



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 21 March 2019



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 provider 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 registered to provide care and accommodation for thirty-five persons who have a dementia.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 21 March 2019 from 10.55 to 14.35.

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 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 communication between residents and staff and in regard to the quality and variety of meals provided.

An area for improvement was identified in regard to the provision of a pictorial daily menu.

Residents said that they had good relations with staff and that they enjoyed the food.

Staff said that the quality and variety of the meals and communication between staff and residents is good.

The following areas were examined during the inspection:

- meals and mealtimes
- feedback from residents and staff during the inspection and from relatives following the inspection

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	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Graham Moore, Manager and Deborah 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 May 2018.

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 and the returned QIP
- notifiable events
- written and verbal communication received since the previous care inspection

During the inspection the inspector met with 12 residents, the manager, the deputy manager, one care staff, the cook and the kitchen assistant.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Five questionnaires were returned within the agreed timescale. Three questionnaires indicated that a relative had completed the questionnaire and two did not indicate if a resident or a relative had completed the questionnaire.

The following records were examined during the inspection:

- a number of policies and procedures
- two staff personnel files
- records of fire-fighting equipment checks
- one consent form
- care records for two residents
- the menu

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager and deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 May 2018

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

6.2 Review of areas for improvement from the last care inspection dated 21 May 2018

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 21.5 Stated: First time	The registered person shall ensure that all policies and procedures should be subject to a three yearly review. Policies and procedures in the following areas should be reviewed and reflect current legislation and best practice guidance: <ul style="list-style-type: none"> • Recruitment and selection • Restrictive practice and behaviours which challenge • Infection prevention and control • Management of accident, incidents and notifiable events • Complaints • Whistleblowing 	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the manager, deputy manager and review of the policies and procedures.	
Area for improvement 2 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that the identified staff personnel file is improved to ensure that a full employment history is obtained and any gaps explored.	Met

	<p>Action taken as confirmed during the inspection: Compliance was confirmed following review of two staff personnel files and discussion with the manager.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • All bedroom en-suites have a toilet-roll holder in place • A covered toilet-roll holder is in place in communal bathrooms/toilets 	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Covered toilet roll holders had been purchased to store excess toilet rolls in communal bathrooms and review of a number of en-suites confirmed that toilet roll holders had been fitted.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 29.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • Fire-fighting equipment checks are included in the fire safety checks carried out in the home • Arrangements are put into place to ensure that fire safety checks are carried out in the absence of the manager. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the manager and review of the records for fire-fighting checks. The manager stated that arrangements are in place between identified staff in Limetree House and Limetree Residential Care Homes to ensure that fire safety checks are consistently completed and that there are no omissions.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that consent/agreements are in place for photography and access to residents' records.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the deputy manager and review of one consent form.</p>	

6.3 Inspection findings

6.3.1 Meals and meal-times

The lunch-time meal was observed which was provided at a conventional time. The dining tables were set with condiments and the room was clean, well lit and there was sufficient space around the tables to afford residents and staff ease of movement. Observation and discussions with the cook and deputy manager confirmed that there is a range of suitable crockery, cups and glasses to meet the needs of residents with a dementia.

Discussion with staff and a review of the menu confirmed that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. The cook reported that he had discussed a review of the menu with the deputy manager who also verified that residents' views would be sought during this process. Staff reported that full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines.

A white board, located just outside the dining room was used to write the daily menu to inform residents, relatives and any interested parties; an area for improvement was identified to create a pictorial daily menu board in addition to the white board to meet the needs of people with a dementia.

Staff were knowledgeable of residents' individual dietary needs and preferences; they were also aware of the International Dysphasia Diet Standardisation Initiative (IDDSI) and information had been disseminated to staff. The deputy manager advised that at present, all residents ate a regular diet and a re-fresher discussion in regard to IDDSI was scheduled to take place at the next staff meeting. A colour IDDSI chart was available in the kitchen for staff reference.

