Lime Tree Care Ltd

Lime Tree House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 3 August 2017 and was unannounced. This meant that the staff and provider did not know that we would be visiting.

Lime Tree House is a nursing home for up to 10 people living with a learning disability or mental health needs. At the time of our inspection nine people were living at the service.

Risks associated with people's needs had not been fully assessed and planned for. Where changes occurred these were not picked up on and care plans were not always amended to reflect this need. Whilst some risks posed by the environment had been assessed and were monitored, window restrictors were not in place and a risk assessment had not been completed. The registered manager took immediate action to address this.

The storage and management of medicines were found to be safe. Some minor concerns were identified that included one medicine which had not been dated when opened and some gaps in recording people's preferences for taking medicines. Not all people's preferences of how they wished to take their medicines had been recorded. The registered manager took immediate action to address these issues.

People's rights under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards were not fully protected. Some staff lacked a clear understanding of the principles of this legislation and how to apply it.

People's needs were assessed before admission to Lime Tree House. Care plans were developed with people and their relatives and others, where appropriate. This ensured staff had the required information to meet people's individual needs. Staff were observed to be responsive to people's needs, routines and interests. Some care plans lacked specific information and guidance for staff and staff reported they were struggling with new documentation that had been introduced. This was discussed with the management team and action was taken to address this.

Staff were aware of their role and responsibility in protecting people from avoidable harm. They had attended appropriate safeguarding training and had policies and procedures to support them.

Staffing levels were sufficient, flexible and regularly reviewed to ensure they were appropriate. Safe staff recruitment checks were in place and used effectively to ensure that staff employed at the service were suitable.

Staff received an appropriate induction, ongoing training, support and opportunities to review their work. People's nutritional needs had been assessed and planned for and they were supported to maintain good health and access primary and specialist healthcare services.

Staff were kind, caring and sensitive in their approach towards the people they supported. Staff understood

people's diverse needs and had developed positive relationships with people they supported. Staff demonstrated empathy and good communication skills. Independence was promoted and privacy and dignity respected.

People, relatives, staff and external professionals were positive about the leadership of the service. The vision and values of the service was clearly known, understood and demonstrated by staff. There were systems and processes in place that monitored the quality and safety of the service. People, relatives, staff and external professionals received opportunities to share their experience about the service and people had access to the complaint policy and procedure.

Where some issues were identified during our inspection visit the management team were quick to respond. The management team were positive and committed in continually driving forward improvements and had an ongoing development plan to support them to achieve this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks associated with people's needs had not been fully assessed and planned for. Records were regularly reviewed but did not always identify changes to update care plans. A concern was identified with window restrictors not being in place.

Staff had received appropriate safeguarding training and had policies and procedures to support them to protect people from avoidable harm.

There were sufficient staff available who were skilled and experienced to ensure people's needs and safety were met. New staff completed detailed recruitment checks before they started work.

People received their prescribed medicines safely. Some minor issues were identified with the storage of medicines and information recorded about people's preferences.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not always fully protected by the use of the Mental Capacity Act 2005 when needed. Behavioural support plans lacked specific detail and guidance for staff.

People were supported by staff that received an appropriate induction and ongoing training and support.

People had a choice of what to eat and drink and menu options met people's individual needs and preferences.

People received support with any healthcare needs they had and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

People were supported to access independent advocates to represent their views when needed.

People's privacy and dignity were respected by staff and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

On the whole information available to staff to provide a personalised and responsive service was in place. People received opportunities to participate in a variety of activities.

People were involved as fully as possible in reviews and discussions about their care and treatment.

People received opportunities to share their views and there was a complaints procedure available should they wish to complain about the service.

Is the service well-led?

Good

The service was well-led.

People, relatives, external professionals and staff were positive about the leadership of the service.

People received opportunities to share their experience about the service.

There were quality assurance processes in place for checking and auditing safety, where issues were identified during this inspection action was taken by the management team. A development plan was in place to continually drive forward improvements.

Lime Tree House

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 was planned to check 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.

