

# Anchor Hanover Group

# Limegrove

## Inspection report

St Martin's Close  
East Horsley  
Surrey  
KT24 6SU

Tel: 01483280690  
Website: [www.anchor.org.uk](http://www.anchor.org.uk)

Date of inspection visit:  
03 March 2022  
08 March 2022

Date of publication:  
13 April 2022

## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Limegrove is a residential care home providing accommodation and personal care for up to a maximum of 55 older people, some of whom may be living with dementia or other age-related conditions. The service is divided into five living areas over three floors. Each living area has its own lounge and dining room. At the time of inspection, 41 people were living at Limegrove.

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

Although some people told us staff responded to them in a timely manner when they required support and our observations supported this, staff told us they felt rushed and did not have time to spend with people. Staff rotas showed staffing levels fell below the amount they should be on several occasions. Although call bell audits demonstrated people's bells were responded to in a timely manner, there was a risk that people may not receive prompt care from staff and staffing levels may be unsafe.

Risks to people had not always been identified or recorded in a way that may assist staff to provide responsive care. This meant people may be at risk of harm. In addition, some incidents of potential abuse had taken place, but these had not always been reported to CQC in line with requirements.

Although there were governance arrangements and systems at Limegrove these were not always effective in identifying shortfalls or areas requiring improvement. Such as care records or actions from audits. Staff told us, that despite a clearly recognised structure in place, they did not always feel supported or valued.

The registered manager was aware that work was needed to improve activities for people in order to help ensure they were not socially isolated. Our observations on the day were that little was going on and some people told us they would like to see more happen within the service. People said they spent their time in a variety of ways and the registered manager was working hard to reinstate activities following a recent COVID-19 outbreak.

People told us they were happy living at Limegrove. They said staff were kind and caring towards them and showed them respect. We observed this during our visit. People were enabled to make choices around how they wish their care and to retain their independence as much as possible.

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 were supported to see a healthcare professional when needed and they were provided with sufficient food and drink to help ensure they maintained a healthy weight. People received the medicines they required.

People lived in a service that was well maintained and homely and they were cared for by staff who had received sufficient training and supervision for their role. Staff knew people well and read people's care plans to help ensure they provided person-centred, individualised care. People said they spent their time in a variety of ways and the registered manager was working hard to reinstate activities following a recent COVID-19 outbreak.

People knew how to make a complaint and felt comfortable doing so. Where complaints were raised, these were addressed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 14 August 2019).

#### Why we inspected

This inspection was prompted in part due to concerns received around poor infection control practices, lack of staff, poor medication records, a high number of falls within the service and people not receiving adequate drinks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We have found evidence that the provider needs to make improvements, although we did not find anyone was at immediate risk of harm. Please see the key questions of Safe and Well-led of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We found breaches of regulation in relation to recognising potential safeguarding concerns, staffing and good governance within the service. You can read what action we have asked the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our responsive findings below.

**Requires Improvement** ●

# Limegrove

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 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

Limegrove is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us 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

This inspection was unannounced.

Inspection activity started on 3 March 2022 and ended on 8 March 2022. We visited the service on 3 March 2022 to carry out the inspection. On 8 March 2022, telephone calls were made to relatives to obtain their feedback on the care their loved on received at Limegrove.

### What we did before the inspection

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

We 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 all this information to plan our inspection.

### During the inspection

During the inspection, we spoke with seven people, one visitor and one health professional about their experience of the care at Limegrove. We also spoke with eight care staff, which included the registered manager as well as the registered provider's district manager. We reviewed the care plans for six people, as well as observing medicines practices and reviewing medicines records. In addition, we checked four staff recruitment files as well as other documentation in relation to the running of the service, such as complaints, audits and meeting minutes.

### After the inspection

We spoke with three relatives to gain their feedback on the care their loved one was receiving at Limegrove. We also asked the registered manager to send us staff rotas, audits and training and supervision information.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service may not always be safe as there was an inconsistent approach within the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Limegrove. One person said, "I have lived here for 10 years and I feel safe. That's why I leave my door open." A second person told us, "They (staff) look after me and that makes me feel safe."
- Staff were able to tell us the process to follow should they suspect abuse or identify a safeguarding concern within the service. A staff member said, "I would know how to report a safeguarding to head office."

