



**The Regulation and  
Quality Improvement  
Authority**

**Limetree House  
RQIA ID:12241  
133a Comber Road  
Dundonald  
BT16 2BT**

**Inspector: Kylie Connor, Patricia Galbraith  
Inspection ID: IN022646**

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**Unannounced Care Inspection  
of  
Limetree House**

**19 June 2015**

**The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of inspection

An unannounced care inspection took place on 19 June 2015 from 11.00 to 15.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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

### 1.1 Actions/ Enforcement taken following the last inspection

No actions/enforcement was taken following the previous inspection.

### 1.2 Actions/ Enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Deborah Moore, Registered Manager. The timescales for completion commence from the date of inspection.

## 2. Service details

Registered Organisation/Registered Person: Mrs Gertrude Alexandra Priscilla Nixon	Registered Manager: Deborah Moore
Person in charge of the home at the time of inspection: Deborah Moore	Date manager registered: January 2015
Categories of care: RC-DE	Number of registered places: 35
Number of residents accommodated on day of inspection: 18	Weekly tariff at time of inspection: £515 to £520

## 3. Inspection focus

The inspection sought to assess the day to day operations of the home since registration in January 2015 and to determine if the following standard has been met:

**Standard 9: The health and social care needs of residents are fully addressed.**

#### **4. Methods/Process**

Prior to the inspection we analysed the following records: notification of accidents and incidents.

During the inspection we met with the registered manager, deputy manager, 15 residents, two care staff, two ancillary staff and five resident's visitors/representatives.

We inspected the following records:

- Two residents care records
- The homes complaint and compliment records
- Staff training records
- Minutes of residents meetings
- Accident and incident records
- The policy and procedure manual
- The residents Register
- Reports of registered provider visits

#### **5. The inspection**

##### **5.1 Review of requirements and recommendations from previous inspection**

The previous care inspection was the care pre-registration inspection on 12 January 2015. No QIP was issued.

##### **5.2 Standard 9 – The health and social care needs of residents are fully addressed.**

###### **Is care safe? (Quality of life)**

Following an inspection of staff training records we confirmed that staff had received information and training in the provision of personal care. Staff were able to demonstrate knowledge and understanding of residents' needs, including continence care and oral hygiene.

The general health and social care needs of residents are understood by staff, and they had knowledge of basic health practices and interventions that promote the health and welfare of the residents.

Two residents' care records inspected had a person centred assessment and care plan. Care plans were amended as changes occurred. Care records were kept up to date to accurately reflect at all times the needs and preferences of the residents.

Care records detailed the care and support residents need, including, oral hygiene, eye care, continence management, sensory and foot care. Staff reported to us that residents currently attend their own dentist, facilitated by family.

Following inspection of the environment and discussions with staff, we confirmed that staff had adequate provision and access to continence products, bed-linen and towels. Staff confirmed to us that they had a plentiful supply of cleaning products and equipment, gloves and aprons.

Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

### **Is care effective? (Quality of management)**

The home had a procedure relating to continence management. Staff members were knowledgeable regarding where guidance and advice could be sought in respect of aspects of personal care.

In our discussion with the registered manager, we confirmed that a system was in place to manage health care appointments, screening and follow-up. We confirmed that there is liaison with a wide range of primary health and social care services. Staff were able to describe the referral systems should a resident require the services of health care professionals.

Visitors reported to us that their relative received a high standard of care and support from staff. Visitors confirmed to us that the environment was always clean and fresh-smelling.

### **Is care compassionate? (Quality of care)**

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they confirmed to us that staff provide care and support in a sensitive, kind and caring manner.

Staff confirmed to us that residents' spectacles, dentures and personal equipment and appliances are maintained by residents where possible, with assistance from staff.

In our discussion with staff it was evident that they recognised the potential loss of dignity associated with needing assistance with personal care. Staff were able to describe how personal care is delivered in a compassionate manner and articulated those values that underpin person centred care.

### **Areas for improvement**

No areas of improvement were identified within this standard. This standard was assessed to be safe, effective and compassionate.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## **5.3 Additional areas examined**

### **i.3.1 Residents' views**

We met with five residents individually and 10 residents in small groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "It's good, sometimes it's very good"
- "Staff are great. They get me set up for the day"

### **i.3.2 Staff views**

We met with two care staff, two ancillary staff and two kitchen staff. They all spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "No matter what we need, they (managers) get it. They are on the ball"

### **i.3.3 Residents representatives/visitors views**

We met five resident's representative/visitors who expressed positive views in regard to staff attitude, the environment, activities, communication with staff and the care and support their relative receives in the home.

