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Lime Tree House Residential Home

Inspection report

Lewes Road
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Lewes
East Sussex
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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Lime Tree House Residential Home on the 22 May 2017 and the inspection was unannounced. Lime Tree House provides accommodation for up to 30 older people. On the day of our inspection there were 28 people living at the service. Lime Tree House is a residential care home that provides support for older people. Some people had illnesses or disabilities associated with old age such as limited mobility, physical frailty or lived with health problems such as heart disease, diabetes and strokes. Some people lived with dementia and sensory impairment. Accommodation was arranged over two floors with stairs and a lift connecting each level.

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

At the last inspection on the 17 October 2016, the service was rated Good overall and Requires Improvement in the 'well-led' domain. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. 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

The service had improved their quality assurance framework. Care plans were now updated regularly and provided robust guidance for staff to follow. Fluid charts were now totalled at the end of each day and nutrition care plans had considered people's daily fluid intake target.

Systems were now in place to mitigate the risks relating to health, safety and the welfare of people living at the service. Weekly health and safety checks were taking place and concerns raised at the last inspection in October 2016 uneven flooring had been addressed.

People, staff and relatives were complimentary about the leadership and management of the service. One staff member told us. "The manager is one of the best manager's I've ever had." A visiting relative spoke highly of the leadership style of the manager reflecting that they made themselves available and were visible within the service.

Forums were in place for people, relatives and staff to provide feedback on the running of the service. Feedback was then used to drive improvement and improve the quality of care that people received.

There was a friendly, warm and homely atmosphere and a positive culture. Staff described the key strength

of Lime Tree House as its welcoming and friendly atmosphere. One staff member told us, "There is a strong family atmosphere here which I really enjoy."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Lime Tree House Residential Home was now well-led.

People and staff were positive about the management and culture of the home.

Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home

Good 

Lime Tree House Residential Home

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.

We undertook an unannounced focused inspection of Lime Tree House Residential Home on 22 May 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 17 October 2016 inspection had been made. One inspector inspected the service against one of the five questions we ask about services: is the service well-led? This was because the service was previously not meeting some legal requirements. This inspection was carried out by one inspector.

The provider had not completed a Provider Information Return (PIR), because we had not requested one before this focused inspection. This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed all the information we held about the service; we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, group care home manager, three staff members, five people and one visiting relative. We looked at four care plans and the associated risk assessments and guidance. We looked at a range of other records including incident and accidents, audits and policies and procedures.

We last inspected this service on 17 October 2016. Breaches in the regulations were identified at this inspection and the service was rated as 'Good.'

Is the service well-led?

Our findings

There was a positive culture at the home that was supported by a registered manager who took steps to ensure this was inclusive and empowering. People, relatives and staff spoke highly of the registered manager. One staff member told us, "She is very approachable and I can talk to her if I have any problems." A visiting relative told us, "Some managers stay aloof and you don't see them. However, she is always out and about and if staff call in sick she will work on the floor, so we get to know her."

At our last inspection in October 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider's internal quality assurance framework was not consistently robust. Accurate documentation had not consistently been maintained and systems were not in place to mitigate the risks relating to the health and safety of people living at the service. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by March 2017. At this inspection, we found improvements had been made and the provider is now meeting the requirements of the regulation.

There was now an established system of quality monitoring that ensured people received consistently good quality care and support. At the last inspection, care plans were not consistently updated when people's level of need had changed. Improvements had been made and we could see that following any change in a person's care need or health condition their care plan had been updated accordingly. For example, one person's care plan had been updated to reflect that they now required assistance of two staff members when mobilising. Another person's care plan had been updated following a recent hospital admission. Their care plan identified that they were at high risk of falls and required the use of a neckline infrared trigger which enabled them to summon assistance from staff. Staff spoke highly of the care plans and felt they were well managed and easy to navigate. One staff member told us, "If we need to know a piece of information, the care plans are accessible and easy to read."

Systems were now in place to monitor food and fluid charts. At the last inspection, people's fluid charts were not consistently totalled and information on the amount of fluid they should be drinking was missing. Improvements had been made and on a daily basis, fluid charts were now totalled to demonstrate a person's daily fluid intake. Nutrition care plans included guidance on how much a person should be drinking which enabled staff to monitor people's fluid intake and identify when people were not meeting their daily fluid intake target. For example, one person's nutritional care plan identified that they should be encouraged to drink 1380mls of fluid a day.

Health and safety checks were now taking place on a regular basis and improvements had been made since the last inspection. Documentation confirmed that weekly fire alarm checks were taking place along with weekly water temperature checks. On the day of the inspection, documentation reflected that the last call bell check was in January 2017. We raised this with the registered manager and subsequent to the inspection; we were sent confirmation of a recent call bell check which raised no concerns. The registered manager also confirmed that call bell checks would now take place on a monthly basis.

At the last inspection in October 2016, we raised concerns over the under flooring in certain areas of the service. The under flooring was uneven in areas and holes could be felt in certain areas which posed a significant falls risk as people could lose their footing. Improvements had been made and the registered manager told us, "The under flooring has been replaced and there are no areas which pose as a falls risk." Our observations confirmed that the under flooring had been replaced.

People said that the service was well-led and that the registered manager was approachable. One person told us, "I know who the manager is, she is very friendly. She even helped me take my medication this morning." Both relatives and staff spoke highly of the registered manager and her leadership style.

There was a friendly, warm and homely atmosphere and a positive culture. People and staff described the key strength of Lime Tree House as its homely and welcoming atmosphere. One staff member told us, "I love it here, it is really homely and we are one big family." Another staff member told us, "There is a family atmosphere here which I really like."

Systems and forums continued to be in place for staff, people and relatives to make suggestions or raise any concerns or queries. Resident and relative meetings were held on a regular basis along with staff meetings. Minutes from the last staff meeting in February 2017 reflected that training, supervisions and staffing levels had been discussed. Satisfaction surveys continued to be sent on a regular basis and provided staff, relatives and people with an additional forum to provide feedback and raise any concerns. The results were then analysed and used to drive improvement. The latest surveys from February 2017 found that people were satisfied with the overall care provided. One relative commented, 'I have always been pleased with the atmosphere and care for residents at Lime Tree House.' The registered manager told us, "Based on the feedback from the surveys we have increased the number of hours the activity coordinator works and have started organising one to one trips out. For example, some people were taken out yesterday for an afternoon cup of tea and cake."

The registered manager demonstrated understanding of their responsibilities to ensure legislation was complied with. They were aware of the legal requirement to report significant events. As such, notifications were submitted to the Commission in a timely and transparent way. Information at the service was stored securely and in accordance with data protection. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and sets out specific guidelines providers must follow if things go wrong with care and treatment.