

J Moor

Lime Trees

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

Lime Trees provides accommodation and personal care for up to six people who have a range of needs including acquired brain injury, learning disability or who may be living with dementia. The service does not provide nursing care. At the time of our inspection there were six people using the service. When we last visited the service it was rated good. At this inspection we found the service was outstanding.

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care which was extremely person centred and responsive to their needs. They were supported and fully engaged in activities that were meaningful to them.

Staff continuously looked for ways to improve care, so people had positive experiences and led fulfilling and meaningful lives. They liaised with professionals to make sure that people's health care needs were met.

Social interaction and community acceptance was important and opportunities to access and integrate into the local community was a priority.

Staff had an excellent understanding of people's backgrounds and they supported people to pursue their interests and hobbies, try new things and learn new skills.

Peoples' privacy was respected. Staff supported people to make individual choices on a 'moment by moment' basis.

Staff had a common aim and purpose to achieve positive outcomes for people.

Staff were exceptional at helping people to express their views, so they could understand things from their point of view.

Procedures were in place which safeguarded people from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. The registered manager and staff knew of their responsibilities regarding the Mental Capacity Act 2005.

Risks were assessed and control measures were in place, which still enabled people to maintain as much independence as possible. There were sufficient numbers of staff to ensure that people's needs were met.

Recruitment practices ensured that staff were of good character and suitable for their roles, and people were involved in interviewing new recruits.

People were supported to take their medicines safely, if required. Systems were in place to record when medicines were given. When a dispensing error had occurred systems were changed to make sure this did not happen again.

Staff received an induction and on-going training to make sure they had the right skills and knowledge. Staff were well supported and had opportunities to discuss any concerns and training needs they might have.

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

There were positive relationships between people and members of staff. Staff treated people with kindness and took the time to get to know them and their interests whilst providing their care. Staff involved people in producing their care plans to ensure that care was provided to them in the way they wanted it to be.

A robust quality assurance system was in place and the registered manager looked at ways they could continuously improve the service people received.

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 ●

This service was safe.

There were enough staff with the correct skills to manage risks and provide people with safe care.

Staff knew how to protect people from abuse and report any concerns they may have had.

Staff followed correct procedures for supporting people with their medicines so that people received their medicines safely and as prescribed.

Is the service effective?

Good ●

This service was effective.

Staff received the support and training they needed to provide them with the information to carry out their responsibilities effectively.

People's health, social and nutritional needs were met by staff who understood how they preferred to receive care and support.

Staff worked in accordance with the Mental Capacity Act 2005 and Deprivation of liberty safeguards were applied appropriately.

Is the service caring?

Outstanding ☆

The service people received was very caring.

Staff went the extra mile to support people to be as independent as possible, make their own decisions and take charge of their own lives.

People were treated with kindness and compassion by staff who put people's wellbeing at the heart of everything they did.

Is the service responsive?

Outstanding ☆

The service was very responsive to people's individual needs.

Staff were flexible to people's needs and found creative ways to enable them to live meaningful lives and enhance their wellbeing.

Care plans were based around people's strengths and considered things that people would do for themselves and the things they could develop.

People and their relatives were consulted about their care and involved in developing both short and long term goals and staff provided personalised care which was different for each individual.

People knew how to make a complaint if they were unhappy with the service.

Is the service well-led?

The service was well-led.

Staff were clear about the service ethos and shared the same vision and values to ensure that people received individualised personal care and remained independent.

People, relatives, staff and healthcare professionals spoke highly of the service and the way it was run.

A quality assurance system was in place and the registered manager looked at ways they could continuously improve the service people received.

Good ●

Lime Trees

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.¹ This was a comprehensive inspection.

This inspection took place on the 26 July 2017 and was unannounced, which meant that the provider did not know that we were coming. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make, a PIR was returned to us. We looked at previous inspection records and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

During our inspection we observed how the staff interacted with people and spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we also looked around the service.

At the time of the inspection the registered manager was on annual leave so we spoke with the director and the team leader as they were providing management cover of the service in the registered manager's absence. We also spoke with three members of staff, three people, one relative, and two visiting healthcare professionals.

We reviewed two people's care files, three staff recruitment and support files, training records, quality assurance information and other information related to the running of the service. Reviewing these records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and look at how they monitored the quality of service people received.

Is the service safe?

Our findings

At the last inspection this was rated good. At this inspection this section remains good.

