

Inspection Report

21 January 2022



Limetree House

Type of Service: Residential Care Home (RCH)

**Address: 133/133A Comber Road,
Dundonald, BT16 2BT**

Tel No: 028 9048 9380

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Limetree	Registered Manager: Graham Moore
Registered Person: Gertrude Alexandra Priscilla Nixon	Date registered: 8 January 2021
Person in charge at the time of inspection: Andrea Walker, senior carer	Number of registered places: 35
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 27
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 35 residents. The home is over two floors with shared living on both floors and a dining room on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 21 January 2022, from 11.30 am to 5.00 pm by a care inspector.

The inspection assessed progress with the areas for improvement identified in the home at 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 and their training and development. Systems were in place to manage risks to residents. Records were well maintained and the care team worked well together. There was a compassionate culture and ethos evident in the home. The manager was available and approachable and had put in place effective governance systems to ensure the delivery of a quality service.

Residents were observed to be relaxed and comfortable in their surroundings and said that they had a good experience of being in Limetree House, that the home was very comfortable and clean and staff treated them very well.

RQIA were assured that the delivery of care and service provided in Limetree House was safe, effective, and compassionate and that the home was well led.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the person in charge, at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with eight residents and five staff members. Residents' spoken with were content and the atmosphere in the home was calm and relaxed. Residents expressed no concerns about the care they received. Two residents submitted completed questionnaires indicating that they were very satisfied with all aspects of their care at Limetree House. No members of staff submitted completed questionnaires to RQIA.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 28 January 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (4) (c) Stated: First time	The registered person shall ensure that a visit by the registered provider takes place at least once a month; a written report on the conduct of the home is prepared and made available in the home.	Met
	Action taken as confirmed during the inspection: A review of documentation confirmed that a visit by the registered provider takes place every month. All reports were available at inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Staff were provided with a comprehensive induction and staff told us about how they had shadowed more experienced staff before working alone with residents. Staff said that they could go to senior care staff or to management at any time if they felt they needed help, support or guidance.

There were systems in place to ensure staff were trained and supported to do their job. We saw that the manager had a system in place to provide staff with regular supervision and that staff received an annual appraisal. We found that staff competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager and deputy managers' hours were recorded on the rota.

The staff spoken with during the inspection explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed.

We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support

The staff reported that they all worked together for the benefit of the residents and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff were knowledgeable of residents' needs, their daily routine, likes and dislikes. Staff confirmed the importance of good communication within their team and with the management.

Staff were seen to provide a prompt response to residents' needs and demonstrated an awareness of individual residents preferences. Staff were observed to be respectful during interactions and to communicate clearly, for example, when assisting a resident with personal hygiene needs. Residents were well presented, content in their surroundings and at ease in their interactions with staff.

Examination of records and discussion with the person in charge confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

There was evidence that body maps were completed on admission and as required thereafter. Residents were regularly weighed and there was evidence of ongoing referral to specialists as required.

Records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required. Care plans were person centred and were reviewed on a regular basis.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

A review of the internal environment of the home evidenced that the home was clean, tidy, bright and spacious. Residents' bedrooms were clean, tidy and personalised with items of importance to each resident, such as family photos, memorabilia, radios and sentimental items from home.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. Residents had been consulted/helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events. On the day of inspection there were activities ongoing on both floors. We observed a Karaoke session where a resident performed a stunning version of the song "You'll Never Walk Alone" which he dedicated to those who sadly passed away due to the pandemic.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively on the manager and his availability and approachability. A whistleblowing policy was in place so staff could raise any concerns regarding the home and the care if required.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. These were completed on a regular basis and when deficits were identified, actions were put in place to address these.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. Residents told us that they knew how to make a complaint and who to approach. A review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. There were a large number of thank you cards retained from residents and representatives complimenting the care. There was evidence that residents' and their representatives' views and opinions were sought and acted upon.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. A report was compiled and available to review. Where an action plan was agreed there was evidence that issues had been addressed.

6.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2021)**

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Andrea Walker, Person In Charge, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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