

One Housing Group Limited

Lime Tree Gardens

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lime Tree Garden is a purpose-built care home for up to 24 adults with mental health needs. The aim of the service is to support people with enduring mental health illness to develop basic life skills so they can live supported in the community. On the day of our inspection there were 19 people using the service.

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

The service needed to improve how they managed and monitored people's medicines. This related to the storage of medicines, medicines administration practice when people were away from the service, and monitoring medicines administration records.

The service had made improvements since our last inspection. Apart from issues related to the management of medicines, the service provided effective care to people helping them to meet their mental and physical health needs.

The provider assessed and analysed risks to people's health and wellbeing. Care documentation provided staff with information on how to manage and minimise these risks. Safe infection prevention and control practices helped to protect people from the risk of infection, including Covid-19.

Staff understood their role in safeguarding people from abuse. The provider's recruitment practice ensured suitable staff supported people. Although recent high staff turnover, there were enough staff deployed during each shift to support people.

Staff had the training to help them to support people effectively. This included the mandatory training and specialist workshops on working with people with physical and enduring mental health illnesses. Staff could access ongoing support from a clinical team of mental health professionals to understand people's needs better and respond to them promptly.

People had access to healthcare professionals, and staff supported people to ensure people's physical health was well looked after.

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

People and relatives told us the staff at Lime Tree Gardens were kind and caring, and their support helped people improve. Staff encouraged people's independence and ensured that people received dignified care which met their preferences.

People had care plans which guided staff on how to support people. People and relatives told us people

participated in care planning and reviewing of their care. Overall, people and relatives thought the staff were meeting people's needs.

The service had a new management team who started to make improvements within the service. The feedback they received was positive. All stakeholders said the service was well managed, staff had skills to support people effectively, and people's wellbeing was improving.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 17 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and further improvement were needed. The provider was no longer in breach of regulations 9 and 18. However the provider was still in breach of regulation 12.

Why we inspected

We undertook this inspection to check if the service had followed their action plan and to confirm they now met legal requirements.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We have identified breaches in relation to management of medicines.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lime Tree Gardens

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a pharmacist inspector and one 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. The Expert by Experience had personal experience of mental health.

Service and service type

Lime Tree Gardens is a care home. People in care homes receive accommodation and nursing or personal care. 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.

What we did before the inspection

We reviewed the information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We used all of this information to plan our

inspection.

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

During the inspection

We spoke with members of the management team including the registered manager and two deputy managers. We also spoke with four care staff, five people who used the service and two external healthcare professionals who worked with the service regularly. We looked at records which included care records for five people, medicines records for a further five people, and other records relating to the management of the service, such as health and safety checks, team meeting minutes, medicines and the home's and the provider's audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff recruitment, supervision and quality assurance records. We spoke with four family members of people who used the service. We received feedback from two other professionals who are in regular contact the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to always manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Medicines were not always stored safely, and there was a risk they would lose their effectiveness. This related to the type of storage and the temperatures medicines were stored at. Two fridges housed medicines that required refrigeration. One fridge was medicinal, and records showed the last time it recorded maximum temperature within the required 2- 80C range was on 6 March 2021. The second fridge was domestic, and the records for this fridge did not include required minimum and maximum temperature checks. The temperature records for the medicines room exceeded 250 C twice in June. Although medicines storage had breached the safe storage requirements, staff had taken no action.
- We identified an incorrect medicines administration practice. In one case, a person using the service had two periods of an overnight stay away from the service. Staff did not follow the correct and safe procedure when arranging medicines for this person during their planned absence. Staff prepared the person's medicines by repackaging from the original package to a temporary one for the person to take away. This practice constituted a secondary administration which was not allowed by the provider's policy. There was a risk the person would not receive their medicines as prescribed.
- The provider had a medicine policy in place which provided staff with guidelines on the matters described above. Our review showed that the service had not always followed this policy.
- The service did not maintain medicines administration records (MARS) adequately. Staff used an electronic system to record the administration of each medicine. During our visit, we did not review individual electronic MARS due to technical difficulties. We reviewed available digitally consolidated data within this medicine's management software. The data highlighted 78 missing administration records in the last 28 days. Further investigation and discussion with the managers indicated that missing entries could range from a direct omission of medicines administration to record-keeping issues. We noted that the service did not investigate the missing data to identify the cause and ensure people had received their medicines safely.
- The managers carried out monthly medicines' audits. The audits template and the medicines policy did not reflect the service's electronic medicines management system. Conducted audits stated that non-administration had been coded correctly, and the staff recorded explanation. This was not the case and confirmed that the service did not effectively review gaps in medicines administration records.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate safe management of medicines. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We also saw positive examples of medicines management practice. The provider's internal audit highlighted that not all prescribed PRN (as required) medicines had PRN protocols in place for staff to follow. At the time of our visit, these were being updated.
- We counted five people's medicines, and balances matched those recorded on the electronic stock management system, indicating that they received their medicines as prescribed.
- We observed a staff member administering medicines to be very supportive and person-centred in their approach. These encouraged hesitant people to take their medicines as required.
- Returns of medicines to a pharmacy were managed correctly, and there were auditable records in place signed by receiving pharmacy confirming the service had returned medicines.
- Managers had completed competency assessments for staff administering medicines.

