

Unannounced Care Inspection Report 12 December 2017



Limetree House

Type of Service: Residential Care Home
Address: 133/133A Comber Road, Dundonald, BT16 2BT
Tel No: 028 9048 9380
Inspector: Kylie Connor

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 35 places for residents diagnosed with dementia.

3.0 Service details

Organisation/Registered Provider: Limetree Responsible Individual: Mrs Gertrude Nixon	Registered Manager: Mr Graham Moore
Person in charge at the time of inspection: Graham Moore	Date manager registered: Graham Moore- Acting- No application required
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 35

4.0 Inspection summary

An unannounced care inspection took place on 12 December 2017 from 09.45 to 16.00

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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 supervision, the home's environment, care records, listening to and valuing residents, taking account of the views of residents and governance arrangements.

Areas requiring improvement were identified in regard to the change of use of a room, COSHH training, developing records of fire drills and reviewing the adult safeguarding policy and procedure.

The inspector advised that staff competency and capability assessments should be updated following annual appraisals and that there are arrangements to ensure that weekly/monthly fire safety checks are undertaken when the designated staff member is on leave.

Residents spoken to during the inspection said:

- "Plenty of staff."
- "It's (standard of care) first class."
- "You can't improve what is wonderful."
- "They do everything to help me. They don't forget. They come back."
- "If we didn't like it, we wouldn't stay."
- "Graham is very good. If you ask him for anything, he doesn't forget."

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Graham Moore, manager as part of the inspection process. Deborah Moore, currently on planned leave was present in the home on a 'keeping in touch day'. 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, intelligence and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with ten residents, the manager, the responsible individual, three care staff and one auxiliary staff. The inspector also spoke to Deborah Moore, who is currently on planned leave and who was present in the home on a 'keeping in touch day'.

Questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Information was provided detailing how staff could complete an online questionnaire. No questionnaires were completed within the designated timescale.

The following records were examined during the inspection:

- Induction programme for one new staff
- Schedule for staff supervision undertaken during August and September 2017
- Annual Appraisal schedule for 2017 and records of those completed
- Staff training schedule for 2017
- Four resident's care records
- Minutes of recent staff meeting dated 29 October 2017
- Complaints and compliments records
- Accident/incident/notifiable events for October 2017
- Minutes of five monthly residents' and representatives' meetings

- Audits of residents' weight, falls and care reviews
- A sample of Monthly monitoring reports undertaken in September and November 2017
- Adult Safeguarding Policy and Procedure
- Fire Risk Assessment dated 28 November 2017
- Annual Quality Report, 2017
- RQIA certificate of registration and employer's liability insurance certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 most recent inspection dated 22 June 2017

The most recent inspection of the home was an announced finance inspection. The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last care inspection dated 11 May 2017

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 23.1 Stated: First time	The registered provider should review the content of induction in line with NISCC Induction Standards NI (2007).	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of an induction record confirmed that the home were using the NISCC Induction Standards documentation.	

Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered provider should ensure that a care plan is developed for the management of diabetes and that a care plan for responding to behaviours which challenge direct and guide staff in their responses.	Met
	Action taken as confirmed during the inspection: Inspection of a care plan and discussion with the manager confirmed that this had been addressed.	

6.3 Inspection findings

6.4 Is care safe?

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

The manager reported the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

Review of a completed induction record and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Staff complete a two day induction facilitated by an outside training agency that staff described as, comprehensive and thorough.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. Some staff had not completed training in Control of Substances Hazardous to Health (COSHH) and an area of improvement was identified. Other gaps in training were discussed with the manager who stated that training is audited and that all staff would have completed all training by April 2018.

Discussion with the manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Two completed staff competency and capability assessments were reviewed and the inspector advised that these should be updated following annual appraisals. The manager stated that the template would be reviewed and improved comprehensively reflect the role and responsibilities of a manager.

