

J Moor

Lime Trees

Inspection report

Sparrows Corner, Harwich Road
Great Oakley
Harwich
Essex
CO12 5AD

Tel: 01255880281

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lime Trees is a residential care home providing accommodation with personal care to up to 10 people. The service provides support to people with physical disabilities, sensory needs and those living with acquired brain injury. At the time of our inspection there were 10 people using the service.

People's experience of the service and what we found:

Medicines were given as prescribed, however some record-keeping practice required improvement. The provider acted on this feedback straight away. We have made a recommendation about medicines records. There were sufficient numbers of staff suitably deployed to meet people's needs. Staff were recruited safely. Checks were carried out on the environment and equipment, including by external professionals. Risks were assessed and recorded in people's care plans. Staff understood their safeguarding responsibilities and there was evidence of a proactive learning culture.

People received an initial assessment, which was used to create personalised care plans. Staff received an induction, supervision, and some specialist training. We identified an issue with healthcare related tasks but the provider took prompt action to address the concerns raised. We have made a recommendation about competency assessments relating to delegated healthcare tasks. The need for consent clearly underpinned staff practice. The service was well designed and decorated. The service worked well with other professionals to support people to lead healthy lives.

Staff were caring and kind, and spoke about people with dignity, respect, knowledge and understanding. This included using language which respected and considered people's strengths, and not just their needs. People's views were considered by staff. This included those who could not communicate verbally with words. Equality and diversity were considered as part of care planning and provision.

People could enjoy meaningful leisure and social activities. Care provision was regularly reviewed to ensure it met people's preferences, choices and people could meet their ambitions and goals. People's communication needs were known and recorded. The service had a system in place for responding to complaints openly and transparently. Good partnership working supported joined up end of life care.

There were systems in place for oversight of the service, although the provider told us of plans to further strengthen and formalise this through additional auditing. There was a positive staff culture, which promoted good outcomes for people. People and staff had opportunities to share their views and make suggestions about the running of the service. People and staff told us they found the management team approachable, open, and transparent. Effective partnership working with a range of stakeholders was seen to be taking place.

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.

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 Outstanding (published 14 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about ensuring accurate records are kept relating to medicines practice, and a recommendation about competency assessments.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lime Trees

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.

Inspection team

The inspection team consisted of 1 inspector and 1 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

Lime Trees is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lime Trees is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is not required to have a registered manager to oversee the delivery of regulated activities at this location.

Notice of inspection

The 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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 6 relatives either in person or over the telephone. We also received written feedback from 1 person's relative and 1 professional who works with the service. We reviewed 3 people's care plans, 2 staff recruitment files and multiple documents relating to the oversight and governance of the service such as policies, procedures, and audits. We observed care and support provided in shared areas of the service. We spoke with 8 members of staff, including care workers, senior care workers, the maintenance person, the deputy manager, the care manager, and the nominated individual (who is also the company director). The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to receive their medicines safely.
- We found some recording gaps for medicines on day 1 of inspection, and some documents which had been mis-filed. However, from checking the stock levels there was no evidence people had not received their medicines as prescribed.

We recommend the provider reviews medicines record-keeping on an ongoing basis, to ensure staff practice reflects national best practice guidelines.

- The nominated individual told us the service was in the process of transitioning how medicines support was delivered. The provider took immediate action to resolve medicines recording during the inspection process, re-trained all staff and put stronger auditing systems in place.
- We received good feedback on medicines support. A healthcare professional who works with the service told us, "The home always seems to be up to date with their resident's medication and medical conditions and if they have any queries, I always find them to be warranted and sensible."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. This included supporting and facilitating positive risk taking to enable people to be as independent as possible.
- Records showed risks were considered in a range of areas, for example relating to skin integrity, mobility, finances, continence care, hydration and choking.
- People had access to specialist equipment, such as pressure relieving mattresses, to reduce assessed risks. Health and safety checks were completed on equipment and the wider environment, including by external professionals where required.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. □
- There was diversity of staff skill mix which benefitted people at Lime Trees. A staff member told us, "Staff turnover has slowed down. There are some really great people, and such a variety. Some older staff and what they bring to it is brilliant, they love to do the bowling and the younger staff want to go out and have that energy; there is a really nice mix now, for sure."
- People and their relatives were satisfied with staffing numbers and deployment. A person's relative said, "[Lime Trees] always seem to have the staff, and if [person] has made arrangements to go out, they never let

[person] down." Another relative told us, "The staffing is stable at the moment. There is an excellent supervisor."