People were protected from harm and kept safe. Every person we spoke with, without exception told us they felt safe when staff were around them and when they were being assisted with personal care. One relative said, "I am here every day and the people are safe. The staff are wonderful. It's excellent here. The staff really do care."

People were protected from the risk of abuse because the provider had systems in place to help protect people from potential harm. Staff knew what action to take if they had any concerns and how to protect people from abuse and avoidable harm. They had received regular training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Robust risk assessments were in place for people which looked at the way harm could be minimised whilst empowering the person to undertake the activity. People had a wide range of risk assessments relating to day to day living skills, and hobbies and activities.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. This information was also analysed for any trends and any follow up action to prevent a reoccurrence was updated on the person's care and support plans and shared with staff.

There were sufficient care staff available to meet people's individual needs. The Director told us that they operated a banking staff system which enabled them to increase staff at key times when this was needed. The registered manager considered people's level of dependency and the number of staff needed to provide people's care safely. People and their relatives told us staffing levels were maintained and we observed people being well supported and assisted with care promptly when they needed it.

Staff told us that there were enough of them to manage the needs of people and support them to participate in things they wanted to do. For example, people had the support they needed to have trips out and had staff accompany them to healthcare appointments. One staff member said, "Yes there is more than enough staff here. It's ample, and that's nice because we have the time we need to spend with people."

People were involved to recruit the staff that would be supporting them. The recruitment process focused on personal qualities, such as, empathy, and awareness of dignity and respect. Employment records confirmed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the vulnerable adults who used the service.

People had received their medicines safely and as prescribed. Medication had been administered, stored safely and recorded in line with the service's medication policy. Regular audits had been completed and

staff had attended medication training and received regular competency checks. Where errors had been identified, action had been taken to minimise risks to the person and minimise future risks.

People's ability to evacuate the building in the event of a fire had been considered and people had an individual personal evacuation plan. Water temperatures were tested to ensure they were within the recommended temperature ranges to prevent scalding and cleaning products and medicines were stored in locked cupboards.

Is the service effective?

Our findings

At the last inspection this was rated good. At this inspection this section remains good.

People were supported by staff who had the skills to provide effective care and support. One person said, "The staff are well trained, they know what to do." A relative said, "The staff are very knowledgeable and understand the importance of encouraging people. Not just leaving people to sit in front of the telly. They really encourage them in a positive way to carry on living."

Newly recruited staff were given an induction which included specialist training in how to work with people with acquired brain injuries. This also included shadowing experienced staff. This helped new staff to understand how the service works and helped them to gain information about people and their care needs prior to working unsupervised. Staff were supported to complete the Care Certificate which is an industry recognised qualification and induction process into care. One staff member told us "All the training is good and we get a lot of it. [Staff member] was my mentor and they really helped me to settle in to the role. Because working here is completely different to anywhere else I have worked before."

Staff told us they had regular training and met regularly with their line manager. One staff member told us "The registered manager is great. They are so supportive and approachable. Actually they all are here. I can even go to the Director, they are approachable, and their door is always open."

The Director explained, "On top of mandatory training, we provide bespoke training depending on people's individual needs. For example, for one person we trained staff in a technique to help the person to communicate. We developed mechanisms with them and this has been really effective. We look at the individual and what they need and train staff around that."

Competency tests were carried out on a variety of topics, including staff understanding of the people they were caring for and the support they were giving people. One staff member explained, "Every six months we have a survey, well really it's a test, but they call it a survey. The Director 'who is lovely' checks our understanding of people. That is right because we should know in depth information about people, so we can offer personal care to them and get it right."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found that staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority.

People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and confirmed they had received training in MCA and DoLS.

People told us they were given the choice about when and where they wanted to eat. They told us they had been involved with developing their own personal menu and was involved in choosing what they want to eat, which included ordering their shopping online. People told us that take aways and meals out were a regular feature in the social calendar.

One person told us they were trying to lose weight so the staff had supported them to follow a recognised diet plan. This person explained, "All of the food is lovely here. We all set up our menus, everyone here has something different. I am on a good eating diet, so they give me things like fish without sauce, that kind of thing. They are good here. They make me home made apple pie but instead of pastry they use a different topping. It's lovely. We come up with so many good food ideas."