Staffing and recruitment

- People's feedback and our observations on the day of inspection indicated there were sufficient staff available to provide care to people in a timely way. One person told us, "I do have a call bell and if I use it they do come quickly." They added, "The night staff come on duty at 09:00pm and they pop by to see if you are alright." A second person said, "Let's say there are adequate staff on duty seven days a week. The carers come quickly if I call them."
- However, we received mixed views from others. A person said, "I might have to wait a while before someone gets here." A visitor told us, "They are struggling with staff. The staff/resident ratio here is much lower. Anchor used to have a good reputation regarding staffing levels." A second visitor said, "Seem to be a lot of falls. There are not enough staff. Some patients need a one to one."
- The registered manager told us they used agency staff to help meet the staffing levels and that these staff were consistent. This was confirmed by one person who told us, "That is [staff name] she is from an agency, but is here regularly. She is lovely." A relative said, "I see the same staff over and over. The staff have got to know him well and he remembers them."
- The registered manager explained they calculated staffing levels based on people's dependency and this was reviewed on a monthly basis. They said the staffing allocation at present was 10 care staff and three team leaders during the day, with five care staff and one team leader at night. They also sent us a call bell audit following our inspection to show call bells were answered promptly.
- Staff however told us they felt rushed, exhausted and unable to spend time with people as these staffing levels were insufficient. One staff member said, "Today is not a typical day. Things are usually a lot more hectic. We need more carers. Yesterday there were only nine carers on in the morning and eight in the afternoon." A second staff member said, "There are not enough staff. I feel we cannot interact with people. Normally there are only one or two team leaders." A third said, "We have too many agency. Yesterday I was moved from the top floor to help out on the first floor, that left one staff member on the top floor."
- We reviewed the staff rotas for a nine-week period, provided to us by the registered manager following our inspection. We found at least nine nights when there were less than five care staff on duty, 15 days when there were less than three team leaders on duty and 12 days when there were less than 10 care staff. This left

people at risk of not receiving care and support from staff when they needed it, although people told us on the day that staff did respond to them promptly.

The lack of suitably deployed staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited through a robust process. This included completing an application form giving full employment history, providing references and showing evidence of their fitness for the role. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Assessing risk, safety monitoring and management

- People were helped to stay safe and free from harm as there was guidance in place for staff. However, there was an inconsistent approach to this.
- One person was at risk of isolation as they preferred to spend most of their day in their room. Staff were reminded to check on them regularly and we saw this happen during the day.
- We saw staff attending to people when they attempted to walk without their mobility aid. Staff were quick to respond, walk with them and remind them to use their aid.
- One person was at risk of choking, but did not like soft food. There was clear evidence that the person had been reviewed by the Speech and Language Therapy team and that they understood the risks of eating food that had not been softened. To reduce the risk, staff were advised to ensure this person had regular sips of water and oral care was provided after each meal. Records and observations demonstrated this happened. A staff member told us, "We manage risk to the best of our ability. We try hard to keep people safe."
- Where people were on pressure relieving equipment, we found these were set in line with the person's weight which meant people would be at a reduced risk of skin breakdown.
- People had individual personal evacuation plans in place which described the assistance they would need in the event of an emergency or fire.
- Some risks had not been identified or recorded however. For example, one person could throw items at other people and yet there was no risk assessment around this. Also, despite this risk and staff telling us that glasses and cups were no longer left in the reception area of the service, we found they had been.
- Where people's fluid intake was being monitored on charts, there were no targets or totals, so although staff recorded what the person drank, they could not assure themselves that this was the required amount and that this amount was achieved each day.
- One person had epilepsy but there was no specific care plan in place for this identifying any risks or guidance for staff on what to do should the person suffer a seizure. Following our inspection, the registered manager sent us evidence of an epilepsy care plan for this person.
- Despite the gaps in some records, risks to people were mitigated as on speaking with staff they knew people well and it was evident from the care records staff were providing appropriate care. We have reported more on care records in our key question of Well-led.

