



**The Regulation and
Quality Improvement
Authority**

**Limetree House
RQIA ID: 12241
133/133A Comber Road
Dundonald
BT16 2BJ**

**Inspector: Bronagh Duggan
Inspection ID: IN023032**

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**Unannounced Care Inspection
of
Limetree House**

26 January 2016

**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**

1. Summary of inspection

An unannounced care inspection took place on 26 January 2016 from 10.15 to 16.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. We identified one area of improvement relating to the updating of the homes policies on End of Life Care and Promotion of Continence to ensure they reflect current best practice. The recommendation made during the previous inspection was partially met and has been restated for a second time. 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), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last 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	2

The details of the QIP within this report were discussed with the registered manager, Mrs Deborah Moore, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/ Registered Person: Gertrude Alexandra Priscilla Nixon	Registered Manager: Deborah Cecillia Moore
Person in charge of the home at the time of inspection: Deborah Cecillia Moore	Date manager registered: 26 January 2015
Categories of care: RC-DE	Number of registered places: 35
Number of residents accommodated on day of inspection: 32	Weekly tariff at time of inspection: £515 – 520 per week

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ processes

Prior to inspection we analysed the following records: notifications of accidents and incidents since the previous inspection and the returned Quality Improvement Plan.

During the inspection we met with 19 residents individually, and others in groups, four care staff, two domestic staff, one resident's visitor/representative, the deputy manager and the registered manager.

The following records were examined during the inspection: Five care records, relevant policies and procedures, staff training records, monthly monitoring reports, compliments and complaints records and the homes Fire Safety Risk Assessment.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced pharmacy inspection dated 26 November 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 19 June 2015.

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 20.11	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.	Partially met
	Action taken as confirmed during the inspection: We inspected the four most recent monitoring reports and noted that these reflected the persons spoken to while ensuring confidentiality. However, greater detail should still be included within the reports to improve quality assurance and governance. This recommendation has been stated for a second time in the QIP appended to this report.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

In our discussions with the registered manager she confirmed that residents can spend their final days in the home unless there are documented health care needs to prevent this.

The registered manager and staff confirmed that the home works closely with outside agencies including the resident's General Practitioner, district nursing service, Macmillan nurses and other professionals involved in the residents care. The registered manager and staff confirmed that any changes in a resident's condition would be monitored closely, reflected in their evaluation care records and documented in their care plan.

In our discussions with staff they spoke about their recent experience in the home of providing care to residents' in the last weeks and days of life. Staff confirmed to us that they liaised closely with family members and kept them informed of any changes in their relatives' condition. Families were welcome to stay at the home and spend as much time as they wished with their relative. Staff were aware of the need to maintain adequate nutrition and hydration and ensure regular repositioning to prevent skin breakdown.

We inspected five care records; these showed that resident's needs were reviewed on a regular basis. The registered manager confirmed that all changes are logged on to the record system as they occur. Risk assessments are also updated accordingly.

The registered manager confirmed that spiritual support is available for residents on a regular basis.

Is Care Effective? (Quality of Management)

The home had a policy titled, 'End of Life Care' we made a recommendation that this should be updated to reflect current best practice.

In our discussions with the registered manager she confirmed that although the home had completed a number of care plans which included the detailed wishes of residents regarding specific arrangements at the time of their death some were still outstanding. We viewed a sample of the completed care plans; these reflected the detailed individual wishes of residents and or their representatives in the event of their death. Information included spiritual preferences, specific funeral arrangements and next of kin details. The registered manager confirmed the outstanding end of life care plans would be completed as soon as possible. The registered manager acknowledged the sensitivity of gathering this information from residents and their representatives considering the home had opened fairly recently.

In relation to handling deceased residents' belongings the registered manager confirmed that these are handled with care and respect. The registered manager confirmed that residents next of kin were given the time they need to deal with this issue and support from staff is available if needed.

The registered manager and staff confirmed to us that they have completed training relating to palliative care. Staff confirmed that this training was beneficial and helped them link theory to practice.

Is Care Compassionate? (Quality of care)

The registered manager and staff confirmed to us that the needs of the dying resident were met with a strong focus on dignity and respect. The registered manager and staff confirmed that families were supported and given time and privacy to spend with their loved one. Staff shared with us a recent experience and talked about how they supported a resident in their final days with help from specialist nursing services. Staff were aware of the need to communicate sensitively to the resident and their family.

The registered manager confirmed that following the death of a resident other residents were informed in a sensitive manner and had the opportunity to pay their respects if they so wished. Staff confirmed there was a supportive ethos within the home from management in regards to dealing with dying and death.

