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# Lime Tree House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Lime Tree House Residential Home is a residential care home providing accommodation and personal care up to 30 people. The service provides support to older people. At the time of our inspection there were 24 people living at the home.

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

There was a positive culture at the home. People were supported by staff who knew them well and understood their care and support needs and individual choices.

Assessments were completed before people moved into the home to ensure their needs could be met. Care plans were developed and regularly updated. These were person-centred and reflected the care and support people wished for and needed. Care plans contained clear guidance for staff and daily records were completed appropriately.

People's nutritional needs were assessed and met. People were given choices of food and drink throughout the day. Specialist diets were provided when required. People were supported to maintain and improve their health. There were regular discussions with health and social care professionals.

Staff had the knowledge and skills to support people effectively. They received regular training and supervision. The home was well maintained and met people's needs. People were involved in design and re-decoration choices.

Quality assurance systems had been developed. The registered manager had good oversight of the home and was aware where improvements and developments were needed.

The home was clean and tidy throughout, systems were in place to ensure people were protected from the risk of infection.

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

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 9 August 2019) and there were breaches of regulation. 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 the provider was

no longer in breach of regulations.

#### Why we inspected

We carried out unannounced comprehensive inspection of this service on 17 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Need for Consent and Good Governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lime Tree House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

At our last inspection we rated this key question Good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Lime Tree House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This 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 undertaken by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

## During the inspection

During the inspection we reviewed the records of the home. These included training and supervision records, accidents and incidents and quality assurance audits. We looked at four care plans and risk assessments along with other relevant documentation to support our findings.

During the inspection process we spoke with most people who lived at the home and gathered feedback from four of them. We also gathered feedback from the relatives and representatives of seven people. We spoke with 12 staff members, including the registered manager.

We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas, this included the lunchtime meals.

# Is the service safe?

## Our findings

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

At our last inspection this key question was rated Good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and tidy throughout. There was a cleaning schedule which helped to ensure all areas of the home were regularly cleaned. The laundry was clean and tidy, and people's clothing was well cared for.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- Family and friends were able to visit the home whenever they wished. Most visitors let the home know before they were going to visit. This helped staff to manage the environment if a large number of visitors were present at the same time. We were assured that relatives were not prevented from visiting. If a relative arrived without calling the home first then they would not be denied entry.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection the provider was not following the principles of the Mental Capacity Act. At this inspection improvements had been made and the provider was no longer in breach of regulation.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had been completed to identify if people lacked capacity to make certain decisions. Where people were deemed to lack capacity, any decisions made were in their best interests. Mental capacity assessments and best interest decisions included the views of the person, their relatives and others involved in their care and support. Mental capacity assessments had been completed at times when the person was deemed most likely to be able to engage in the assessment.
- People made choices about all aspects of the day to day lives, including where they spent their time and what they done each day. There was information about who could legally act on a person's behalf, if they lacked or lost the ability to consent for themselves. Staff received mental capacity and DoLS training. They were able to tell us about people and their ability to make choices and decisions.
- Where a person had been assessed as lacking capacity a DoLS referral had been made to the local authority and any DoLS conditions were being met. The registered manager had oversight of DoLS



applications, authorisations and conditions.

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

- People's needs and choices were assessed before they moved into the home. This helped to ensure staff had the appropriate knowledge and skills to look after the person. A simplified care plan was developed on admission, which included information to help staff support the person effectively. This care plan was reviewed and developed to include more person-centred information as the person settled in and staff got to know them. All care plans were reviewed regularly and when people's needs changed.
- Nationally recognised tools were used to assess people's level of risk of skin damage, malnutrition and oral health needs.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people. One relative told us, "Staff know my mother so well. I never have to worry about how well she is looked after. They seem very skilled to me." Staff received the training they needed to support people effectively. When staff started work at the home they completed an induction day. This included an introduction to the home, core values of the home, safeguarding and whistleblowing procedures. Staff then completed training and shadowed more experienced staff until they were assessed as competent and confident to work unsupervised.
- There was a training plan and training was regularly updated, this included infection control, oral health care, pressure area care and record keeping. They also completed training relevant to the needs of people living at the home, for example, falls prevention, and this was regularly reviewed. Staff received practical medicines, moving and handling, fire safety and first aid training. Competency assessments were completed to help ensure staff knowledge and skills.
- Staff told us that since the pandemic started, training was provided virtually by a video call. They told us this was helpful. It meant they could join from home on their days off and virtually meet colleagues from other services run by the provider. It also meant they could engage with the presenter and ask questions. Staff received regular supervision where they were able to discuss any training and support needs they may have.

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

- People were supported to enjoy a variety of food and drink that met their individual choices and nutritional needs. People told us they enjoyed the food and had enough to eat and drink. One person said, "There's plenty of choices of meals." Another person told us, "It's lovely."
- People were offered a choice of meals throughout the day. They were shown photographs of each meal to help them make their choices. Staff also spent time with people chatting to them about each meal. Meals were very well presented, they appeared and smelt appetising. People were seen to be eating well. If people did not like what was on the menu alternatives were available. Staff provided appropriate support at mealtimes, sitting with people, prompting and encouraging appropriately. Drinks and snacks were available to people at any time throughout the day and night.
- People's nutritional needs were met. The chef and staff understood people's individual needs. For example, if they required a specialist diet such as pureed or were at risk of weight loss and needed a fortified diet, these were provided appropriately. One staff member spoke to us about a person who required a fortified diet. They told us when they were serving hot drinks to people, they provided this person with a fortified drink first. They would then serve hot drinks to other people and return to the first person with their hot drink. They explained how this worked well and helped maintain the person's weight and fluid intake.
- People's weights were regularly monitored and when required their nutritional intake. If people were found to be at risk of weight loss or malnutrition appropriate steps were taken which included a discussion with the GP for consideration of a dietician referral.

