



Unannounced Care Inspection Report 5 November 2019



Limetree House

Type of Service: Residential Care Home
Address: 133/133A Comber Road, Dundonald BT16 2BT
Tel no: 028 9048 9380
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 35 residents.

3.0 Service details

Organisation/Registered Provider: Limetree Responsible Individual: Gertrude Alexandra Priscilla Nixon	Registered Manager and date registered: Graham Moore Acting – no application required
Person in charge at the time of inspection: Graham Moore	Number of registered places: 35
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 33

4.0 Inspection summary

An unannounced inspection took place on 5 November 2019 from 09.10 to 17.30 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and the home's environment. Further good practice was found in respect of care records, communication, privacy and dignity and to good working relationships.

One area requiring improvement was identified. This was in relation to staff meetings.

Residents described living in the home as being a good experience. Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents, people who visit them, professionals and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Graham Moore, acting manager and Debbie Moore, deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection date 21 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included notifications of accidents or incidents, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Two questionnaires were returned by residents' relatives and eight by staff. The comments provided in the returned questionnaires are included later in this report.

During the inspection a sample of records was examined which included:

- staff duty rotas from 4 November to 1 December 2019
- staff training schedule and training records
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from August to November 2019
- reports of visits by the registered provider for September and October 2019
- fire risk assessment
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 21 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime. A pictorial menu with text should be considered.	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that the daily menu was displayed in a pictorial and text format in the dining room.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff, laundry, kitchen and domestic staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. We found that all staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We saw that written records of staff induction were kept and that the manager had a system in place for planning supervisions and annual appraisals with staff.

All senior care staff had an assessment of their competency and capability to ensure that they can take charge of the home when the manager was not on duty.

Staff training and registration with professional body

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

We looked at the records kept by the manager of staff registrations with NISCC and found there was a system in place to check these regularly.

Safeguarding residents from harm

The manager was able to describe how residents in the home were protected from abuse or harm and the system for making referrals to trusts.

Staff were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. There were no malodours. We found that residents' bedrooms and bathrooms were personalised. Residents told us that they liked their rooms and felt they had their own space and privacy.

There was a lounge and dining room for the use of residents on the ground floor which provided space for activities and meetings and a spacious lounge with access to a terrace on the first

floor. There was also a hairdresser's room and several other rooms throughout the building which residents and their relatives could use. We found that all fire exits were free from obstruction and that furniture in bedrooms and communal areas was in good repair.

Restrictions

Residents who were safe to leave the home alone were provided with the key code to the door; residents leaving with family could exit by asking staff to open the door. For residents who may be at risk of falling, pressure alarm mats were used to alert staff if residents had left their beds or seats. When we looked at care records for residents we saw that any restrictions were documented.

The manager and deputy manager advised that they had attended training in the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS) and that the care staff were completing training at the appropriate level.

Infection prevention and control (IPC)

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The manager described a robust assessment and admissions process before residents could be admitted to Limetree House. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. The manager described how the working relationships between professionals and staff in the home supported effective care of residents.

The manager completed an audit of accidents or incidents in the home each month which included falls. This looked for any patterns or trends and considered actions to reduce the likelihood of further falls.

The manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were reviewed regularly to make sure that they were accurate and up to date.

The dining experience

We could see that the dining room was spacious, clean and bright. There was a menu on display setting out the daily choices. We saw that the catering kitchen was well equipped and kept very clean.

We saw that the food was attractively presented and that the portions were generous. Care staff and the cook checked that residents were enjoying their meals and that residents had got enough to eat.

Staff told us that the kitchen could be accessed by staff when the catering staff are not on duty so that residents who want drinks or snacks in the evenings or during the night can have these. Staff told us that residents could choose to take meals in their own rooms and this was facilitated by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents clearly at ease with staff. Residents appeared relaxed, content and confident; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records and that residents' daily routines were recorded. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

Activities

Staff told us about the range of activities available and how they worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection we saw that residents were engaged in a sing-a-long and in an exercise and co-ordination game. A programme of available activities was displayed.

Residents said that they enjoyed the activities on offer.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place very regularly. In addition, staff reported that the manager and deputy manager were always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There were also satisfaction surveys completed annually by residents, their family members and staff. We looked at the summary reports for the last surveys completed in 2019 and these indicated that all parties were satisfied with the care, services and facilities in the home.

