

Inspection Report

26 October 2023



Limetree House

Type of Service: Residential Care Home

**Address: 133/133A Comber Road,
Dundonald, BT16 2BT
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Limetree	Registered Manager: Mr Graham Moore
Responsible Individual: Mrs Gertrude Alexandra Priscilla Nixon	Date registered: 8 January 2021
Person in charge at the time of inspection: Graham Moore (9am – 3.30 pm) Andrea (Senior Care Assistant) (3.30pm – 5pm)	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: 32
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 three floors with shared living on all floors, communal lounge spaces are located on all floors and the dining room is located on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 26 October 2023, from 10.10 am to 4.40 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was bright and welcoming. Residents bedrooms were personalised and where bright and spacious.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents were seated in communal areas across the home, or remained in their rooms if this was their preference.

It was established that staff promoted the dignity and well-being of residents. This was evident in the communication and interactions noted between staff and residents. Staff were observed offering choice to residents throughout the day and ensuring they had opportunities to engage in activities.

The areas for improvement identified at the last inspection were reviewed. The detail of this is included in the body of the report.

Areas requiring improvement were identified relating to; records to evidence staff training, International Dysphagia Diet Standardisation Initiative (IDDSI) levels, staff identification of IDDSI levels, care records, contemporaneous record keeping, management of environmental risks, the Fire Risk Assessment, Fire Safety and monthly monitoring reports.

The findings of this report will provide the management team with the necessary information to improve staff practice and the 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 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents who were able to make their wishes known told us they enjoyed living in the home. One resident told us, "it's magic, the staff are brilliant", another said "I like it in here, it's a good place." Other residents who were unable to make their wishes known appeared to be comfortable and relaxed in their surroundings.

Staff said they liked working in the home and told us there is good team work, access to training and support from the management team.

Two questionnaires were returned following the inspection and noted to be very satisfied that the care provided in Limetree House was; safe, compassionate, effective and well led. One comment notes; "a lovely bunch." No staff surveys were returned within the timeframes.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One of the compliments said, "there is no home like Limetree House, the staff and all they do is fantastic."

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 15 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: First time	The registered person shall ensure the structural and / or environmental deficits identified at this inspection are addressed: <ul style="list-style-type: none"> • The first floor outdoor terrace is repaired • The leak affecting the dining room is repaired • Bathroom flooring / skirting are repaired. 	Partially met
	Action taken as confirmed during the inspection: There was evidence of repairs to the leak which had previously been identified in the dining room. However, further improvements continue to be required to the outdoor terrace and the bathroom flooring/skirting across the building. This area for improvement has been partially met and is stated for a second time.	

Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall, having regard to the number and needs of the residents, ensure that all parts of the home are kept clean, the malodour in the identified resident's room is addressed and storage areas are kept clean and tidy.	Partially met
	Action taken as confirmed during the inspection: There was no evidence of any malodour in resident's rooms on the day of inspection. However, further improvement is required to ensure all areas of the home including storage areas are kept clean and tidy. This area for improvement was partially met and is stated for a second time.	
Area for improvement 3 Ref: Regulation 27 (4) (d) (i) Stated: First time	The registered person shall ensure that all damaged fire doors are repaired or replaced to ensure the integrity of the premises fire compartmentation is maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure the hairdressing room is locked when not in use.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: First time	The registered person shall ensure the daily menu is displayed in a suitable format and is reflective of the food on offer.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p>	<p>The registered person shall review the dining experience in regard to the resident menu to ensure residents are involved in the planning of the menu and that the daily menu evidences that residents have a choice of meal at each sitting.</p> <p>Action taken as confirmed during the inspection: There was evidence of resident's involvement in the planning of the menu through resident monthly meetings.</p> <p>Discussion with the Chef confirmed that an alternative choice of meal was available at each mealtime. This area for improvement as stated has been met. However, there was no clear system in place to inform the residents of the choices to support them to avail of choice. A further area for improvement has been made.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any confidential information regarding residents' dietary needs is not displayed in corridors.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the review of resident care plans and risk assessments is meaningful.</p> <p>Action taken as confirmed during the inspection: There was evidence of care plan evaluations taking place, however further improvement is required to ensure that the documentation reflects the regular review of all care plans and risk assessments. The review of these should be documented alongside each individual care plan to ensure the changes are evident. This area for improvement was not met and is stated for a second time.</p>	<p>Not met</p>