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

- People were supported to maintain and improve their health needs. Records showed and staff told us, people were supported to access health care professionals when they needed to and when their health needs changed. This included support from GP's, district nurses and chiropodists. During the inspection one person was unwell and referral had been made to the GP. Staff explained what actions they would take if the person did not improve.
- Relatives told us staff contacted healthcare professionals appropriately when needed. Two relatives told us about improvements that had been made to their loved one's health. This included improved mobility and improved skin health.

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

- The home had been adapted to meet people's needs and people were involved in the design and decoration of the home. People's bedrooms had been personalised to reflect their own choices and personalities. When people had been assessed at risk of falls or were unable to use call bells, sensor mats were put in place to help keep the person safe.
- There was a large lounge area and two smaller lounges. This gave people the opportunity to engage in large groups or sit in quieter areas. During the inspection the large lounge was being refurbished therefore people were using the smaller lounges. Staff told us how people have been involved in the refurbishment on the home. Mood boards had been created to help people choose colours and styles. Laminate type flooring had been installed in some of the communal corridors. However, people had said they preferred carpet and therefore this had been installed in the lounges.
- A passenger lift was available which provided access throughout the home. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence. There was level access throughout the home and to the outside. There were seating areas in the garden which people were able to access when they wanted to.
- Wi-Fi was available throughout the home. This helped to ensure people maintained contact with loved ones who were less able to visit. It also helped ensure people had access to outside events such as church services. One relative told us how they video called their loved one each week. This contact was supported by staff and reassuring to the relative.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

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

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

At the last inspection we asked the provider to make improvements to their quality assurance systems and records. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- Care plans were personalised, they contained information about people and their care and support needs and choices. Care plans and risk assessments were linked which provided staff with clear guidance. Daily notes showed the care and support people received each day.
- There was a range of audits and checks to help ensure the quality and safety of the service. This included audits of people's records. Where areas for improvement were identified these were addressed. For example, medicine audits identified when medicine records had not been completed. This was addressed with the staff member responsible.
- During the inspection we identified that some window restrictors did not meet current guidance. This was addressed immediately. The provider reviewed all windows and new restrictors were installed where required.
- The registered manager had good oversight of the home. They knew people and staff well. They were currently supporting the newly appointed manager through their induction. The registered manager was supported by senior care staff. Staff were positive about the registered manager and told us they were able to discuss any concerns with them.

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

- There was a positive culture at the home. People spoke well of living there. They told us they were well looked after and staff were kind. One person said, "We're very well treated" another told us, "We're very well looked after." We heard one person speaking with the new manager, the person said to the manager, "I trust you."
- People appeared relaxed in the company of staff and each other. People were supported to spend the day where they chose. There was a wide range of activities happening each day and people were able to take part in these if they wished. Some people preferred to stay in their rooms and they were able to take part in

individual activities of their choice. At the time of the inspection activities were based around a Christmas theme but records showed people were offered a wide range of activities throughout the year.

- One relative told us, "[There's a] pleasant, friendly culture, they are very welcoming, very family orientated culture. They are smiling and seem to care about what they do." Another relative said, "Really good when I ring, they are so loving and friendly, the home feels so warm and welcoming when you go in. Always smells and looks nice. Such a warm atmosphere not just the building but staff."
- Staff spoke positively of the home. One staff member said. "It feels like home from home. It's relaxed, everyone gets along with each other." The staff member told us the best thing about working at the home was, "Engaging with people, seeing them smile, we're interested in them and they're interested in us."

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

- Systems were in place to ensure people, their relatives and staff were engaged in the service. People had regular meetings in which they were able to discuss what was happening at the home, remain updated with changes and feedback any questions or concerns. People also completed regular feedback surveys. Action plans were developed to demonstrate what action was taken based on feedback received.
- Relatives told us they were kept up to date with what was happening at the home. They completed regular feedback surveys and there were regular relative meetings. Since the pandemic these had been held via video link. One relative told us, "They're good at communicating when they have outbreaks, [name] tells me herself if she's poorly. They do email regularly though with activities and meetings, they're very good in the office. They do send out questionnaires as well. I've actually done one today and it's all positive! No concerns." Another relative told us they were kept up to date about their loved one's care and support needs. They said, "I feel part of the establishment, they're very good."
- Relatives who were less able to visit told us they were kept up to date with regular emails and photographs of their loved ones.
- Staff were also asked for regular feedback through meetings, surveys and supervision. They were kept up to date about changes at the home including people's support needs and day to day changes.
- The provider was regularly reviewing different ways of keeping people, relatives and staff up to date with what was happening at the home. At the time of the inspection they were developing a display board for this purpose.

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

- The registered manager was aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.

Continuous learning and improving care

- Accidents and incidents were analysed to identify if there were any themes or trends or actions required to prevent a reoccurrence. There had been a number of falls at the home. The registered manager was not able to identify any immediate pattern to these falls. Therefore, they undertook a significant event review. This involved more in-depth analysis. As a result, the registered manager determined that falls were due in part to people wishing to retain their own independence. Staff received falls awareness training; therefore, the registered manager developed a falls awareness session for people who lived at the home. They told us people had taken the session on board and as a result there had been a reduction in the number of falls.

Working in partnership with others

- The registered manager and staff worked with others to help improve people's health, well-being and general experiences at the home. This included district nurses and GPs.