People's nutritional requirements had been assessed and their individual needs, including their likes, dislikes and dietary needs were documented. When people needed help to eat or drink safely Speech and Language Therapy (SALT) had been involved and their input and advice was clearly recorded. Staff could tell us in detail each person's preferences, life choices and how to support them in the correct way and in line with their care plan.

Staff had the support of a clinical team who supported the service with clinical needs and support. The support they provided included developing support plans. People were supported to maintain good health. They had access to healthcare services and received annual health checks and medication reviews. Records showed us how they liaised with NHS services to enable the person to have 'joined up care'.

Is the service caring?

Our findings

At the last inspection this was rated good. At this inspection this section was outstanding.

People were cared for by staff that knew people's individual preferences very well. People were encouraged to be as independent as possible and empowered to take responsibility for their own lives and make their own decisions. One person said, "We set goals on a weekly basis. Staff will say we haven't done that for ages do you fancy it. You can say yes or no, but the point is that they encourage you, not just leave you to sit in a seat." Another person said, "The staff help you to carry on living." A staff member said, "Everyone's care is based solely around them. We provide really good care here, and rightly so, that is no less than what their families expect."

A relative told us, "The staff are excellent here. I can't find fault with them, they are wonderful and caring. [Name] has come on in leaps and bounds since they have been here. They encourage and help them."

Staff were exceptional at helping people to express their views, so they could understand things from their point of view. For example, one person had been unable to speak when they moved into the home. The registered manager obtained specialist advice and the staff were trained in how they could encourage and support this person to speak. This person could now talk with people again. This person said, "A specialist came in to help me with my speech and they worked with staff about how they could help me, and my speech has improved so much I don't need to see the specialist anymore."

Staff shared information with people and involved and encouraged them to take ownership over their lives and to be as independent as possible. The team leader said to us, "It's not the staff's home. It's the people who live here, and we empower them to take control of what they can in their lives."

Everyone told us they were aware of their care plan and had significant input into these, by developing both long and short term goals. Weekly planning meetings were held to look at what individuals could achieve over the coming week, and support plans were then built around what the person said they wanted to achieve over the coming week.

Resident meetings were held and people were involved in these meetings. These were used to help people identify things they were interested in and to look at areas in which people could further develop their skills and independence. When people had made suggestions the registered manager quickly carried out their wishes. For example, in one meeting suggestions were made to have a gardening club. Shortly after the meeting, the registered manager and staff quickly organised trips to local garden centres and people looked at different things they could grow, both floral and edible. One person said, "Have you been out in the garden, its lovely. We each have two tubs out there and we grow what we want. We have all been eating the vegetables we have grown the last few weeks."

People could choose the gender of the carer they wanted to support them and were supported to explore their spiritual aspects of their lives if this was important to them. Relatives told us there were no restrictions on when they could visit or call and it was evident from people's photographs and conversations we had,

that people were supported to stay in touch with their friends.

Staff had a common aim and purpose to achieve positive outcomes for people. They provided consistency which had a positive impact on people's wellbeing. For example, we saw staff showing empathy and compassion towards people when spoke with them and when they were supported with personal care.

Staff monitored people's moods and wellbeing and when they needed to they had access to advice and guidance from the person's psychologist. This meant that staff had clear information available to them to know how to implement strategies effectively and consistently.

People were consulted and involved in decisions about their care. Each person had a key worker who co-ordinated their care, and looked after their wellbeing. They reviewed and updated each person's care plans with them regularly. People were supported to express their views about their care and support. The registered manager told us if someone did not have access to family or friends that could support them, they would arrange for an advocacy service to offer independent advice, support and guidance to individuals.

Some people were able to communicate in their own way and it was clear that the knowledge of the person was key to understanding what they were trying to communicate. Staff were very good at supporting conversations with people and we saw they were patient and took time to let the person respond. We observed, people were happy, comfortable and relaxed. We saw staff and people sharing jokes and laughing together.

People's diversity was respected and everyone's bedrooms were personalised to reflect their own interests and had belongings and items that interested them.

Peoples' privacy was respected. Staff supported people to make individual choices on a moment by moment basis. For example, on the day of the inspection it was someone's birthday and a celebration lunch was being held. Rather than assume that everyone would automatically want to join in, we saw staff asking people if they wished to join the celebration. One person decided they didn't want to, so staff spoke with them and asked where they wanted to be, and what food they wanted to have, and when and where they wanted to have it. They then carried out this person's wishes.