Systems and processes to safeguard people from the risk of abuse

- People using the service were protected from avoidable harm and abuse. People told us they felt safe with staff who supported them. Their comments included: "Yes I feel safe" and "Staff speak nicely to me".
- Staff told us that they had training about safeguarding adults from abuse. They were able to tell us about their responsibilities to protect people from abuse and neglect, including behaviours exhibited by people that may cause them to harm themselves. They knew that they needed to report any concerns or suspicions to the manager or other senior colleagues at the time any issue came to light.
- The provider had policies and procedures in place to guide staff on how to safeguard people from abuse.
- The management team had dealt with safeguarding concerns promptly. They worked with respective local authorities and the CQC to ensure people were protected.

Assessing risk, safety monitoring and management

- The service had assessed risks to the health and wellbeing of people who used the service. Staff were given guidelines on how to minimise these risks. People using the service had long histories of mental ill-health, with some also having lived with drug or alcohol dependency. The risk assessments for each person described people's current risks, including behaviours and what should be done to address these issues if they arose.
- The service analysed identified risks. Historical risks were acknowledged, and they were measured against the person's current situation and wellbeing. Therefore, people were supported according to their most current needs and risks increasing positive care outcomes for people.
- The service ensured people lived in a safe environment. Required health and safety checks had been carried out. This included fire safety and maintenance of the building. Appropriate service risk assessments (fire risk assessment, general service risk assessment) were in place to ensure people and staff working at the service were spending time in a safe environment.

Staffing and recruitment

- Since the start of the COVID-19 pandemic the service had undergone significant staff changes. There was a high staff turnover and the service needed to use an agency staff to ensure enough staff were available during each shift. This at times affected the continuity of care and the staffing levels felt low. The registered manager informed us that they were in the process of a large recruitment drive to ensure suitable staff were employed. Despite these matters external professionals commented there were enough staff observed to support people.
- The recruitment process was safe and required recruitment checks had been done to ensure people were

safe with staff who supported them.

Preventing and controlling infection

- During our inspection we saw that the communal areas of the home were being cleaned by a domestic worker. The fabric of the building was well maintained, and the service looked clean.
- We were assured that the provider was preventing visitors from catching and spreading infections. Lateral flow tests were carried out for all visitors before they were permitted to enter the building if they had not had a COVID-19 test within 48 hours before their visit.
- We were assured that the provider was meeting shielding and social distancing rules. The service had introduced a schedule for people of times they could individually use the communal areas, for example the lounge and another sitting area in a kitchen. We were told that people had understood the reason for this and largely co-operated with the request to use these areas at their designated times.
- We were assured that the provider was using PPE effectively and safely. there were suitable supplies and arrangements to maintain a good stock of PPE.
- 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's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had an accident and incident policy in place, and staff knew what action to take when an accident or incident happened.
- The managers and the staff discussed accidents and incidents in team meetings. They had analysed the occurrences so lessons could be learned when things were wrong.
- When accidents and incidents happened, the managers and the staff agreed on actions to ensure the service reduced the possibility of accidents and incidents happening again. This for example included additional training and workshop for the staff or people using the service, referrals to external professionals or building close relationships with external professionals to ensure people received prompt support.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