We recommend the registered provider reviews the care records for people to include all relevant information.

#### Using medicines safely

- People received the medicines they required, in line with their prescriptions. One person told us, "There are staff who do all of the medication regularly." Another person said, "Medication is all done properly."
- When staff were dispensing medicines, they wore a tabard to help prevent being interrupted whilst



undertaking this task. This meant there was less of a chance of them making a mistake.

- Medicine trollies were kept in a temperature controlled clinical room. An external medicines audit had recently taken place and no concerns had been identified.
- Each person had a medicines administration record (MAR) and staff signatures were logged for easy identification on administration. There were no gaps on people's MARs and each MAR contained a dated photograph of the person for identification purposes, any allergies they had and the GP information.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and action was taken. Each month management discussed themes and trends. A staff member said, "I would call the emergency bell if there was an incident and the team leaders would come. I would stay with the person. I then write a statement."
- Monthly root cause analysis and lessons learnt meetings took place where senior management reviewed accidents and incidents and learning from them, cascading this information to team leaders.

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 using PPE effectively and safely.
  - We were assured that the provider was accessing testing for people using the service and staff.
  - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
  - 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.
  - The registered manager had enabled people to stay in touch with their relatives and for visitors to come into the service in line with national guidance. Visits were facilitated in a number of ways to help ensure people and their loved ones stayed safe.
- 
- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.
- 
- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good.

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

- There were detailed pre-admission assessment undertaken for people. These included details of any conditions the person had and the reasons they needed to move into a care facility.
- Nationally recognised monitoring systems were in place for people. For example, MUST (malnutrition screening tool).

Staff support: induction, training, skills and experience

- Staff received sufficient training and support to carry out their role. A staff member told us, "I joined in on the falls training this Monday."
- We reviewed the training matrix provided to us by the registered manager following our inspection. This showed good compliance with the training requirements of the registered provider. A staff member told us, "They push you to do all of your training."
- Staff said they had the opportunity to meet with their line manager. One told us, "It's a good way to sit down and talk about things." A second staff member told us, "One to one's happen often enough and they offer you training."

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

- People were provided with sufficient food and drink to maintain their health. We observed people had drinks in front of them throughout the day and staff were encouraging people to take them. One person said, "If there is nothing on the menu I like, I'll ask for a jacket potato. I'm having that today. There are always plenty of drinks offered throughout the day." A second person said, "There's normally a choice of two things at lunchtime." A visitor told us, "The chef here is well used to different dietary needs. There are plenty of drinks on offer during the day."
- People were provided with their lunchtime meal promptly and this was served to them from a hot trolley in each individual living area. There was a choice of desert and staff knew people's preferences in relation to their food. For example, staff knew one person did not like too much custard.
- Where people required a specific diet, this was provided and information relating to this was contained in their nutritional care plan. For example, if someone required a softened diet.
- People were weighed regularly to ensure they maintained a healthy weight and where one person was losing weight, staff engaged the GP and additional nutrients were given.
- Where people required support to eat we saw staff provide this.

Adapting service, design, decoration to meet people's needs

- People lived in a well-presented, clean and homely environment. People's rooms were furnished with

personal items and there was a well-maintained central garden area.

- Each living area had hydration stations with juice and water available and in people's rooms there was water or juice available for people.
- We saw people walking around the service throughout the day and staff did not discourage this and people made their own decision whether they remained in their room or used the communal areas.