Arrangements were in place to monitor the registration status of staff with their professional body. Staff spoken to reported that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy and procedure included the name of the safeguarding champion, definitions of abuse and types of abuse. An area for improvement was identified to ensure that it is updated to comply with the regional Operational Procedures, September 2016 and include indicators of abuse, onward referral arrangements, regional adult safeguarding gateway teams contact information and documentation to be completed.

Discussion with staff confirmed that they had received training in adult safeguarding and were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new NIASP Operational Procedures, September 2016; a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager and responsible individual and review of accident and incidents notifications, care records and complaint records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager reported there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The manager reported that equipment and medical devices in use in the home were well maintained and regularly serviced.

Discussion with the manager confirmed that the infection prevention and control (IPC) policy and procedure was scheduled for review in early 2018 to reflect regional guidelines. Review of staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. Boxes of continence products were observed in a communal bathroom and on view in some residents' bedrooms. IPC and issues of privacy and dignity of residents were discussed with the manager who stated that the delivery had just been received and these items had not yet been put away.

The home was fresh-smelling, clean and appropriately heated. One room on the first floor, previously designated for use as a library for residents was being used as an office.

Discussion with the manager and observation in the home confirmed that the library had been moved into another room already used by residents. The inspector advised that a variation application needed to be submitted to RQIA regarding the change of use of a room. The manager gave assurances that this would be done without delay. This was not received following the inspection and an area of improvement was identified to comply with the regulations.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 28 November 2017. The manager stated that he had just received the report and would be taking action to address the three recommendations.

Review of staff training records and discussion with the manager and staff confirmed that staff completed fire safety training twice annually. Fire drills were completed however an area for improvement was identified to ensure that records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. The inspector advised that arrangements are made to ensure that these checks are undertaken when the designated staff member is on leave. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and the home's environment.

Areas for improvement

Four areas for improvement were identified in regard to the need to submit a variation application regarding the change of use of a room, for care staff to complete training in COSHH, to review the adult safeguarding policy and procedure and develop a record of fire drills undertaken.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. The manager reported that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff reported that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and their representatives. Minutes of resident and their representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff spoken to during the inspection stated:

- "The dementia course we did has paid off."
- "They (the staff team) work very well together."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents and staff.

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 care compassionate?

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

The manager stated that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with the manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included, for example, residents' and representatives meetings, suggestion box and annual reviews.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff spoken with during the inspection made the following comments:

- "Activities are good, we encourage residents as best we can. The (staff) do one to one (individual activities with residents) so they don't feel left out."
- "It's well organised, there are enough activities."
- "We always respect their dignity, give choices, we never rush them."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents 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

6.7 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

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. The Annual Quality Report 2017 had been completed and was reviewed.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager stated that he intended to complete adult safeguarding champion training when a course became available. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

The manager stated that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the manager and responsible individual confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager reported that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The manager reported that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff spoken with during the inspection made the following comments:

- “They are very approachable, it’s very well run.”
- “Yes, training is very good.”

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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, manager and Deborah Moore, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 32 (1) (h) Stated: First time To be completed by: 30 January 2018	The registered person shall ensure that a variation application is made to RQIA in regard to the change of use of the library. Ref: 6.4 Response by registered person detailing the actions taken: Application applied for 22nd January 2018.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 16.1 Stated: First time To be completed by: 10 February 2018	The registered person shall ensure that the home's adult safeguarding policy and procedure is revised to ensure it is in line with the regional operational procedures. Ref: 6.4 Response by registered person detailing the actions taken: Will be completed by 10/2/18.
Area for improvement 2 Ref: Standard 29.6 Stated: First time To be completed by: 20 January 2018	The registered person shall ensure that records of fire drill records are completed to evidence staff who participated, evaluation of the drill and any learning identified. Ref: 6.4 Response by registered person detailing the actions taken: New Fire Safety Audit Form now in use to record and evidence all drills.
Area for improvement 3 Ref: Standard 23.4 Stated: First time To be completed by: 28 February 2018	The registered person shall ensure that care staff complete training in COSHH in line with their role and responsibilities. Ref: 6.4 Response by registered person detailing the actions taken: COSHH Training booked for 27th February 2018.

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



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