- The provider operated safe recruitment processes. There were some small gaps in employment history which the care manager told us they would address by recording information already known to the service in staff files.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. There had been no recent safeguarding concerns at the service.
- Staff understood their safeguarding responsibilities and received training in this area.
- We received positive feedback people felt safe. One person's relative said, "As far as I am aware the safety day to day is exceptional and the management always keep me informed with any issues they may experience."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The environment was visibly clean, hygienic, and maintained and decorated to a high standard. There was a dedicated staff member employed to complete daily cleaning tasks.
- Staff received training in infection prevention and control, including on the use of Personal Protective Equipment (PPE).

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- This included trips out in the local area. A person's relative said, "It is really nice here, as we can go to the coast or to the beach."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Proactive steps were taken in response to feedback from people, relatives, and outside professionals to drive continuous improvement at the service.

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, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Records showed specialist training was provided for staff in areas such as pressure area care awareness, and the impact of brain injury on people. Staff received practical competency assessments for moving and repositioning, and medicines. However, some healthcare tasks required more formal competency assessments to be recorded.

We recommend competency assessments are completed on a regular basis for delegated nursing tasks.

- The care manager confirmed they had worked closely in partnership with the district nursing team, but that updated catheter care training and regular competency assessments for delegated nursing tasks would be put in place following our feedback.
- Staff received an induction, training, and supervision to support them in the role. New staff completed the Care Certificate. A staff member told us, "You always learn something new, that's really nice."

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- The service embedded best practice guidance from Headway, which is a UK-wide brain injury association, and applied for regular professional re-accreditation as an approved provider for this specialist type of care.
- People and their relatives were involved in the assessment process and planning of care. A relative told us, "We have tried to develop [the care plan] with the care home and the county council."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People had choice and were involved in shopping, meal planning and preparing meals. This included regular theme nights and special events, which were discussed at meetings with people living at Lime Trees.
- One person's relative said, "The food is not set in stone, [staff] will find [person] an alternative and there are no set times. It's like being in your own home." Another person said, "My meat is ordered from a butcher so it's halal. There's a good cook now."

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

- The provider ensured the service worked effectively within and across organisations to deliver effective

care, support and treatment.

- People were supported to live healthier lives, access healthcare services and support. This included working with other professionals such as the GP, clinical neuropsychologist, community nurses, occupational therapists and speech and language therapy (SaLT).□
- We received positive feedback on timely referrals. A person's relative told us, "[Person] even managed to get a dentist. Staff are very good, they arrange for haircuts, nails, personal exercise – there is a lady who comes in, a physio."

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

- People's individual needs were met by the adaption, design and decoration of the premises. The provider had built a conservatory with separate entrance for 1 person, to increase their private space for socialising with friends. Another person's relative told us, "[Person's] room is the right size and set up for them with their computer and TV."
- The provider invested in the service and was proactive in funding any repairs or improvements. The maintenance person said, "It is everybody's home at the end of the day, and it should be nice."
- There were plans for further improvements to the large garden to the rear of the property. A relative told us, "I am happy with the home. There's recently been investment and a big extension."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- The need for consent underpinned staff practice. A person's care plan recorded, 'Staff must remember and respect that I have full mental capacity and I will choose what I want to do.'
- For people unable to consent to all elements of their care, staff completed decision-specific mental capacity assessments to ensure any choices were in the person's best interests. The care manager confirmed people's DoLS had been applied for when required, and any conditions imposed adhered to.

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 Outstanding. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported. Observations showed staff were caring and compassionate.
- Staff received training in equality and diversity, to ensure people were well treated, including in relation to protected characteristics. The deputy manager told us, "We want [people] to have the best life they can."
- One person's relative told us, "I am very happy with the care [person] receives at Lime Trees. The staff are caring, considerate and treat [person] with respect in everything they do with them." Another relative said, "The staff are caring."