The lunch consisted of cottage pie, green beans and carrots with ice cream for dessert followed by a cup of tea and biscuits. Review of the menu evidenced that pavlova was on the menu for dessert today; the cook advised that the supplier had not delivered these; the replacement dessert was ice-cream which was suitable for people with diabetes. The cook advised that the home are reviewing their suppliers with a view to ensuring that orders are delivered in full. Discussions with the cook, kitchen assistant and care staff verified that variations are accommodated and that there is good communication between care staff and kitchen staff in regard to changes in residents' dietary requirements or health.

Observation of staff and residents during lunch evidenced that staff were knowledgeable of residents' likes and dislikes and preferences in regard to suitable portion sizes. Residents' lunch was well presented on the plate or bowl and in a consistency that met residents' needs. Residents were offered a choice of cold drinks and ate at their own pace. There was sufficient staff on duty to supervise and meet the needs of residents who needed assistance or encouragement.

Staff were attentive towards residents, demonstrated a person centred approach and compassion in their manner; they made sure that residents were sitting comfortably. Throughout the lunch, staff discretely prompted and provided assistance where required, asking residents if they were enjoying their meal and offered more drinks and asked, "Would you like anymore?"

A number of residents were wearing plastic aprons to protect their clothes during lunch. Discussions with care staff and the deputy manager confirmed that washable clothes protectors had been ordered. Suitable background music was playing which enhances residents' dining experience; there was a calm and relaxed atmosphere during lunch and some residents engaged in conversation with each other during their meal.

Discussion with staff and residents confirmed that hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.

Staff advised that menus and snacks are provided for special occasions for example, Easter, Christmas and residents' birthdays. The cook reported that buns, scones, tray-bakes and cakes are made in the home.

A record was kept of the meals provided in sufficient detail to enable any person inspecting it to determine whether the diet for each resident was satisfactory. The deputy manager advised that a record is retained in care records when any resident doesn't eat well or not at all at meal-times. A range of finger foods are made available for residents who find it difficult to sit at the table to finish their meals. A number of residents were accommodated to eat their lunch in the living room area of the open plan living room-dining room and staff were equally attentive.

A review of two residents' care records and discussion with the deputy manager confirmed that residents' weight is monitored at suitable intervals. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. Discussion with staff confirmed that the home is well supported by dieticians and speech and language therapists (SALT).

6.3.2 Feedback received from residents, a relative and staff during and following the inspection

Residents said that they had good relations with staff; that they were happy with the food and also with the care and support they received.

Comments received from residents included:

- "I enjoy it (the food). I don't have to make it."
- "It (lunch) was lovely."
- "It's a nice place."
- "The food is always lovely."
- "They make lovely meals."
- "Oh yes, they (staff) are kind and caring."
- "They (staff) are very good."

Staff spoken with confirmed that they can meet the needs of residents in the home and that there is good communication between all staff. Staff said that the food was good and said that the manager and deputy manager are approachable and supportive.

A staff member commented:

- "They change the menu quite often to vary it. It's good quality food."

Five returned questionnaires were received. Respondents indicated that they were very satisfied that care is safe, effective, compassionate and well-led.

Comments received included:

- ‘As a family we are very satisfied with the care our mum receives at Limetree House. The staff are very attentive to mums needs. We are very appreciative.’
- ‘The care and attention mum is receiving at Limetree House is excellent. The staff are so pleasant and always willing to help if asked. Managers Deborah and Graham are doing an excellent job.’

Areas of good practice

Areas of good practice were identified in regard to the mealtime experience and communication with residents.

Areas for improvement

One area for improvement was identified in regard to displaying a menu that meets the needs of people with a dementia.

	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 Graeme Moore, manager and Deborah 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 12.4</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2019</p>	<p>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.</p> <p>Ref: 6.3.1</p>
	<p>Response by registered person detailing the actions taken: New menu boards have been placed in each lounge which include pictures and text of all meals served each day</p>

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



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