At our last inspection we identified shortfalls in staff training and staff one to one supervisions. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People said that the staff knew how to support them. Their comments included, "Staff know how to talk to people" and "Staff are trained and knowledgeable."
- Staff received mandatory and specialist training to help them understand people with mental health needs. Managers and staff told us that the overall training was affected by the COVID-19 restrictions. However, with the support of the service's care coordinators and the onsite clinical team, a range of online training and workshops took place. This included understanding psychosis, mental health case formulation, professional boundaries and others.
- The service provided staff with further opportunities to progress their knowledge and understanding on supporting people who used the service. This included participation in reflective practice discussions, incident debriefs, policy briefings and discussing individual people using the service. One healthcare professional told us, "In the meetings, staff are very involved and carefully listen to people and their needs."
- New staff received induction which depended on the role of an individual staff member and the different levels of training that they needed to complete. The service required staff to complete their induction within three months from the commencement of their employment.
- Staff received regular supervision, and they said it was useful. They told us, "I had my first supervision with my new manager last month. It gave me a chance to talk about my work and how I felt the service was working. It was very helpful" and "The supervision is very useful. The manager really has been supportive."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection, we recommended the provider sought advice and guidance about working within the principles of the MCA. The provider had made improvements.
- The provider organisation, registered manager and staff were clear about the responsibilities of the service to comply with the MCA and DoLS legislative requirements. DoLS authorisations were in place for two people, and two others were awaiting a reply following DoLS authorisation applications.
- The registered manager monitored all DoLS authorisation renewals and applications to ensure these had been made in good time.
- When people had limited capacity to make decisions, their care records provided staff with information on what decisions people could make and when they needed support. For example, one person required support around medicines and finances but could make decisions about their daily care and needs.
- Where appropriate, people signed their consent to specific elements of care they were receiving. This, for example, included a consent to care or consent to take a photo.

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

- The management team with the mental health clinical team were reviewing the assessment and referral process to ensure suitable people lived at the service. The assessment criteria included people's current mental and physical health needs, their level of engagement with psychosocial interventions, ability to comply with the legal requirements they might be subject to, basic life skills and the current and previous risks. The service also considered what impact the new person could have on people already living at the service.
- The service ensured the information about people's current physical and mental health was up to date and shared with health and social care professionals involved with each person.
- Most people experienced long term stability in their day to day mental health, and the service responded to changes that occurred. This was explicitly in evidence when someone had recently experienced a significant deterioration in their mental health. The service responded quickly to ensure the person was kept safe and received the treatment they required.

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

- People were supported to have a diet that met their needs. Most people told us they were happy with the food they received. Some thought they would like a greater choice and food that suited their preferences better. We discussed this with the managers. They explained that the service had recently changed the food provider, and people were getting used to new menus. The service regularly consulted people about menus and worked on further individualisation of menus to ensure people had wider choices and flexibility when choosing their daily meals.
- People's care plans had information on their dietary needs and preferences. These included any risks related to food and nutrition, for example, specific health conditions, allergies and information on weight management.

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

- The accommodation was laid out across three floors of the building. The premises provided a bright and spacious environment where people could move freely with no restrictions. There was a lift to help people move between the floors.
- Due to the COVID-19 pandemic, the service restricted the use of some communal spaces. However, the provider ensured that the garden and remaining communal areas were easily accessible for people. Staff

arranged space so people could socialise with others safely considering required social distancing or spend time on their own if they preferred.

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

- The service ensured the information about people's current state of physical and mental health was up to date and shared with health and social care professionals involved with each person.
- Staff supported people to use community healthcare services. Each person was registered with a local GP as well as using community based mental health resources. The service had a multi-disciplinary team on site who monitored people's day to day mental health needs and provided a rapid response if someone was experiencing a crisis in their continued mental wellbeing.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were 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

- Overall, people gave positive feedback about the staff at the service. All people said when needed, staff helped them promptly and effectively. They said, "Staff are very vigilant, and they are concerned about people who live here "and "Staff treat with respect each other and the residents."
- Relatives described staff as kind and caring, and they said staff had a good relationship with people. Their comments included, "Staff always have time for my relative and me", "Staff know my relative well, and he knows them well," and "The staff are amazing here at Lime Tree Gardens. They are 10 out of 10."
- External healthcare professionals described staff as supportive and responsive. They told us that staff provided both emotional and practical support to people on specific matters. The support has enabled people to express their identity safely. One professional said, "I have been quite impressed overall with the level of attention people get here."
- The service respected people's cultural and religious needs and the ways people lived their lives. Staff received training in equality and diversity and LGBTQI+ (lesbian, gay, bisexual, transgender, queer and intersex). During our visit, we saw staff supporting people to express their identities freely. Staff were supportive, engaged with people, respected their choices, and when needed, increased people's awareness about different ways of living and expressing one's individuality.