This inspection took place on 3 August 2017 and was unannounced. The inspection team consisted of one inspector

Before our inspection, we reviewed information we held about the service, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service to obtain their views about the service provided.

On the day of the inspection visit we spoke with five people who used the service and one visiting relative for their feedback about the service provided. Some of the people who used the service had communication needs which meant we received limited feedback in some areas. We also used observation to help us understand people's experience about the care and support they received.

We spoke with the registered manager, clinical lead, two nurses, the chef, and two care staff. We looked at all or parts of the care records of four people along with other records relevant to the running of the service. These included policies and procedures, four staff files, records of staff training, the management of medicines and records of quality assurance processes.

After the inspection we contacted three relatives for their feedback about the service their family member received. We also received information from a clinical quality manager from the local clinical commissioning group.

Requires Improvement

Is the service safe?

Our findings

Risks associated with people's care and support were not always consistently assessed or managed safely. On admission to Lime Tree House people received a risk assessment that assessed their level of risk. We found the quality of detail in the assessments and action to mitigate risks varied. For example, one person's risk assessment identified they were at risk of self-neglect and self-harm. Whilst information to support staff was limited they had been alerted to the risk. However, another person's daily records stated that the person had experienced episodes of being in low mood and had expressed a threat to self-harm. This risk was not identified at the point of admission and was not identified in care plans or risk assessments. This meant that staff did not always have access to guidance about how to support the person's safety and welfare and put them at risk of harm. We discussed this with the management team who agreed action was required to review and update this person's risk assessment and agreed to do this as a priority.

After our inspection we received feedback from the local clinical commissioning group (CCG) who had visited the service. They had highlighted another person who had a high risk profile whose risk assessment to manage and reduce these risks had not been sufficiently completed. CCG gave the management team a timescale to complete this.

The management team said that accidents and incidents were very infrequent and that they used behavioural incident forms to record and monitor incidents. ABC charts (ABC stands for antecedent, behaviour and consequences) were completed as part of the incident reporting procedure. We saw a sample of these records and saw where concerns had been identified; external healthcare professionals and relatives had been contacted. The registered manager said they analysed these records monthly. However, after our inspection we received information from the local clinical commissioning group who had visited the service. They found there had been a lack of appropriate action taken in response to how an incident had been managed by staff. They were concerned there was no post debrief offered to staff following this incident, and no evidence that the management team had analysed the incident to consider any lessons learnt that may reduce further risks. This meant that appropriate action was not always taken to reduce the likelihood of repeat events. The management team were given a timescale to complete a review of this person's needs.

Whilst some aspects of the environment had been assessed for safety and risks, we identified that there were no window restrictors in place which may have been a health and safety risk. We asked the management team if a risk assessment was in place and were advised that one had not been completed. The management team said they would take action to immediately address this. Following our visit evidence was provided to show that these had been fitted.

Some people had risks associated to their needs such as mobility; we saw sensor mats were used as a safety measure to alert staff when the person was walking around independently. This demonstrated people were supported to maintain their mobility and independence.

People had emergency evacuation plans in place that informed staff of people's support needs in the event

of an emergency evacuation of the building. The provider also had a business continuity plan in place and available for staff, this advised them of action to take in the event of an incident affecting the service. This meant people could be assured they would continue to be supported to remain safe in an unexpected event.

People told us they felt safe using the service and they were treated well by staff. One person said, "Staff support me, I definitely feel safe living here." Relatives were positive their family member was protected from harm. One relative said, "I have absolutely no concerns about safety. I'm confident with the service provided in every aspect."

Staff were clear about their role and responsibility in protecting people from the potential risk of abuse and ensuring people did not have undue restrictions placed upon them. One staff member said, "There is very little safeguarding incidents or concerns. Any behaviours are recorded and monitored. People are involved as fully as possible in how they are supported and risks managed."

Staff had received adult safeguarding training and had policies and procedures to support them if they had a safeguarding concern. Staff were observed to be present in communal areas at all times to enable them to be responsive to people's needs and safety.