We observed a collection of thank you cards, letters and compliments from families of past and present residents'. These contained messages of praise and thanks for the care delivered to their relatives during their time in the home.

Areas for Improvement

We identified one area of improvement for this standard. This related to updating the home's policy on end of life care. Overall this standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

In our discussions with staff they demonstrated knowledge of supporting residents with their continence needs. Staff were aware of the need to contact the continence service and make onward referrals if they noticed any change in the resident's condition. Staff shared with us their understanding of what could contribute to a change in resident's continence needs. Staff were aware of infection prevention and control procedures in the home and confirmed there was a good supply of products available.

We inspected five care records, these reflected residents' individual needs. Where residents required support with their continence care, this information was included in their care plan. There was evidence of ongoing input from the continence team in relation to meeting identified residents' needs.

We observed adequate supplies of products, aprons, gloves and hand washing dispensers throughout the home.

Is Care Effective? (Quality of Management)

The home had a policy in place regarding the promotion of continence. We made a recommendation that this should be updated to reflect current best practice. Staff confirmed they had good working relations with the continence team and were regularly in contact regarding any changes or updates in relation to residents' needs.

We inspected training records in the home; these showed that staff have completed training in continence training and infection prevention and control. The registered manager confirmed that all staff complete training in relation to continence management as part of their induction training; records available in the home confirmed this. The registered manager also confirmed that a second session of training would be available for long term staff members who may have missed the first session of training provided in June 2015.

Is Care Compassionate? (Quality of Care)

In our discussions with staff they were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. From our observations of general care practice we were satisfied that continence care is undertaken in a discreet and private manner for residents.

Areas for improvement

We identified one area of improvement for this theme, this related to the updating of the home's policy relating to the promotion of continence. Overall this theme was assessed as being met.

Number of requirements:	0	Number of recommendations:	1 (Repeated area)
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5.4 Additional Areas Examined

i.4.1 Residents' Views

We spoke with 19 residents individually and others in groups. We received ten completed resident satisfaction questionnaires. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments received from clients included:

- "I like it here, no complaints from me."
- "It couldn't be better; the girls are all so kind."
- "Everyone is very good, the food is good, staff are very helpful."
- "I couldn't be happier, we are all well looked after."
- "I can't commend the staff highly enough, they are great."
- "You couldn't ask for better, we have no complaints at all."
- "I am very happy here."
- "I really get on well with everyone. All the staff are really great."

i.4.2 Relatives/ Representatives Views

We met with one visiting relative / representative. Comments received included:

- "I am very happy with the home. The care is excellent; the staff are all very helpful and friendly. I know he/ she is well cared for. There is a nice atmosphere in the home."

i.4.3 Staff Views

We spoke with six staff members and received eight completed staff satisfaction questionnaires. Staff confirmed to us that they were supported in their respective duties and were provided with relevant training and resources to undertake their duties. The returned questionnaires should positive feedback from staff in relation to the standard and theme inspected.

i.4.4 Environment

We found the home to be clean, bright, tidy and fresh smelling. The home was decorated to a high standard.

i.4.5 Accidents and Incidents

We reviewed the accident and incident reports from the date of previous inspection and found these to be appropriately managed and reported.

i.4.6 Compliments and Complaints

We reviewed records of complaints and compliments maintained in the home. Complaints recorded were handled satisfactorily. We viewed a number of compliments.

5.4.7 Fire Safety

An up to date Fire Safety Risk Assessment was in place. Fire safety checks, fire drills and staff fire safety training was maintained on an up to date basis.

Areas for improvement

We identified no areas of improvement from the additional areas examined.

Number of requirements:	0	Number of recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs 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 and The 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.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager 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 care.team@rqia.org.uk 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

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Quality Improvement Plan

Recommendations

Recommendation 1	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.		
Ref: Standard 20.11			
Stated: Second time	Response by Registered Person(s) detailing the actions taken:		
To be completed by: 26 March 2016	February's meeting and those to follow have this now in place.		
Recommendation 2	The registered manager should ensure that the home's policies relating to End of Life Care and Promotion of Continence are reviewed and updated to reflect current best practice.		
Ref: Standard 21.5	Response by Registered Person(s) detailing the actions taken:		
Stated: First time	Will be completed by 26 th March 2016		
To be completed by: 26 March 2016			
Registered Manager completing QIP	Deborah Moore	Date completed	26/02/16
Registered Person approving QIP	Gertrude Nixon	Date approved	26/02/16
RQIA Inspector assessing response	<i>Bronagh Dwyer</i>	Date approved	4/3/16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address