Area for improvement 5 Ref: Standard 29.6 Stated: First time	<p>The registered person shall ensure a yearly record is kept of staff attendance at fire drills.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 6 Ref: Standard 9.2 Stated: First time	<p>The registered person shall ensure that net pants are only ever provided for individual resident use.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 7 Ref: Standard 28.3 Stated: First time	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are addressed:</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none">• Staff are bare below the elbow• raised toilet seats and shower chairs are effectively cleaned• pull cords are covered with a wipe able material so they can be effectively cleaned• toilet brushes are replaced to those that can be air dried. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

Area for improvement 8 Ref: Standard 28 Stated: First time	<p>The registered person shall develop and implement an audit system to:</p> <ul style="list-style-type: none"> effectively review the environment review restrictive practices regarding residents within the home. <p>Action taken as confirmed during the inspection: An environmental audit was evident, however action plans identified to address deficits were not time bound. There was no evidence of a restrictive practice audit. This area for improvement has been partially met and will be stated for a second time.</p>	Partially met
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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.

A system was in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC).

The manager advised that a system was in place to monitor staff's compliance with mandatory training and identify when staff were due to update their training. The records reviewed only identified the staff who were due to update their training; the date of the most recent training was not included. The recording of staff training was identified as an area for improvement..

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. For example, during the mealtime experience a resident required additional support and reassurance. A staff member was observed responding to this in a timely manner with additional staff available to support and supervise the mealtime experience.

Residents said, staff were attentive to their needs and if they required support, staff were available to help.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example; one resident who initially did not wish to engage in activities later changed their mind and was supported to become involved.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable regarding individual's daily routine, wishes and preferences.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Discussion with staff 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 or their GP for review.

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.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. 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 knowledge of IDDSI terminology was not always reflective of individual assessed need, a staff member was unable to appropriately identify the correct IDDSI levels during the mealtime experience. No harm came to residents as a result of this and an action plan was implemented by the management team to address these concerns, two areas for improvement were identified.

The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks and condiments available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' individual likes and preferences were reflected throughout care records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. However, care plans were not always reflective of individual assessed need, for example; the recommendations outlined in the identified Speech and Language Assessment for one resident, was not reflected in the care plan. This was discussed with the management team. No harm came to the resident as a result of this. An area for improvement was identified.

Care records did not always evidence the daily care provided to residents. A discussion took place with the management team and an area for improvement was identified. Residents care records were held confidentially.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was bright and welcoming. Corridors and walkways were suitably furnished for the registered category of care. Art work was evident along corridors, some which had been completed by the residents. A number of razors were located in communal bathrooms in the home, this was discussed with the management team and an area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

A Fire Risk Assessment was completed in the home on 13 April 2023 by an accredited Fire Risk Assessor, at the time of the assessment the risk was deemed 'tolerable' and this would be maintained following the implementation of the action plan. It was evident that further action was required to ensure actions were completed within the agreed timeframes, for example; staff attendance at an annual fire drill. Assurances were provided by the management team that an action plan was in place to ensure this was completed. An area for improvement was identified.

Two doors were observed to be propped and wedged open on the day of the inspection, this was addressed immediately and discussed with the management team. An area for improvement was identified.

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 management team and records were kept.

5.2.4 Quality of Life for Residents

Residents told us they enjoyed residing in Limetree House and spoke fondly about the staff and care provided. Residents who were able to make their wishes known, told us 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 also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to residents 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 and by visiting musicians to the home. Planned activities were being facilitated including a sing along on the day of inspection. Residents also told us they were looking forward to seeing the visiting musician.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Graham Moore has been the Manager in this home since 8 January 2021.

There was evidence of auditing 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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Graham Moore was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home. This is good practice.

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.

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.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance. Staff said the management team and staff all worked together to ensure there was good team work across the service.

The home is required to receive a monthly monitoring visit by the registered provider or a representative of the registered provider. These reports were not available on the day of inspection. A discussion took place with the management team and an area for improvement was identified.