People who used the service told us that they did not feel that they had any undue restrictions placed upon them. One person said, "I have no restrictions on me, I can go out independently, I have a key to my door and feel involved with everything. I want to live here for ever."

There were sufficient staff available to meet people's needs and ensure their safety. People who used the service were positive about the availability of staff to support them. One person said, "The staff are always around, they support me, make me feel safe." Relatives were also confident about staffing levels. Comments included, "The right staffing levels are critical for [name of relative] for their needs and safety and I have no concerns."

Staff raised no concerns about staffing levels and the deployment of staff. One staff member said, "The staffing is generally ok, we can use agency staff to cover any shortfalls and the managers will also provide cover." Another staff member said, "People have their needs met, one to one support is provided."

The management team told us how they reviewed staffing levels and gave examples of how these were flexible dependent on appointments and activities planned for people. The staff rota confirmed staffing levels were appropriate to meet people's needs. This meant people could be assured enough staff were available to support them safely.

The provider operated an effective recruitment process to ensure staff employed were suitable to work at the service. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. Staff files we reviewed confirmed the required checks had been carried out before staff had commenced their employment. This included reference checks and employment history, identity and criminal records. This showed the provider had appropriate recruitment processes in place to keep people safe as far as possible.

People told us they received their prescribed medicines safely. One person said, "The nurse gives me my medicines when I need them." Relatives were positive their family member received their medicines safely. One relative said, "I have no concerns, I'm sure they are given on time and appropriately."

We found on the whole the management of medicines, including storage, monitoring, ordering and disposal followed good practice guidance. We observed some people receive their medicines and this was completed appropriately. The nurse was seen to remain with the person until they were assured the person had taken their medicine safely. We reviewed people's medicines administration records. We found these had been completed appropriately confirming people had received their medicines. We identified the way people preferred to take their medicines had not been consistently recorded. PRN medicines administered as and when required for pain relief or anxiety, provided staff with the required information. We did a sample stock check of medicines and found these to be correct. We found one eye drop had not been dated when opened; this is required as this medicine has a short term date for use. We found the clinical room had the temperature monitored as required, but the medicine trolley that was stored securely elsewhere did not. The clinical lead said they believed the trolley temperature was being recorded but could not locate the records, they stated they would follow this up.

Records confirmed staff had received appropriate training and had received observational competency assessments to ensure they were administering medicines safely. There were audits and checks in place to monitor the management of medicines.

Requires Improvement

Is the service effective?

Our findings

We found some people's behavioural strategy plans lacked specific detail. Information was too generalised, for example in describing a person's anxiety, it was recorded the person may show agitation or self-isolate or self-neglect. There was no description that indicated exactly how the person would present at this time, and no clear strategies of the action required by staff to manage this behaviour were given. Some people's support plan indicated that physical intervention maybe used as a last resort. However, information was not clear about which physical method of restraint could be used. We asked staff what physical intervention method could be used for a person but three out of four staff told us they were unsure and were not able to confidently tell us. This meant there was a risk that people may have received an inconsistent approach from staff that could put themselves and others at further risk. We discussed this with the management team who agreed to review people's behavioural support plans as a matter of priority.

People told us they found staff supportive with their mental health needs. One person said, "I can have high anxiety and staff support me at this time to feel safe." A relative said, "The staff can anticipate [name of family member] mood swings, they can be unpredictable but the staff respond very well."

Some people who used the service had anxieties and behaviours associated with their mental health and learning disability that meant they could present with behaviours that could be challenging to others. The clinical lead said that staff had received training in positive behavioural support to assist them to manage people's behaviours effectively. Staff had also been specially trained in a well-recognised accredited method of physical intervention to ensure they used restraint in a controlled way and only as a last resort. The provider had a restraint policy and procedure to support staff.

Staff gave examples of how they managed people's behaviours and said other interventions were used such as distraction techniques before physical restraint was considered. One staff member said, "We would only physically restrain someone if it was absolutely the last resort. We have different approaches with different people and consider triggers and use distraction techniques to support people."

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. We checked whether the service was working within the principles of the MCA.