We saw staff knocked on people's doors and waited for people to open the door and invite them in before entering the room. Relatives confirmed that they felt that staff respected their privacy and dignity. Staff were polite and courteous when interacting with people and information held about people was kept confidential by being stored in locked cupboards and an office.

Is the service responsive?

Our findings

At the last inspection this was rated good. At this inspection this section was outstanding.

People received care which was extremely person centred and responsive to their needs. They were supported and fully engaged in activities that were meaningful to them. One person said, "We work out together what I want to do and the things I can achieve every week. This is good because otherwise I am the sort of person who would just sit in a chair all day long."

Staff continuously looked for ways to improve care, so people had positive experiences and led fulfilling and meaningful lives. One staff member explained the importance of goal setting, they said, "When people can achieve things, even if this is small, they realise they can still do things. It helps them to live a meaningful life."

Each individual had a detailed health action plan and staff liaised with professionals to make sure that people's health care needs were met. Professionals told us the service was focused on providing person-centred care. One visiting health care professional said, "It seems very person centred here and they take people as an individual, it's nice and friendly. It's also very clean."

Social interaction and community acceptance was important and opportunities to access and integrate into the local community was a priority. One person told us about a local art class they attended. One staff member explained, "We encourage people to come up with their own ideas and solutions. The registered manager, trusts people to know what they want to do for themselves and empowers and support us staff to deliver their wishes. Funding is not an issue, the director say's to us, make it happen, and we do."

Staff continually supported people to develop and increase their independence, and take more responsibilities for their own day to day lives. One person had expressed a wish to join a local gym, and were being supported to access these facilities. They told us, "I have just joined a gym and me and one of the girls [staff] go regularly. They are so good at encouraging you here." Other people were supported to maintain friendships in the community and continue to follow their hobbies. For example, one person would go to car boot sale with their friends to buy records. They would then have record swapping sessions, and spend time listening to music and having a drink." A staff member explained, "[Name] is an artist and music is very important to them. Whilst they can no longer perform, it's so very important for music to be part of their lives still."

One staff member said, "The best thing about it here is that both the director and the registered manager tell us that they want things to happen for people. Accessing money for activities is not a problem. The Director says he wants us all to deliver the best possible personal care and that he is happy to fund this. Whatever they want to do, they do."

Staff had an excellent understanding of people's backgrounds and they supported people to pursue their interests and hobbies, try new things and learn new skills. People were encouraged to pursue the activities

they liked and the activities they would like to try. One person said, "When we review the care plan, we talk about what we want to do next week. Last week I said I wanted to go to the beach. So we made a picnic and off we went it was nice." Another person told us, "I like to go to the cinema, the next film I want to see will be Dunkirk, I will probably go at the weekend." Another person said, "The staff make suggestions about things to do, but you can always say no."

Staff had identified that people had a shared interest in fishing. The director explained that they had purchased some land with a fishing lake and were planning to put a caravan there so that they could facilitate this interest. They told us that this would be in place within the next three months.

Activities were individualised and each person had their own activity timetable in place which was based on their own likes and preferences. Some people enjoyed participating in a wide range of activities depending on what their choice was. Activities ranged from football, gardening, library, gym, care boot sales, quiz nights, music performances, shopping, hair and nails, disco's and social events, wine and film nights, night out's including pub visits and work based activities.

One person told us that they were involved with the local church and that staff had supported them to not only attend services but enabled them to get involved with community church life. Staff supported the person to help out with making tea for people after the service and enabled them to get involved with church planning activities. They told us being able to this had impacted greatly on their life.

Staff told us that it wasn't just the activities that people were encouraged to take part in but also the planning of them. For example, one person was supported to go to the nail bar. They told us they were encouraged and supported to make the phone call themselves and book the appointment.

Staff undertook an assessment of people's care and support needs before they began using the service, so they could be certain they would be able to meet their needs. These assessments were used to develop detailed care and support plans including clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Care plans focused around the care and support the person needed and people's strengths and abilities. They included information about what the person could attain for themselves.

Care plans were written in a way so that staff were instructed about how to encourage people in the best way. For example, we noted one entry explained that [person] may get fed up with eating healthy, staff must try and cheer me up and encourage healthy eating options instead of just saying no."

People's plans covered areas such as their communication, health care, personal care, activities and likes and dislikes. Records confirmed that where possible, people and their relatives were involved in the formation of these plans and any reviews. One relative told us "I am involved in care reviews."