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 the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	6*	8*

* the total number of areas for improvement includes two regulations and two standards that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Graham Moore, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: Second time To be completed by: From the date of inspection	The registered person shall ensure the structural and / or environmental deficits identified at this inspection are addressed: <ul style="list-style-type: none"> The first floor outdoor terrace is repaired The leak affecting the dining room is repaired Bathroom flooring / skirtings are repaired. Ref: 5.1
	Response by registered person detailing the actions taken: Leak Repaired Flooring and Skirting addressed Terrace improvements ongoing
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: Second time To be completed by: From the date of inspection	The registered person shall, having regard to the number and needs of the residents, ensure that all parts of the home are kept clean, the malodour in the identified resident's room is addressed and storage areas are kept clean and tidy. Ref: 5.1
	Response by registered person detailing the actions taken: There was no malodour reported during inspection. Storage area's are now tidy

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (k)</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2023</p>	<p>The registered person shall ensure a contemporaneous record is kept of the care delivered to each individual resident.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Completed-All staff have been reminded to record daily ADL'S</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection and ongoing</p>	<p>The registered person shall ensure the actions outlined on the Fire Risk Assessment are taken within the agreed timeframes, outlined by the Fire Risk Assessor.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Completed- Fire training has been given to all staff, and dates for mandatory fire training booked in for the coming year.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the propping and wedging of fire doors cease with immediate effect.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Completed- Firedoors remain closed and staff referred to fire safety training</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 29 (1)</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2023</p>	<p>The registered person shall ensure that a monthly monitoring visit is carried out in the home and reports are made available for inspection.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Completed - Registered person shall carry out monthly checks. Reports are available for inspection.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 6.6 Stated: Second time To be completed by: From the date of inspection	The registered person shall ensure that the review of resident care plans and risk assessments is meaningful. Ref: 5.1
	Response by registered person detailing the actions taken: Completed- New system now in place which documents any changes made and this is shown within the care plan.
Area for improvement 2 Ref: Standard 28 Stated: Second time To be completed by: From the date of inspection	The registered person shall develop and implement an audit system to: <ul style="list-style-type: none"> effectively review the environment review restrictive practices regarding residents within the home Ref: 5.1
	Response by registered person detailing the actions taken: Completed - new enviromental audit record showing work required and completion date to be carried out 3 monthly and shared with maintenace staff. Restrictive practices reviewed three monthly.
Area for improvement 3 Ref: Standard 12.3 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that systems are in place to inform the residents of the daily menu choices to support them to avail of the choices. Ref: 5.1
	Response by registered person detailing the actions taken: Completed - notice board in lounge shows the daily menu choices as does the menu in the kitchen. Staff inform residents of what menu choices are when they arrive for their lunch/dinner.
Area for improvement 4 Ref: Standard 23.6 Stated: First time	The registered person shall review the recording of staff training to ensure that it clearly evidences staff compliance with mandatory training. Ref: 5.2.1

To be completed by: 26 November 2023	Response by registered person detailing the actions taken: Completed-Traning records are kept online
Area for improvement 5 Ref: Standard 12.10 Stated: First time	The registered person shall ensure that staff are aware of IDDSI terminology regarding individual IDDSI levels for food and fluids. Ref: 5.2.2
To be completed by: From the date of inspection	Response by registered person detailing the actions taken: Completed- staff have been given IDDSI training.
Area for improvement 6 Ref: Standard 23.4 Stated: First time	The registered person shall ensure staff are trained to appropriately identify IDDSI levels in relation to food and fluids for each individuals assessed need. Ref: 5.2.2
To be completed by: From the date of inspection	Response by registered person detailing the actions taken: Completed- staff are made aware of individuals who are assesed for special diets and IDDSI levels. They are given information on the individuals specific requirments and sign to say they are aware and understand.
Area for improvement 7 Ref: Standard 6.6 Stated: First time	The registered person shall ensure the identified care plan is updated to reflect the individual's assessed need with specific reference to the Speech and Language Assessment. Ref: 5.2.2
To be completed by: 26 November 2023	Response by registered person detailing the actions taken: Completed - Care Plan updated.
Area for improvement 8 Ref: Standard 28 Stated: First time	The registered person shall ensure that residents access to disposable razors are risk assessed and managed appropriately to reduce risk of harm to other residents. Ref: 5.2.3
To be completed by: 26 November 2023	Response by registered person detailing the actions taken: Completed- all residents needs and abilities are risk assessed and managed so as to enable them to carry on an independent lifestyle as much as possible while managing the risk to others.

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



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