In the majority of cases people's care records demonstrated their mental capacity had been considered in relation to specific decisions about the care and support. This included how people's capacity could fluctuate depending on how their mental health was. Where best interest decisions were made on behalf of people such as for medicines and finance's, records showed that other people such as relatives had been involved.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people had been granted an authorisation this was documented to inform staff. At the time of the inspection there was no person with any conditions to their authorisation.

Staff told us they had received training on MCA and DoLS. One staff member said, "We assume the person has capacity, if we have concerns that they may not, we start with offering choices, we can't make best interest decisions for big decisions and have to involve others."

Despite the above we found that staff did not always have a clear understanding of the practical application of the MCA. Records showed that one person had accessed the community independently and, and on one occasion had returned with a purchase of over the counter medicine. Two members of staff confirmed this and both said that the person no longer went out independently as this was seen as a risk. This person's records clearly indicated they had mental capacity in all areas of their care and support. We asked if this decision had been discussed with the person, and if a MCA assessment had been completed and a DoLS application made, due to this restriction of the person's liberty. We were informed these had not been completed.

We discussed this with the management team who said that the person had no restrictions on them and that they could access the community independently if they wished and that there had been a misunderstanding by staff. We were concerned about this as the two staff spoken with were senior staff and therefore were responsible for the day to day running of the service. This told us staff were not clear about their role and responsibility in meeting MCA and DoLS and that people could not be fully assured their human rights were protected at all times. The management team agreed to discuss this with staff as a priority.

In contrast with the above people told us they felt involved in decisions about the support they received. One person said, "I feel staff listen to me and support me in meetings." Relatives said they felt positive their family member was involved as fully as possible and they were also consulted and involved. One relative said, "[Name of family member] has grown in confidence and self-esteem because of how the staff involve and support them in their care. They are given choices and this is respected."

Staff said that it was important for people to be involved as fully as possible in decisions about their care. One staff member told us they had supported a person in a recent meeting with external professionals about their future plans. This had caused the person some concerns and anxiety. We saw this member of staff sit with the person and discuss the content of the meeting, providing further explanation, answering questions and providing reassurance.

People who used the service and relatives told us they found staff to be competent and effective in understanding and meeting individual needs. One person said, "The staff are brilliant, they listen and support me, it's the best place I've ever lived." A relative said, "Staff are experienced and I know they've completed different training. They are competent, professional and respond to any challenges."

Feedback from an external healthcare professional gave an example of how the management team asked them to provide staff with training in a particular health care condition. They said, "The staff requested training and support so they could offer the highest level of support for this complex condition."

A staff member told us they found the induction they had received when they commenced their employment to be, "Helpful" and the training, "Good." Staff said they received regular opportunities to

discuss their work, any concerns, their training and development needs. One staff member said, "I feel positive about the support I get. Any issues I feel I can go to the managers, if there is anything it gets sorted straight the way." Another staff member said, "We work very closely as a staff team, we have good communication systems and all have a commitment of providing person centred care where people's individual needs and what's important to them is recognised." A third staff member said, "We've done lots of training such as mental health awareness and recently positive behavioural support, we can always ask if we want further training in any area and the managers will arrange it."

We saw records that confirmed staff had completed a structured and detailed induction, and received ongoing appropriate training for the needs of people they supported and this was largely up to date. Records also confirmed staff received opportunities via one to one meetings with their line manager, and regular staff meetings to discuss their work and areas that required further development. This told us that people could be assured that staff were appropriately supported to enable them to effectively meet their individual needs.

People were positive about the food choices and said they received snacks and drinks at any time. One person said about the cook, "They come and talk to me about meals, I'm a fussy eater, I get choices, we have a Chinese take away sometimes and I can make a cup of tea when I want to." Relatives were confident their family member received support to eat and drink sufficiently and healthy eating was encouraged.