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

- People told us they were able to see a health professional when needed. One person said, "The doctor came to see me today. [Doctor's name] is lovely." A second person told us, "I do see a district nurse regularly" and a third said, "If I have to visit the hospital, transport is arranged, and a carer goes with me."
- There was evidence of people receiving input from the GP, district nurse, physiotherapist, speech and language therapy team and an optician.
- A relative described how their loved one's health had improved since moving in to Limegrove. A health professional told us, "My advice is followed as much as it can be."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- One person told us, "No one forces you to do anything." A second person told us, "I need a lot of care, but if I don't want to do something, I just say 'no'. They do listen to me."
- There was evidence of mental capacity assessments for people who lacked the capacity to make the decision to live at Limegrove. These related to the locked doors and people not being able to leave the service unattended.
- In line with the principles of the MCA, best interests decisions had been made with relevant people, such as the GP or next of kin.
- One person had a sensor in their room to alert staff if they left it unattended. The necessary documentation to demonstrate staff had followed the correct framework was seen.
- Where people did have capacity, this was clearly recorded and staff had not used the MCA process for these people. A staff member told us, "I understand you have to presume capacity."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at Limegrove. One person said, "I have had 10 very happy years here and that is mainly down to the care I receive. If you mention something that you would like, the carers do it for you. I couldn't ask for more from the staff – they are so kind." A second person told us, "The nice thing about the carers is that they know where everything goes, and they help to keep things organised and tidy in my room."
- Observations on the day were that staff were kind and attentive to people. They knew people individually and were able to tell us specific information about them. A relative told us, "The carers are very good. They are consistent and very communicative."
- During lunchtime, staff engaged with people and where staff were supporting people to eat, they made conversation or regularly checked they were enjoying the food.
- Staff treated people well. We saw a person being supported by staff to go to the garden area to meet with visitors. We saw the person was suitably dressed to go outside and the staff member was carrying a blanket for them. As they walked through the doors to the garden, the staff member reminded them to walk slowly and take their time.
- Throughout the day we saw staff sitting chatting to people, reassuring them or checking they were okay.

Supporting people to express their views and be involved in making decisions about their care

- People felt in control of making decisions about how they liked their care. One person said, "I like to do things for myself. When I finish washing in the morning, I like to come out of the bathroom and see that my bed is made. That is always done. They know what makes me happy." A second person told us, "I have all of my meals in my room – that is my choice."
- People were given choices of where they wanted to sit, a choice of meals and drinks and how they wished to spend their time. This included those who preferred to spend all of their time in their room.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported to retain their independence. One person told us, "I do have independence here. I do what I want to do. I do need help with certain things, but everything else I do for myself." A second said, "I do feel listened to."
- Staff encouraged people to do things independently where they could. Some people told us they carried out their own personal care and staff were happy to let them do this. Before lunch, a staff member accompanied one person to the kitchenette area in their living unit to wash their cup and saucer.
- People were treated with respect by staff. One person said, "The only personal care I need is when I have a bath. This is all done with great respect. They test the water and make sure it is not too hot or cold." A

second said, "I need help to put my socks on. This is done in a respectful manner."

- Staff were very patient with people. We heard a staff member consistently reassure someone who became upset when they were not sure where they were. During lunchtime, staff took time to explain to the person that they were serving them their lunch as they had already had breakfast.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's needs were met.

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

- People gave mixed views on activities within the service and our observations on the day were that there was little going on. However, we did see staff chatting and constantly interacting with people. One person told us, "During the pandemic the activities stopped. We used to have singalongs, quizzes, seated exercises and crafts. It's all supposed to start up again soon. I keep myself occupied with knitting." A second person said, "We could do with more activities. I sleep a lot as I get bored."
- We heard similar feedback from visitors, relatives and staff. A visitor told us, "There are activities. What we really want is for these restrictions to lift and then there might be more things to do." A relative said, "I always come and take him out for a drive as I know he likes that." A professional told us, "They used to have an activities manager. Now the team leaders are having to do the activities. Patients would massively benefit from activities. It's a shame, they are stuck here and are isolated." Staff told us, "You never have time to do anything meaningful with people," and, "People could have more to keep them occupied."
- Throughout the day, there were no organised activities observed. Televisions were on in the lounge areas, but we did not see anyone sitting in them. The activity advertised on the weekly planner did not happen. We noticed a lot of people remained in their rooms and we spoke with them about activities. They told us they would not join in even if activities were taking place as they liked to spend their day in the room. One person said, "I have my travel programmes to watch," and, "I keep myself occupied by playing patience and at the weekend I have a [newspaper name] delivered and to the crossword."
- We spoke with the registered manager about activities. They told us, "Activities are not that great. We had a staff meeting yesterday where we discussed the level of provision. We would love to see it improve." They added that some group activities had been paused due to the recent COVID-19 outbreak within the service. They went on to say they were sourcing training for staff on activities for people with advanced dementia and trying to recruit more activity champions to enable them to provide a fuller activity programme for people. We will check at our next inspection this has happened.