Residents made the following comments:

- “I love it here. The staff are great and they treat us all very well, they are all very kind. My room is clean and comfortable and I can sleep well as my bed is comfortable...and it's great having a toilet so near. The staff don't hurry me. If I want to have a lie in, I can have it and nobody comes in and tells me that I have to get up. When the staff want to come into my room, they always knock on my door and ask if it is all right for them to come in.”
- “The food here is lovely. We get lots to eat if we want it and there's always lovely choices. I've lost weight but that's a good thing because I wasn't eating good food (before I came here) and I was snacking too much. The staff are lovely. There's lots for me to do, if I want to do it.”
- “It's great here, the girls (staff) couldn't be better, they are so helpful and nice to everyone.”

Residents' relatives made the following comments:

- “I'm very happy with Limetree House. The staff are fantastic – they helped my (relative) to settle in when she came here at first. They let me know if they have any concerns about her and that gives me great reassurance. They are very accommodating and I am always made to feel welcome when I visit each day. I see how the staff treat the residents and I have absolutely no concerns. I know that I can go to any of the staff if I have any questions or want to raise an issue. The girls are absolutely brilliant about entertaining the residents – they know exactly what the residents like and enjoy and they spend quality time with the residents.”
- “The staff here are excellent! They made sure to find out my (relative's) favourite singer and they play his songs – he now sings and dances with the staff and he hadn't done either in years. He has much more stimulation and I see that he interacts and engages so much more now. I know that the staff have taken every possible precaution to keep him safe and they made sure that I was consulted about having a pressure alarm mat used in his room. The staff keep me up to date with any changes. This has been a positive experience. I always swore that I would not have (my relative) in a care home, but I have to admit that I am very pleased with the care here.”

A visiting professional told us that there was always positive feedback about the quality of care and services in Limetree House from residents and their relatives during care reviews. A member of staff said, “I treat the residents like they are part of my own family.”

Seven residents or residents' relatives completed and returned questionnaires to RQIA. All responses indicated a very high degree of satisfaction with the quality of care and services provided in Limetree House. Some comments were provided as follows:

- “Limetree House is an outstanding care home. The staff are very welcoming, kind and extremely caring to all. It is not an easy decision to make when loved ones need 24/7 care, but this home truly is a hidden treasure.”
- “I find the staff so genuine and caring and they take time to know the clients (as they are at present and also what they were like when (they were) well and younger.”
- “Food is good, staff are good and kind.”
- “(I) love my home.”
- “The staff at Limetree House are exceptional...(they) lead by example and from the front, nothing is too much trouble for them.”

Seven members of staff completed and returned questionnaires to RQIA; all indicated that they were satisfied or very satisfied with the care and services in Limetree House. One comment

was received and was as follows: “I feel all our residents are very well cared for and staff meet all individual needs of each resident.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their relatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from the manager and the deputy manager who were supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

The manager advised it was planned that he would make application to RQIA to become the registered manager for Limetree House; his wife, the deputy manager and former registered manager, would make a separate application to become Responsible Individual as part of a partnership arrangement. The applications would be submitted in the near future.

Managerial oversight

Audits were completed of areas such as care records, accidents and incidents and the home’s environment and the management team looked for any ways in which these areas could be improved.

The management team made sure that staff had all of the resources to do their jobs and this included equipment, training and support. The managers made sure, too, that all of the systems were in place to ensure the safety of the home, for example, that all fire checks were completed.

We noted that a fire risk assessment was completed on 4 December 2018 and nine recommendations were made. Only one of the recommendations was signed and dates as being addressed. The manager later submitted written confirmation that each of these had been actioned.

Complaints and Compliments

We looked at the records of complaints since January 2019 and could see that they were managed appropriately. Residents' relatives told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning.

Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in falls prevention and in oral hygiene.

Communication

The manager advised that there were regular staff meetings and that information was shared with the staff team about any issues arising. We looked at the minutes of staff team meetings and found that these did not always take place often enough, the names of those who attended were not always recorded in the meeting minutes and there was no system to evidence that minutes were shared with those staff who did not attend. Action was required to comply with the Standards in respect of staff meetings.

Visits by the registered provider

We looked at the reports of the visits in September and October 2019 and found evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection. This related to staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Graham Moore, acting manager and Debbie Moore, deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 29 November 2019</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • Meetings for the full staff team are held at least quarterly • A signing in sheet is kept for each meeting • The meeting minutes record the names of staff present and absent • A system is put in place to evidence that minutes are shared with those staff who did not attend <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Dates for quarterly staff meetings in diary for next year</p> <p>Process now in place to have a sign in sheet at each meeting and any staff unable to attend will be given meeting minutes and sign to say they received them.</p> <p>All staff now aware of this area for improvement and new process put in place.</p>

Please ensure this document is completed in full and returned via Web Portal



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