The chef and staff were found to be knowledgeable about people's nutritional needs, and gave examples of those people who had special diets to meet their healthcare needs such as diabetes and soft diets due to needs with regard to swallowing. The menu on display matched the meal choices offered. Fresh fruit and drinks were available for people and we saw staff offered breakfast and lunchtime choices including drinks and snacks. A communal kitchen was available where people were encouraged and supported to develop their independence. We saw people used this kitchen to make themselves drinks. Food stocks were checked and found to be stored appropriately.

People's care records confirmed their nutritional needs were assessed and planned for. People's food intake was recorded and monitored where required to enable staff to know people had eaten and drank sufficient amounts. Records showed people were supported to have their weight regularly monitored so staff could take action should their normal weight change requiring external healthcare professional support.

People told us they received support from staff to maintain their health. One person said "I'm 100 percent healthier living here. The staff support with health appointments as I wouldn't go otherwise." A relative said, "Staff have supported [name of family member] to see the GP and have got them on a weight loss programme which is really important for their health." Another relative said, "Their [name of family member]'s health has improved, it's monitored and I know staff support them with physio exercises."

We found care records gave examples of the staff working with external healthcare professionals such as the GP, psychiatrist and specialist learning disability community team. This told us that staff worked with external healthcare professionals to provide effective care and support.

Good

Is the service caring?

Our findings

People and relatives we spoke with were complimentary of the staff's approach describing them as kind and caring. One person who used the service said, "The staff are brilliant, you can have a right laugh with them." Another person said, "Staff are always around, I don't get bored or anything." A third person said, "The staff are all friendly and welcoming, there is no one I don't get on well with." A relative said, "We visited other places but this felt the right place, I think the staff are amazing, very understanding." Another relative said, "The staff are excellent, they look after [name of family member] very well, I'm happy to return home after visiting knowing [name of family member] is so well cared for."

Feedback from external professionals was positive and comments included, "The staff are polite and caring and I feel have a good understanding of people's complex needs." Additionally, an external healthcare professional was positive how staff and the management team had responded to a person's anxiety. They said staff understood the level of need and the importance of routines that impacted on the person's mental health and managed this well.

Staff were all positive about their work and showed a real interest in people's welfare. One staff member said, I really enjoy my job, I think the managers and staff team as a whole, do a fantastic job, we all want the very best for people." Another staff member said, "It's important to come to work with a positive attitude and all the staff do this."

Relatives told us that staff had developed positive relationships with their family member. One relative said, "I think the staff go above and beyond. I've known staff to come in on their days off. One staff member was trying to lose weight like [name of family member] and came in on their day off so they could go to the gym together." An additional comment included, "When [name of family member] moved here they were experiencing a very difficult time in their life, the staff did everything they could to relax them and help them settle, they were just excellent and supported [name of family member] through a difficult period of their life."

Staff demonstrated they were knowledgeable about people's individual needs and preferences. People had a range of diverse needs and staff showed a good understanding of what these were and what was important to people.

We observed that people were relaxed in the company of staff and friendly and jovial exchanges were had. This helped create a warm and relaxed atmosphere where staff spent good quality time with people, involving them in activities, discussions and decisions. We noted the chef in particular went above and beyond their duties and involved and spent time with people. It was clear from their communication and engagement with people that they had developed strong relationships with them. They showed great empathy, understanding, sensitively and patience. For example, they told us how one person in particular liked the company of other males and this was seen to be important to them. On the day of our inspection visit this person showed some anxiety, and constantly sought the attention from the chef, which they repeatedly gave displaying great patience and support.

Staff demonstrated good communication and listening skills and a person centred approach in the way they supported people. Staff clearly recognised people's unique qualities and they adjusted their response dependent on the person they were engaging with. For example some people responded better to clear and direct communication, whilst others required a more sensitive and soft approach.

We saw that there was information available about an independent advocacy service. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. We saw examples of the involvement of advocates where people had restrictions placed upon them. These are called Independent Mental Capacity Advocate's (IMCA).This was to ensure people were appropriately protected and that any restrictions were carried out lawfully.

People told us and relatives confirmed, staff involved people in discussions and decisions about how they received their care. One person said, "I feel involved, we have meetings and we can say how we feel what we want to do." A relative said, "Communication is good, I feel involved and we have review meetings we can attend."