We recommend the registered provider reinstates activities within the service to help reduce the risk of social isolation for people.

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

- People told us they felt staff knew them. One person said, "I feel they know me well and they do listen and respect my choices." Another person said, "The permanent staff know me and my needs. Things are so much better when they are on duty."
- A relative told us, "The carers are always able to give me an update on how he is or how he has been. They

know him. They know he doesn't like the cold."

- People received responsive care. One person required a hoist for their transfers and had been using one for some months. However, with health care professional input and staff support, the person was starting to be able to transfer using a standing hoist, rather than a lifting hoist.
- There was good background history for people in their care plans. These covered their likes, dislikes, hobbies and interests as well as personalised information, such as one person who was recorded as, 'likes to get up early in the morning'. A staff member told us, "When I first came, I had to read people's care plans to get to know their needs and who they are."
- Care plans covered all aspects of the person's care needs to help staff provide person-centred care. This included wishes around their end of life. Where we did find some missing information, this was mitigated by the fact that staff knew people. We have reported more on care plans in our key question of Well-led.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where people had varied communication needs, information was recorded in their care plans. For example, staff were reminded to, 'use clear, accurate English and a clear and calm voice' for one person.
- Other people's needs were noted which included whether they wore glasses or hearing aids. We heard a staff member say to one person, "We must get you new batteries for your hearing aids so you can hear better with them."

#### Improving care quality in response to complaints or concerns

- People told us they would feel comfortable raising a concern or complaint. One person said, "Any problems, I would go to the office to see someone. They're very helpful." A visitor told us, "I have raised two concerns today." We heard staff resolving their issues. A third said, "If I have a problem, I ask whichever carer is on duty at the time to help. Things do get done if I ask about something." A relative said, "I would be comfortable making a complaint."
- The registered provider used an electronic complaint log on their internal intranet system. This allowed all complaints to be reviewed, acted on and closed by both the registered manager and the registered provider's senior management.
- We reviewed recent complaints and read that these had been responded to, with either a meeting with the complainant or a written response. However, we were aware of a further complaint for which we could find no record. We spoke with the district manager about this who was able to demonstrate they were dealing with the complaint, but they had yet to update the records. Following our inspection, we received evidence this had been done.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership may be inconsistent.

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

- Although there was a clear staffing structure in the home. Staff told us they did not always feel they could approach management or felt supported by management. One staff member said, "Over the last few weeks the team have pulled together. [Deputy manager] gives amazing support, however the manager's communication could be better as I don't always feel I can approach him." A second staff member told us, "I don't always feel valued. They don't know we work so hard. I never get a thank you." A third said, "We have team leaders' meetings, but not with management which I think we should. We don't get asked our opinions."
- Various governance arrangements were in place within the service. This included auditing of medicines records, infection control, safety and catering. The registered provider's district manager also carried out routine compliance visits.
- However, although these audits took place, actions arising from them were not always carried out. For example, the district manager identified the home manager's weekly controlled medicines audit was not taking place. We checked and found this was still not happening.
- In addition, the infection control audit identified a sluice room on one floor was not clean and orderly and although we saw this had been addressed, we found another sluice room within the building in a similar condition.
- Care plan audits had not identified the missing care plans in relation to some people's specific conditions or risks, such as epilepsy and behaviours that may challenge or harm a person or others.
- Management had also not identified that although staff completed fluid charts for people, there were no targets or totals on these. This meant fluid charts were not helpful in providing assurance that people had received adequate hydration.
- One person had been refusing all of their medicines, but there was no evidence management or staff had considered alternative ways of ensuring this person had the medication they needed. For example, giving them the medicine covertly (without their knowledge). Following our inspection, the registered manager confirmed they had approached a health care professional to obtain support with this.
- People who were on 'as required' (PRN) medicines, the protocol for these was limited. Despite giving guidance on what could be given and how often, there was little information on how a person may display they were in need of the PRN. However, we had no concerns that people did receive their PRN medicine when required.
- Staff said they did not have time to keep care plans up to date. A staff member told us, "I run the shift, call relatives, do the medicines, deal with falls and when we have a chance we write up the care plans." They told us the care plan reviews and updates were behind. The risk of harm was mitigated however, as staff



knew people.