Staff were observed being responsive to people's needs and assisting people with their care. Each person had a key worker and staff knew how each person wanted their care to be provided. Daily notes were maintained for people and any changes to their routines recorded. These provided evidence that staff had supported people in line with their care plans and recorded any concerns.

People, relatives and visitors told us they were routinely listened to and the service responded to their needs and concerns. One person said, "I made a complaint once. I felt that I needed to. They followed it up, sorted it out and everything is fine." Staff were encouraged to feedback any negative feedback they had received about the service, even if this was not a complaint. Informal negative information about the service was

thoroughly recorded, investigated and used to look at ways the registered manager could continuously improve the service being provided to people. People and their relatives told us they were aware of how to make a complaint and that they would have no problem in raising any issues. The complaints and comments that had been made had been recorded and addressed in line with the complaints policy. A detailed response was provided.

Is the service well-led?

Our findings

At the last inspection this was rated good. At this inspection this section remains good.

Everyone spoke highly of the service and told us it was well-led. One person said, "[The registered manager] is really good. They really get to know everyone and they know what's going on." Another person said, "They aren't aloof and down the other end of the building. They know exactly what's going on and they are around."

A registered manager was in post but not available at the inspection because they were on annual leave. The Director and team leader provided management cover in their absence. We found that despite the registered manager not being available at the inspection the service was run very effectively. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Staff were very clear about their own roles and responsibilities and those of their colleagues and within the wider organisation. Typical comments from staff described the management team as, "Extremely approachable, flexible and open to suggestions." Staff told us they felt encouraged to be creative and focus on solutions.

The staff team as a whole demonstrated a strong commitment to providing good care and knew people well. They had a good understanding of how best to support people and gave us detailed information about people's individual personalities and character traits. For example, they were able to talk about the people they cared for, their personal history, what they liked to do and the activities they took part in.

Staff told us that the director and the registered manager led by example. One staff member explained, "Nothing is too much trouble, it's just not a problem. Anything we need to do our job we get. Person centred care is not just something we do, it comes from above. Everyone here knows the director. They come in on a regular basis and the first thing they do is to go and talk to people. 'Always, without fail,' and they are the same with the staff."

Staff told us they were well managed. One staff member said, "The Director and the registered manager work really well together. I love working here and I love my job." Another staff member explained, "It's so much better from where I have worked in the past. It really is person centred, and we all work together really well."

People received a high standard of care because the management team set high expectations of staff about the standards of care people should receive. One staff member said, "[The Director] sets high standards that we have to adhere too. But that is how it should be."

People and staff were relaxed and comfortable in the presence of the management team and they did not hesitate to approach them for support. When speaking about how the service was managed, one relative told us "They are very, very approachable. You can ask them about anything. Even if you want something special, you ask for it and it's done."

The director explained that the biggest strength about the service was that "Staff enjoyed their roles, and made a difference to the people who lived here and the level of personal commitment the registered manager gives to the job." When speaking about the registered manager one staff member explained, "This is not a 9-5 job for them. They really put the effort and the hours in."

People were at the heart of the service, their opinions mattered and they were consulted on every aspect of the running of the service on an on-going and continuous basis. The considered people's ideas and suggestions seriously and looked at ways they could use this information to improve the service people received. They were involved in every day decisions such as menu setting and deciding who to invite to social events. People were also involved in larger decisions, such as, being involved in staff recruitment.

Regular meetings were held with staff and residents and they were used as a way of consulting with people about the things that mattered to them most.

The ethos of the service was to provide people with, "A secure, relaxed and homely environment. With people's care, wellbeing, and comfort being of prime importance."

The registered manager and the director maintained links with other organisations in the community and was passionate about increasing people's knowledge and understanding of brain injury. For example, they provided training and awareness training sessions to family members and people within the community.

As part of the registered manager's commitment to continuously improve the service, they worked to become accredited with Headway. Headway is a UK-wide charity that works to improve people's life after brain injury. Accreditation with this association is a formal procedure in which the service is assessed against a set of industry standards. The accreditation process checks that the service works within evidence based practice, has sound governance processes and is outcome focussed.

Regular audits of the quality and safety of the service were carried out by the Director, registered manager, and team leaders. Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and health and safety. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and put plans in place to improve the care people received.