Staff told us how they involved people in ongoing discussions and decisions about the care and support provided, such as, regular resident meetings. We saw records that confirmed people were involved and consulted. Discussions covered a variety of topics including activities people wished to do. One person who used the service told us, "We talk about any complaints, make suggestions, we asked to go to Skegness on a day trip and it happened, that wouldn't have happened where I lived before."

People told us that they were supported to develop their independence. Two people told us how staff supported them with domestic tasks such as doing their laundry and cleaning their rooms. One person said that they were preparing to move onto supported living and staff were preparing them for this to develop their confidence and skills. Staff showed a commitment to promoting people's independence as much as possible. One staff member said, "We encourage people as fully as possible to do as much as they can for themselves.

People who used the service and relatives were positive that staff promoted dignity and respected their privacy. A relative said, "The staff show great respect towards [name of family member], but I see how they are with others and they are very professional yet kind and respectful."

Staff gave examples of how they respected people's dignity and privacy when providing personal care and support. Staff told us there were no restrictions about people receiving visitors and relatives confirmed they could visit their family member at any time. We found people's personal information was respected, for example it was managed and stored securely and appropriately.

Good

Is the service responsive?

Our findings

Before people moved to Lime Tree House they had their needs assessed by the management team. This is important to ensure the service can meet people's individual needs and is a time to consider if additional resources or staff training is required. This information was then used to develop care plans that informed staff of the person's needs and wishes.

People said and their relatives confirmed they had been involved in the pre-assessment process and ongoing reviews. One relative said, "I've been very involved from the beginning, and so has [name of family member] they can self-isolate but staff are aware and work hard to involve and motivate them." Another relative said, "We get invited to meetings and have an opportunity to talk about how things are going."

An external healthcare professional told us about a person's experience when they moved to the service. They said the person had a planned transition that was based on their needs and wishes. Comments included, "We were concerned that the transition period be as smooth as possible due to a previous negative experience that caused great distress. Staff were very approachable and understanding, advising both ourselves and the person the move would be entirely at their pace and if they chose not to accept the placement that was ok." And, "Following a lengthy transition, the final move was a great success. They are settled and have support to enable them to go out doing activities they enjoy." Another external professional gave equally positive feedback and said, "I have been impressed by the person centred approach by staff in meeting people's needs."

We found people's care records included information staff required to meet their needs, interests, routines and preferences For example, care plans included information about the person's history, such as work and family, interests and hobbies and this was also recorded in documents referred to as, 'About me' and 'Me and my life'. Also included was a one page profile that recorded important information about routines and preferences and how to communicate with the person. Staff told us they found this information was supportive and informative. However, staff responsible for completing and reviewing care plans told us new documents had recently been introduced, and that were not finding these easy to use. We discussed this with the management team who agreed to discuss this with staff and provide further support.

Some people had specific health conditions and to support staff, information fact sheets had been provided as a measure to up skill their knowledge and understanding. Examples of this included information about a person's epilepsy and Huntington's Disease. Although we found that one person's catheter care plan lacked information about the signs and indicators of an infection staff were able to describe this to us. We talked to the management team about the importance of detailed information to ensure consistency and continuity in care and they told us they would review people's care records where required.

People and their relatives were confident that staff supported them in a manner that was important to them and was responsive. People told us about how staff supported them to lead the lives they wished and this was supported and respected. One person said, "I go to bed when I want and get up when I want to, these are my choices."

A relative said, "I've seen so many improvements in how [name of family member] is, since they've been living at Lime Tree House, and this is due to the skill and support of staff to provide the right care and attention." Another relative said, "I have so much confidence in the staff, they are so responsive, we couldn't have achieved anything better anywhere else." A third relative said, "The staff have gone out their way to understand [name of family member]'s anxiety and stress, they do everything in their power to help relax and relay any fears, they tailor care accordingly to how they are."