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

- People were supported to express their views and make decisions about their care.
- The service collaborated with people to create detailed and thoughtful person-centred plans, which showed people's specific goals and aspirations and how they could be met. For example, 1 person planned to buy a hot chocolate and drink it overlooking the sea. Another person planned to see a tribute band play at a local theatre.
- A person's care plan said, 'I will need staff to ask me what I would like, naming one thing at a time, to enable me to say yes or no if I am able to. I would also like staff to show me options that are available to me as this might encourage a response. I need staff to be patient with me and give me the time to be able to make a choice.'

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Staff supported and enabled people to be independent and spoke about people in a way that recognised their strengths and not just their needs.
- A staff member said of 1 person, "[Person] is very smart, [Person] has got a lot of knowledge." And, of another person, "[Person] is still in touch with a lot of their old friends, and they support [person]. I would see [person] be even more independent, they have so much going on."
- People's privacy was respected, such as ensuring a lock for bedroom doors where required.

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 Outstanding. At this inspection the rating has changed to Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences. This included respecting people's decision to only have certain staff support them with their personal care.
- Care plans were held on an electronic system and were subject to regular review. This meant they were updated in a timely way should a person's care and support needs change.
- Staff demonstrated knowledge and understanding about how to provide personalised care for people, including those unable to communicate verbally with words. A staff member said, "Knowing [person] and meeting their family, you put all that knowledge together. You see [person] in a tie-dye T-shirt, you know they would not choose it. It was for a fun event, but now it has to go."

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.

- The provider was meeting the Accessible Information Standard. People's preferred methods of communication were clearly set out in their care plans for staff to follow.
- People's communication needs were understood and supported. A relative told us, "[Staff member] communicates clearly with [my person], for example asking, 'are you warm enough?'. [Staff member] is very clear."

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 were supported to maintain relationships, follow their interests and take part in activities that were relevant to them. This was audited by the service to ensure continued good outcomes.
- A staff member told us, "We have just helped [person] to bed, [person] is listening to music. [Person] loves their music and their massages, and staff brushing [person's] hair; [person] loves that as well. We went to the cinema and [person] seemed to enjoy it in their way. [Person] could hear as their head was still, and that's how we know [person] is listening."
- People took the lead in organising social events for the benefit of others. For example, 1 person told us how they had invited a professional football player in to sign football shirts. Another person had set up a coffee morning for other people across the Lime Trees group of services.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- There were systems in place for people to raise complaints if required. A person's relative told us, "I have a good relationship with the care home. I have a direct dialogue with the staff and managers. Any complaint does get a response."
- The service had also received a number of positive reviews and compliments.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- Staff worked well with other partners, such as the local hospice. There were clear pathways recorded in care plans, such as people's preferred place of care.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The nominated individual told us of plans to further strengthen and formalise systems, including the introduction of a provider audit. At the time of inspection, the provider was also recruiting additional management capacity into the home.
- The management team understood their legal and regulatory responsibility to make statutory notifications to the CQC without delay, including DoLS application outcomes, safeguarding matters and serious incidents.
- The provider had created a learning culture at the service which improved the care people received. For example, the management team took action straight away in response to inspection feedback by introducing more robust medication auditing.

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

- There was a positive and open culture at the service. The vision and values of the service were modelled by leaders. For example, the nominated individual told us how they met with a person to discuss their care, "We worked with [person], empowered them to make their own decisions."
- The provider had systems to provide person-centred care that achieved good outcomes for people. This included checks and processes such as auditing electronic care records to ensure care was provided as assessed. There was also documented rehabilitation and re-enablement pathway planning to support people with acquired or traumatic brain injury to live well.
- One person's relative told us, "Overall, the staff make [person's] stay at Lime Trees as pleasurable and rewarding as they possibly can." Another relative said, "I would recommend it. I wish other care homes were like this."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- There were meetings held for staff and with people to seek their views on how to improve the service. Feedback was also invited from people's relatives.

- The management team were described as open and approachable. A staff member told us, "If there is a problem you can't solve [the nominated individual] has been known to come out in the middle of the night to sort out a problem if no one else can sort it." Another staff member said, "They are the best employers I have had."
- The provider understood their responsibilities under the duty of candour.

Working in partnership with others

- The provider worked in partnership with others. This included a wide range of stakeholders to support people's wellbeing and to enable them to reach their potential. A relative told us, "[Person] has a life."