

Unannounced Care Inspection Report

28 January 2021



Limetree House

Type of Service: Residential Care Home (RCH)

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

Tel No: 028 9048 9380

Inspector: Alice McTavish

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 35 residents.

3.0 Service details

Organisation/Registered Provider: Limetree Responsible Individual: Gertrude Alexandra Priscilla Nixon	Registered Manager and date registered: Graham Moore, 8 January 2021
Person in charge at the time of inspection: Graham Moore	Number of registered places: 35
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 29

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 28 January 2021 between 10.20 and 16.50 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they enjoyed living in Limetree House and that staff treated them kindly.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

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.

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 registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with four residents, three care staff, a member of domestic staff and a member of kitchen staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. Any verbal or written comments received are included within the report.

The following records were examined during the inspection:

- duty rotas for 25 January to 14 February 2021
- recruitment file for one member of staff
- staff induction
- staff training
- staff supervision and appraisal
- staff competency and capability
- quality assurance audits
- compliments
- accidents and incident records
- three residents' care records
- annual quality report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 December 2020.

Areas for improvement from the last medicines management 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 30 Stated: Second time	The management of warfarin should be reviewed to ensure that staff are able to refer to the original dosage directions at each administration and where transcribing is necessary, a second member of trained staff checks and signs the record to ensure accuracy.	No longer applicable
	Action taken as confirmed during the inspection: Warfarin was not prescribed for any residents at the time of this inspection. This area may be reviewed in future should any resident be prescribed this medication.	

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff told us how they encouraged residents to wash their hands before mealtimes and that hand wipes were also available for use. Domestic staff also cleansed walking aids daily, paying particular attention to handles and brakes, so that washed hands remained clean when mobilising to the dining room. This is good practice.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms and en-suite bathrooms, accessible bathrooms, the lounges and the dining area.

Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. In addition, there was a system in place to ensure that a vapour disinfectant machine was used regularly in all bedrooms. Staff also described how all points which may be regularly touched by residents and staff were thoroughly cleansed several times daily.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. Walkways throughout the home were kept clear and free from obstruction.

Whilst we noted that most areas within the home were odour free and clean, some issues were identified. In one accessible bathroom we saw that continence supplies were stored in a box on the floor; waste items were placed in an uncovered bin and there was a crack on the seat of a drop down shower seat. Some posters on display throughout the home were not contained within a wipeable cover or laminated and some handrails on the ground floor felt 'tacky', possibly from residue of cleaning products.

We discussed these issues with the management team. The deputy manager advised that storage cupboards were already on order and a swing lidded bin would be sourced. The continence supplies were removed from the bathroom floor and the shower seat was replaced on the day of the inspection. The manager gave a verbal undertaking to have all uncovered information posters laminated and to review the use of products for the handrails. RQIA received written confirmation on 2 February 2021 that these actions were completed.

The home's fire risk assessment had not been updated due to the ongoing Covid-19 pandemic. We recommended that the manager contact the fire risk assessor for written confirmation that the risk assessment remained valid, subject to no material changes being made in the home. The manager later provided written confirmation that the fire risk assessor was contacted. We reviewed the records of fire checks and saw that these were completed.

6.2.3 Staffing arrangements

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 manager 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.

We examined the employment file of a recently recruited member of staff; we saw that all necessary pre-employment checks were completed to ensure that staff were safe to work in the home. We examined records which indicated that 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.

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 reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date; additional training was also provided for staff, if required.

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.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; all staff, including catering and domestic staff, spoke to residents kindly, cheerfully and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly. Where any resident became upset or anxious, we saw that staff knew how best to provide comfort and reassurance.

Some comments made by residents included:

- “She’s great, I love her!” (speaking about a member of care staff)
- “I really like it here. The food is great, we always get plenty and it is lovely...they make sure I get the diabetic food that I need. My room is lovely. My favourite thing is to go around the home and sing to the other residents, I really enjoy that!”
- “The staff here are very good to all us residents, they have great patience and treat everyone kindly. I couldn’t say a bad word about this place.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families. Arrangements had since been in place to facilitate relatives visiting their loved ones at the home, although some families chose to continue window visits only.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents.

We spoke with a member of catering staff who described how residents’ individual food preferences were established by staff and how residents were consulted about the menu options.

Ten questionnaires were completed by residents and returned to RQIA. All respondents indicated that they were satisfied or very satisfied with the care and services provided in Limetree House. Some comments received were as follows:

- “The staff are very good and know all about me.”

- “Excellent care”
- “The staff always inform me about any changes regarding my care, for example, any changes in my medications.”

6.2.5 Care records

We saw that the home used an electronic recording system and that care records were stored securely. We reviewed the care records of three residents and saw that the 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.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and deputy manager and described them as supportive, approachable and always available for guidance.

There was a system of audits which covered a range of areas such as accidents and incidents, falls, IPC and care records. The audits were completed regularly to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately. We discussed with the manager how the electronic template could be adjusted to include more detailed records of notifications made to all necessary parties.

We examined the system in place to manage any complaints received; discussion with the manager provided assurance that any complaints would be managed appropriately and would be viewed as an opportunity to learn and improve. We also saw that numerous compliments were received by staff. Some examples are as follows:

- “Thank you for looking after (my relative). You have all made this chapter of her life a much less anxious one and have all been very caring to her.”
- “Thank you for looking after our (relative) and all the other residents so well during the lockdown. It was great for us to know that she was safe and so well cared for...”
- “A big thank you to all the staff in Limetree House, you have done a great job, especially in this difficult year.”
- “You’re all amazing for what you do!”
- “We want to say a big thank you for all the very compassionate care you give to our (relative). Thanks to all the staff who clean, do laundry and provide lovely meals. We really do appreciate all you do.”

The manager advised that the Responsible Individual had not been able to enter the home to complete the visits by the registered provider since July 2020 due to the ongoing Covid-19 pandemic, but had maintained close communication throughout this period. Whilst we were assured that there was no reduction in the levels of governance in the home, it remains

necessary to prepare a written report on a monthly basis and make this available in the home. This was identified as an area for improvement.

We saw that an annual report was prepared on the quality of care and services in Limetree House. The report included consultation with residents and staff and reflected a high level of satisfaction.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, staff adherence to the current PPE guidance and to the systems to ensure good management.

Areas for improvement

One area for improvement was identified during this inspection. This related to the completion of the monthly visits by the registered provider.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance. We were assured that the care provided in Limetree House was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Graham Moore, 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 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 (4) (c) Stated: First time To be completed by: Immediately and ongoing	<p>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.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Our monthly provider meetings have commenced this month (February 2021), a report is then completed and shared in the home.</p>

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



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