People were positive about the activities they were supported to do and said these were based on their individual interests and hobbies. One person told us how staff supported them to access the community and how this was important to them. Another person said they were supported to the gym as this was something they enjoyed and was important. A third person told us they had been playing bowls the day before our inspection visit. Another person said that external entertainers visited and gave an example of an arm chair exercise session. People told us staff supported them on day trips, they had meals out, accessed their local community and facilities such as local shops and the pub.

People were supported to identify goals and aspirations and these were recorded in a document called, 'Where do I want to be'. We looked at a sample of these and found they required further work to ensure they were kept up to date, reflected the person's wishes, and included clear actions and timescales to show outcomes. However, this approach was a good foundation to work from.

On the day of our inspection visit we saw people were supported with activities of their choice. This included one person going for a walk in the community to the shop, another person enjoyed a game of dominoes with staff, and a third person participated in an arts and craft session. One person said they did not feel well and staff were seen to be responsive and attention, giving reassurance and offering pain relief. A staff member was trained in holistic therapy and gave people head massages. We observed there to be a good selection of indoor activities such as a games console and games, an exercise bike, a selection of board games and arts and crafts.

The registered manager told us and records confirmed, a weekly activity planner was developed based on people's requests and known interests and hobbies. The registered manager said that whilst this provided some structure people were given choices and alternatives if requested. People we spoke with confirmed this to be correct.

People told us they would talk to staff if they had any concerns or complaints to make. Relatives told us that they were aware of how to make a complaint, that they would not hesitate to do so if required and were confident appropriate and responsive action would be taken.

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. The complaints log showed that no complaints had been received since the service registered with the Care Quality Commission.

Good

Is the service well-led?

Our findings

People we spoke with told that they were happy with the support they received. Relatives were positive and complementary about the service their family member received. One relative said, "I don't have any concerns about Lime Tree House. I believe the managers run a very efficient and effective service." Another relative said, "I couldn't speak highly enough about the management, staff and the building." A third relative added, "One to one support is provided, it's like home from home."

We received positive feedback from external healthcare professionals. Comments included, "I found staff and managers at Lime Tree House very approachable and understanding towards people I have placed there."

Feedback received from the local clinical commissioning group following an audit visit a week after our visit highlighted similar areas that we identified during our inspection that required action to make improvements. This was in relation to appropriately assessing people's individual level of risk and providing clear behavioural support plans to manage and mitigate any risks, and post incident evaluation and analysis. In our discussions with the management team they acknowledged these areas required some action. The management team was receptive to feedback during our inspection and took swift action to assure us that areas of concerns would be addressed and began this work before we left the service. Following our inspection the registered manager forwarded us a copy of their development plan that showed the action they were taking. This included immediate action to address these issues and to review their quality assurance systems and processes.

We found there was a positive culture amongst the staff who had a strong understanding of caring for and supporting people. Staff demonstrated they understood the provider's vision and values. Staff were clear that people were supported to be as independent as possible and that for some people their role was to support them to move onto more independent living.

As part of the provider's quality assurance people received opportunities to feedback about their experience about the service. Regular meetings were held where people were consulted about different topics. Quality assurance questionnaires were also used as a method to gain feedback. The registered manager sent people a regular newsletter to inform people and relatives of any new developments affecting the service and a monthly friends and family social evening was arranged as an opportunity to involve people in the development of the service.

Staff were positive about working at the service and felt they were well supported by the management team. They described the management team as approachable and supportive. Staff told us they attended staff meetings and were able to raise any issues or concerns or make suggestions. They said that there were effective communication systems in place to exchange information such as hand over meetings.

Staff were aware of the provider's whistleblowing policy. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us

that they would not hesitate to act on any concerns and were confident their concerns would be addressed.

We saw that all conditions of registration with the CQC were being met. The registered manager told us about quality assurance systems and processes in place that monitored the quality and safety of the service. This involved daily, weekly and monthly audits and we saw these records included areas such as staff training, supervisions, care records, health and safety.

The clinical lead also completed audits and checks that monitored the effectiveness of the service. We saw records that showed where improvements had been identified a development plan was in place that showed actions already completed and new actions with timescales for completion. This told us that the provider was continually reviewing and improving the service.