Some comments included:

- "(My relative) has settled pretty well. That manager is top class"
- They keep me up to date"
- "The food is fantastic"
- I've no complaints. Mum loves it, the staff are lovely"

### **i.3.4 Environment**

Following an inspection of the environment, the home was found to be clean, tidy and decorated to a high standard. A prominently displayed visitor book was in place.

### **i.3.5 Care practices**

In our discreet observations of care practices we evidenced residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### **i.3.6 Accidents / incidents**

Following an inspection of accident and incident records for the previous three months we confirmed that these had been managed appropriately.

### **i.3.7 Complaints / compliments**

Following inspection of the complaint records, we confirmed that one complaint made had been managed appropriately.

The compliments record inspected included positive views in regard to the décor and cleanliness of the environment and staff attitude.

### **i.3.8 Fire safety**

Following a review of staff training records, we can confirm staff had attended fire safety training in the last six months. The registered manager reported that the next fire safety training was scheduled for 27 July 2015.

### **i.3.9 Registered provider visits**

We inspected two registered provider reports completed in the previous two months. They included comments from residents, visitors and staff but did not include a confidential means to record their identity. To ensure robust quality assurance, the need for further development of the areas examined is needed. We have made a recommendation.

### **i.3.10 The Residents' Register**

An up-to-date and accurate register of residents accommodated in the home was kept and available.

### **i.3.11 Policies and procedures**

A centrally indexed policy and procedure manual was in place. The following policies and procedures were inspected:

- Complaints Procedure (January 2015)
- Resident going missing Policy and procedure (January 2015)

### **i.3.12 Planned qualitative service provision**

The registered manager reported to us that a range of quality assurance systems and processes had been put in place. She confirmed that: residents meetings take place every month; a relatives' questionnaire is planned for distribution in the next few months and a relatives meeting may be arranged annually.

A suggestion box was situated at the entrance to the home.

The registered manager reported to us that a number of questionnaires have been completed with residents, including areas such activities, personal care and meals.

The registered manager reported to us that monthly audits had been completed in regard to fire safety, the environment, medication, the cash book, the safe, accidents and incidents and residents weights.

The registered manager confirmed to us that new staff receive formal supervision every three months and experienced staff every six months. It was confirmed to us that annual appraisals will take place in October 2015 and January 2016.

The registered manager confirmed to us that an annual qualitative report will be completed before 31 March 2016.

The registered manager confirmed to us that staff meetings have taken place in small informal groups.

### i.3.13 Staffing

The registered manager, care and ancillary staff confirmed to us that staffing levels are adequate to meet the needs of residents.

The registered manager confirmed to us that a capability and competency assessment had been undertaken with senior care assistants who will be left in charge, in the absence of the registered manager. Following an inspection of staff training records, we confirmed follow-up competency training was undertaken with night staff in June 2015.

#### Areas for improvement

One area of improvement was identified within the additional areas examined.

Number of requirements	0	Number of recommendations:	1
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## 6. Quality improvement plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Deborah Moore, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 3.3 Actions taken by the person in charge/Registered Person

The QIP should be completed by the registered person/person in charge and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office and assessed by the Inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
<b>Recommendations</b>			
<b>Recommendation 1</b>	The registered person should ensure that: all persons spoken to can be identified by a method which ensures confidentiality; that the areas reviewed within the report are expanded to improve robust quality assurance and governance.		
<b>Ref: Standard 20.11</b>			
<b>Stated: First time</b>			
<b>To be completed by:</b> 1 August 2015	<b>Response by Registered Person(s) detailing the actions taken:</b> <i>Registered persons report completed &amp; will continue to act on this recommendation.</i>		
<b>Person in charge completing QIP</b>	<i>[Signature]</i>	<b>Date completed</b>	<i>14/7/15</i>
<b>Registered Person approving QIP</b>	<i>[Signature]</i>	<b>Date approved</b>	<i>15/7/15</i>
<b>RQIA Inspector assessing response</b>	<i>[Signature]</i>	<b>Date approved</b>	<i>27.7.15</i>

\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\*