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

- People were encouraged to discuss their care needs and goals in one to one meetings with an allocated staff member – key worker. People we spoke with confirmed that they knew who their key worker was, and they knew they could share any concerns with them. One person told us, "If I needed to complain, I would speak to my key worker."
- People participated in the planning of their care. One person told us, "I contributed to my care plan. We spoke about going out and learning essential life skills, for example, cooking."
- There were residents' meetings where people could share their feedback about the service. The last meeting took place in April 2021, and six people attended. Topics discussed included fire safety, safeguarding awareness, social inclusion and group activities. People confirmed they were aware of the meetings, and they attended when they wanted.
- The last customer survey took place on 2 February 2021, and an independent volunteer carried it out. Five people participated. The responses showed that most people thought that staff respected their choices and their physical and mental health needs were being taken care of.

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and dignity. One person said, "Staff asks for permission before walking into my room. I feel respected by them."
- People's care plans provided staff with guidelines on what personal care people needed and how they wanted the support. Care plans also reminded staff to support people should their hygiene deteriorated, so people protected their dignity.
- Staff supported people to maintain their independence as much as possible. Care plans provided staff with information on what people could do independently across various areas of their care and what they needed support with. Staff also helped people to build essential life skills, for example, cooking or visiting the community without assistance. This further promoted people's independence.

Is the service responsive?

Our findings

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

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

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

At our last inspection we saw that staff did not have enough guidance on how to support people effectively. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received person-centred care. Relatives told us people and their relatives participated in the care planning and reviewing process. People confirmed they had a care plan, and they were offered a copy for their reference.
- Care plans covered personal, physical, social and emotional support needs, and progress was updated regularly by each person's key worker. They were updated more frequently as required, for example, after any adverse incidents that may have occurred. Care plans included details of discussion with people using the service and reflected their views.
- Care plans included triggers of behaviours that may indicate that people's mental health conditions may be deteriorating. To ensure the service was providing effective support to people, staff were in regular contact with community mental health colleagues, both those based at the service and others in the community.
- Staff supported people when they struggled to meet the legal requirements of their treatment. Some people were under the Care Programme Approach (CPA) or Community Treatment Orders (CTO). When people were not complying with these arrangements, staff liaised with external professionals to agree upon effective response and support. The CPA is a package of care that is used by secondary mental health services for people with severe or complex mental health problems and those who may need services from a number of agencies to support them. CTO allows people with mental health illness to leave hospital and be treated safely in the community rather than in hospital.
- When people's needs or life circumstances had changed, the service reviewed the overall care and support for people to ensure people's current needs were met. One healthcare professional told us, "There was one episode when one person's needs rapidly changed. Staff tried really hard to accommodate choices and wishes of this person."

Meeting people's communication needs

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

- Care plans reflected people's communication needs and described ways of communicating with individual people. Overall, people did not have additional communication needs and were all able to communicate verbally. However, because of their mental health diagnosis, people needed staff to respond to them in a specific way to provide reassurance, implement therapeutic interventions and help effective communication. We observed staff followed provided guidelines.

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

- Staff helped people to maintain meaningful relationships with their families, friends and significant others. Relatives told us that during the COVID-19 pandemic, they were in regular phone contact with people. Where possible, they were also able to visit them.

- People's care plans had information on what people liked doing and what was important to them. This included information about hobbies, preferred social activities and commitments, religion and other interests.

- The service offered an activities programme. It was affected by the restriction of the COVID-19 pandemic and fluctuating engagement of people who used the service. However, relatives told us that staff created activities that the people enjoyed and helped them develop life skills and increase independence. People confirmed that they were aware of activities taking place and participated when they wanted.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. We noted the policy was not displayed for people to refer to if they needed it. The registered manager assured us they would address this. People could raise their complaints in their key-work sessions and regular customers' meetings. People told us they would be happy to speak to their keyworker in case of any concerns. One person said, "I never complained, and If I did, staff would deal with it."

- Since our last visit, the provider has received one formal complaint, and we saw the registered manager was taking action to resolve it.

End of life care and support

- The service was not providing end of life care at the time of our visit.