- Management had not suitably organised staffing as they did not always ensure that staffing levels were kept in line with what was expected and what we had been told. This left people at risk of not receiving care when they required it. The registered manager told us some people, "Take up a lot of staff time" and we observed this on the day. Despite this they had not considered whether some people required one to one support. The introduction of one to one support for some people would relieve the pressure on staff and as such allow them to carry out their tasks unrushed and spend more time with people socially.

The lack of good governance within the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility to apologise to people when things went wrong.
- The registered manager or district manager met with relatives and people when complaints were made and when accidents or incidents occurred, loved ones were informed.
- However, we identified four potential safeguarding concerns that had not been notified to CQC, although they had made the local authority aware where people's behaviour challenged others. So, although people said they felt safe and there was a system in place to report concerns we were not assured that all staff understood how to recognise potential abuse and report it as such.

The lack of reporting potential safeguarding concerns was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- Despite the shortfalls relating to paperwork and governance, people told us they felt Limegrove was well run. One person said, "I know who the manager is. He is a nice man. There is the under-manager too – he has been here a long time. The staff get on well with one another. I think that is a sign of good management." A second told us, "I think the home is well run." A third said, "I know who the manager is. He seems approachable."
- People and their relative's felt the care they received was good. One person told us, "I can't think of any improvements. I'm completely and utterly happy here." A second said, "They do everything for me. That's why I'm here." A relative said, "I'm impressed with the reception staff and the manager seems to be good."
- There was a good atmosphere within the service and staff worked well together, constantly consulting to help ensure all tasks were completed. Lunch was served to people promptly; this included to those who chose to eat in their room. Where people required support throughout the day we saw staff provided this in an efficient, yet friendly manner.

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

- People told us there used to be residents meetings, but these had stopped during COVID-19. One person said, "I did go and I found them useful. They are supposed to be starting again." A second person told us, "We don't have meetings. I would like it. You can ask questions and get the answers."
- Following our inspection, the registered manager sent us evidence of the last resident and relatives meeting. This had addressed the new visiting arrangements in line with government guidance and COVID-19 and discussions about a new menu and activities.

- Relative's told us they were kept informed. One said, "We get a monthly newsletter showing us what has been happening. The service was very good throughout the pandemic, wanting the families to come in."
- Staff meetings were held where discussions took place around COVID-19 testing, care notes, activities and shift patterns. A staff member told us, "We had a meeting yesterday."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they were struggling to ensure people were kept socially busy, telling us, "Activities had improved before the recent COVID-19 lockdown. Because of the outbreak, this has impacted on one to one activity." In addition, more activities champions were being sought in order to provide a fuller activity programme for people. The registered manager was also sourcing training for staff on activities for people with advanced dementia.
- The registered manager said they were currently working on recruitment and had submitted a business plan to use the on-site staff house. This would enable staff to stay overnight, reducing the time spent commuting as Limegrove was not easy to access via public transport.
- Staff worked closely with external agencies when appropriate. Due to recent concerns identified by the local authority, the service had been placed in provider support. This meant the local authority were offering support and training for the registered manager and staff to help them address the concerns.
- The registered manager worked with the care home matrons who had supported them with falls training, infection control practices and hydration information. Further training had been planned, for example, catheter training.
- The registered manager was a member of the Surrey Care Association where they could access peer support, information and guidance.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered provider had failed to notify CQC of all potential safeguarding concerns.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not have robust governance arrangements in place in the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider had not ensured there were always sufficient staff deployed to meet people's needs.