- The provider demonstrated an understanding of the need to consider people's mental capacity when making specific decisions and that any made on their behalf should be made in their best interests; they had made applications for people to have a DoLS assessment where needed.
- Staff received training in MCA and DoLS and understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. We observed staff asking for consent before assisting people, and written consent was also recorded in people's care files. One staff member told us, "Promoting people's independence is very important and I would always have the best interests of people at heart. We

have had MCA training and if a person did not have capacity it would be written in their care plans. A lack of capacity doesn't mean people can't make day to day decisions such as what drink they would like, or what clothes they want to wear."

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

At the last inspection the registered person had failed to ensure that service users were in receipt of suitable and nutritious food and hydration adequate to sustain life and good health. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People's dietary needs and preferences were met, and people were involved in choosing their meals each day; we saw staff asking people what they wanted to eat at each meal. A variety of choices were available at each meal and a pictorial menu was used to help people understand and choose. One person told us, "The food is very nutritious and I'm happy with it; proper home cooked food." A relative said, "The food smells good and looks good; the meals are homely and there's a good variety, in fact [my relative] is putting weight on."
- People who required their nutrition or hydration to be monitored had monitoring charts in place which were checked and 'signed off' by the registered manager on a daily basis. This also applied to all pressure area monitoring charts, which were held in individual bedrooms, 'signed off' by team leaders when the registered manager was on annual leave and reviewed by the registered manager on their return.
- Daily shift handovers and staff supervisions ensured they were aware of the importance of weighing people when staff had observed a reduction in their weight. Support had also been provided from the governance officer on how to use measurements from people's arms if they could not be weighed. A weight monitoring tool, which was overseen by the governance team, was in place and anyone who was at risk was added to the service improvement plan.

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

- People's needs continued to be assessed prior to taking up residence in the home, to ensure it was suitable to meet their needs; the pre-admission assessment included areas such as mental health, communication, mobility needs, nutrition and skin integrity.
- People's needs were regularly re-assessed to ensure the home could facilitate their needs and changing needs. People told us they were involved in care planning and relatives said they were kept informed of any changes. One relative said, "We have been involved in all aspects of care planning and our views are always listened to, and we are reassured with this." A person told us, "Staff always talk to me about my needs, and it's the same regular staff every day."
- People's preferences, likes and dislikes were acknowledged and recorded, and we saw staff respected these choices. People's past life histories and background information were also recorded in their care documentation.

Staff support: induction, training, skills and experience

- Staff received the necessary training and support which gave them the knowledge to carry out their roles and responsibilities. We checked staff training records to verify the training they had received.
- Staff told us they received an induction which comprised of mandatory training and shadowing experienced staff; we verified this by looking at staff induction records. One staff member told us, "I had an induction at beginning and it covered all the areas I needed. I can also go to the registered manager and

senior staff at any time for support, when I need to. I feel we get enough training, some is eLearning and some training is face-to-face such as moving and handling."

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

- People had access to healthcare professionals and were referred appropriately to services to support their needs. Staff worked in partnership with other agencies to support people effectively; records showed the service worked with other agencies to promote people's health. People had oral healthcare assessments in place and mouth care assessments were done to ensure people received the correct support.
- Staff responded well to advice given by healthcare professionals to ensure people received effective care.
- People were assisted with access to appointments with external professionals and when diagnostics tests were needed.

Adapting service, design, decoration to meet people's

- The home had a main house, connected by a link corridor to an adjoining lodge. There was a choice of several lounge and sitting areas throughout the home, which we saw people using. People could access the upper floors either by staircase or passenger lift.
- We saw some adaptations had been made to the environment to help people living with dementia orientate around the building. For example, there was adequate signage around the corridors directing people towards the dining room and lounge area.
- Improvement works were taking place during the inspection, including changes to some bedrooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At the last inspection assessments of the needs and preferences for service user care and treatment were not being carried out collaboratively with the relevant person. Regard was not being given in relation to the well-being of service users when meeting their nutritional and hydration needs. This was a breach of Regulation 9 (Person centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were now more person-centred and contained specific individual details about people and how they wanted to be supported. Care plans were detailed with people's likes, dislikes and preferences. Staff demonstrated they knew about people's likes and dislikes, through interactions we observed throughout the inspection.
- People's care plans detailed their strengths and areas of independence. For example, where people could complete elements of their personal care independently, this was clearly recorded in their care plan.
- The service regularly reviewed care plans to ensure all information was accurate and up to date; this ensured any changing needs were captured so the care provided to the person was meeting their assessed needs.
- At the time of the inspection no-one was at the end stages of life. People had supportive care records, which identified if people had a 'do not resuscitate' order in place. District nursing teams, doctors and relevant other professionals supported end of life care. We checked care records to verify this.
- The service had improved its monitoring processes and the home had a service improvement plan (SIP), in place. Any actions needed were entered on the SIP which was then audited by the governance team. Regular SIP meetings were held to ensure the actions were being completed and closed in a set time frame.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was signage used around the home to identify rooms and help people orientate around different

areas.

- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required.
- Information could be provided in different formats, such as large print, and the menu was in pictorial format to help people understand what was on offer.

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

- There was a programme of activities for people to undertake. A relative told us, "Staff do a lot of stimulating activities and this is good therapy for [my relative] who seems to enjoy it. There is a lot of kindness and dignity at the home and [my relative] has lots of choices and dignity is always maintained. [My relative] gets weekly magazines and papers delivered."
- There was a secure and attractive garden area and people told us they enjoyed walking around the grounds or sitting out when the weather was nice.
- People were supported to follow their interests and take part in social activities. Care plans included information about people's known interests and staff supported people daily to take part in things they liked to do.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this, for example through comments and suggestions, formal meetings and the complaints process.
- The service had a complaints policy in place and any issues had been responded to in a timely way. No one we spoke with had had cause to make a formal complaint and everyone said they would be comfortable raising concerns with the staff or management. One person told us, "I've never had to make a complaint and there is information on complaints in my room on how to make a complaint if need be."

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 requires improvement. At this inspection this key question has now improved to good. 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

At the last inspection there had been a failure to assess, monitor, improve and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise for the carrying on of the regulated activity. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- More robust quality assurance systems were now in place to ensure any shortfalls were identified and to drive continuous improvement within the service. A range of audits were now carried out on a daily, weekly and monthly basis. The governance officer visited regularly to carry out their own audits, to observe the staff and to check on the auditing the registered manager had done; this ensured the provider was aware of any issues in a timely way.
- Improvements had also been made within the internal office set up, and a new electronic share point system was being used. This system included a formal process of evaluating the home by the registered manager on a month by month basis and included monthly accident analysis, trends identified in relation to accidents and ways to reduce the likelihood of repeat accidents.
- We have reported on the improvements to the new governance framework in the safe domain of this report.

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

- Throughout the inspection the registered manager was involved in observing and supporting staff and people. It was clear the registered manager knew people well and their individual needs. The atmosphere in the home was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Feedback was obtained from people and their relatives as part of the process of care plan reviews, through regular meetings and annual questionnaires.
- Feedback from people and their relatives about the registered manager was positive. One relative told us,

"I think [registered manager name] is fantastic and [my relative's] dementia journey has gone very smoothly and [registered manager name] did all they could to accommodate [my relative] and keep her at the home. We can call at any time and contact is great. [Registered manager name] is easy to talk to keeps in touch."

●A second relative said, "I feel [registered manager name] is absolutely the back-bone of this home and is approachable at all times. When [my relative] first went into the home I sat in the registered managers office and she gave me tissues as she knew it would be emotional. She works hard but is always visible and you can always see her at any time." A person told us, "I know the registered manager very well, she comes in to speak to me all the time and I feel she is doing a good job."

●The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.

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

●We saw the provider and registered manager certificate of registration with CQC, the statement of purpose, which is a document that includes a standard required set of information about a service, the certificate of insurance and a copy of the complaints policy and procedure were all displayed and available for people to see.

●As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last report was displayed within the home and was available for all to see.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

●The registered manager ensured staff, people, relatives and healthcare professionals could attend reviews at the home and share their feedback about the service with them.

●The registered manager promoted best practice in person-centred care; there was a culture focused on achieving positive outcomes for people which was reflected in their care file information. The service involved people in their day to day care and promoted their independence to make their own decisions; our observations confirmed this.

●Staff meetings were held which discussed people and their needs. A handover meeting was held in between staff shifts to ensure staff had the latest up to date information about people.

●The service had a range of audits which were used to ensure the service maintained standards expected by the provider. Since our last inspection audits had been further embedded in to practice and were more robust, thorough and effective.

●The service worked in partnership with the local community, other services and organisations and people were supported to access the local community facilities. Records showed multi-disciplinary teams were involved in people's care.

●We received positive feedback from local authority professionals who regularly visited and supported the home, they said, "We have no concerns with Lime House and how it is developing services currently. We are in regular communication with the registered manager to identify any emerging issues with staff and residents."