- End of life wishes had been discussed with people and were recorded in people's care plans. Where people did not wish to share this information, this was respected.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The managers carried out checks to monitor and improve the service. However, the medicines audits were not fully effective and had not identified issues we found during the inspection. Therefore, the managers needed to improve how they monitored the management of medicines at the service to ensure people always receive their medicines safely.
- With the exception of medicines management audits, the checks were adequate and identified and addressed gaps in the quality and safety of service delivery.
- The service's management team was new. They were aware of the improvements needed within the service. They were working with the clinical team of healthcare professionals to agree and implement these improvements. These included reviewing the assessment and referral process, improved recruitment strategy to ensure staff retention, development of meaningful activities for people and advancing staff understanding on how to best support people.
- There was a clear managerial structure in place, and managers knew what their roles and responsibilities were. Furthermore, the managers showed a good understanding of the needs of people who used the service and how to support staff to meet these needs. This helped to improve the quality of the support provided to people.
- Documentation relating to people's care and running of the service was overall completed and readily available for the inspection team to view. We noted improvements within this area of service delivery. The service formulated information about people's care and their goals positively to improve and get the best outcomes for people. People and their relatives reflected this positive change in their feedback about the service.
- Statutory notifications about notifiable events were being sent to the CQC. The service's CQC rating was displayed as required by the law.

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

- At this inspection we saw a lot of improvements across most areas of the service provision. These improvements led to improved person-centred culture at the service. People we spoke with were overall happy with the support they received. Family members said, their relatives' wellbeing improved thanks to the staff support. One family member said, "My relative has made a huge turnaround for the better since being at Lime Tree Gardens. This place is amazing and the staff who work here."

- People and their family members participated in formulation of people's individualised plans for their care. People confirmed they were involved in planning their care and overall, they felt they received the support they needed.
- Staff told us that although there were staffing issues, they were able to provide good quality care. Staff told us, "People's needs are being looked after. Some customers have relaxed in wanting to move on - they like it here more now" and "Staff are supportive, we did have shortages but that is getting better. I think we have done well in supporting people through a really difficult time."
- External healthcare professionals spoke positively about the care provided by Lime Tree Gardens. They told us they observed good practice daily. This included staff ensuring people received appropriate medical care, lived in a clean environment, their personal hygiene was good, and they improved their basic life skills.

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 managers understood their responsibility under duty of candour. They told us, "We ensure we are keeping customers and their families informed about people's care and any changes in the service" and "When things go wrong, we put solutions in place to apologise. The relationship between us and relatives is very honest and transparent."

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

- Staff invited people to attend customers' meetings and individual key-works to discuss matters related to service delivery.
- The service carried out a customer's survey. An external volunteer did this to provide anonymity and support for those people who wanted to give their feedback about the service. Overall, the outcome of the service showed that people were happy with the support they were receiving.
- Staff were involved in the running of the service. Each staff member had allocated an area of responsibility within which they had specific tasks and accountability. Staff also participated in a range of team meetings to discuss matters related to the service providing and supporting people who used it.
- Staff were supported to carry out their roles effectively, safely and with dignity. Staff received emotional support in the form of counselling sessions, which offered them a safe space to talk about difficulties at work and beyond. The service also provided additional awareness sessions for people using the service who exhibited racial abuse towards staff. We were told these sessions proved successful, and the abuse has reduced.

Continuous learning and improving care

- The service continuously improved to provide effective care for people who used it. Within the last 12 months, the service had undergone a change of the entire management team and most of the care staff team. Although there had been changes, we observed improvements within most areas of the service delivery.
- The service had an improvement plan that commenced in September 2020. Agreed actions included matters highlighted by us during our last inspection and other issues related to the safety and quality of the service provided.
- Stakeholders, including people, their relatives, health and social care professionals and staff, all commented on positive improvements made by the service. One relative said, "This is the first time in years that my relative has got better rather than worse." A professional said, "The service seems to be running very well despite the fact there has been big staff turnover. The atmosphere is calm."

Working in partnership with others

- The service worked in close partnership with external social care and health professionals. There was an onsite clinical team available daily. Both the clinical team members and the staff told us this partnership arrangement worked well, and people benefited from it.
- The managers worked towards developing positive working relationships with other external health professionals to ensure people received prompt support when needed. For example, the service improved awareness of the needs of people using the service with local GPs. This helped to ensure that people saw the doctor even when they could not attend their scheduled appointments.
- Other external health professionals spoke positively about the staff and the management team at Lime Tree Gardens. One professional said, "Staff always include me in discussions relevant to my expertise on how to meet the needs of individual customers. This is done daily."

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured care was provided in a safe way for service users because: They had not ensured the safe and proper management of medicines. Regulation 12 (1) (2) (g) |