



The Regulation and
Quality Improvement
Authority

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

Inspector: Colin Muldoon
Inspection ID: IN024170

Tel: 02890 489380
Email: debslimetreehouse@yahoo.co.uk

**Announced Estates Inspection
of
Limetree House
01 March 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 announced estates inspection took place on 01 March 2016 from 10.00 to 13.40. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. 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 Minimum Standards 2011.

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.

2. Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

The details of the QIP within this report were discussed with Mrs Sandra Nixon (Registered Responsible Person) and Mr Graham Moore (Assistant Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Limetree Mrs Sandra Nixon	Registered Manager: Mrs Deborah Moore
Person in Charge of the Home at the Time of Inspection: Mrs Sandra Nixon	Date Manager Registered: 26 January 2015
Categories of Care: RC-DE	Number of Registered Places: 35
Number of Residents Accommodated on Day of Inspection: 33	Weekly Tariff at Time of Inspection: £515 - £520

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 standards have been met:

Standard 27: Premises and Grounds

Standard 28: Safe and Healthy working Practices

Standard 29: Fire Safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: statutory notifications over the past 12 months and the report on the last care inspection

Discussion with Mrs Sandra Nixon (Registered Responsible Person) and Mr Graham Moore (Assistant Manager)

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 26 January 2016. The report on that inspection included two recommendations relating to care issues.

5.2 Review of Requirements and Recommendations from the last Estates Inspection.

This is the first Estates inspection since the registration of the home.

5.3 Standard 27: Premises and Grounds

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Areas for Improvement

1. There is a legionella risk assessment which was carried out by a specialist contractor in January 2015. The arrangements in place for legionella control were discussed with Mr Moore.
Refer to requirement 1 in quality improvement plan.
2. The home was commissioned in early 2015. A review should be carried out to ensure that arrangements are in place for all equipment and installations to be maintained and examined in accordance with regulations, manufacturers' instructions and good practice.
Refer to requirement 2 in quality improvement plan.
3. The home has a bed pan washer disinfecter. It is recommended that its satisfactory performance be verified through maintenance and tests carried out in accordance with the manufacturers' instructions.
Refer to recommendation 1 in quality improvement plan.
4. It is recommended that, in addition to servicing, a procedure is established to regularly check and record the satisfactory operation of each nurse call point.
Refer to recommendation 2 in quality improvement plan.

5. There was a recent Gas Safe certificate for the catering equipment. The certificate confirmed that the pipework was gas tight and that all appliances were safe to use. It did not include any warnings or additional works but appeared to indicate that the permanent ventilation required attention.
Refer to recommendation 3 in quality improvement plan.

Number of Requirements	2	Number Recommendations:	3
-------------------------------	----------	--------------------------------	----------

5.4 Standard 28: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

No issues were identified during this inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.5 Standard 29: Fire Safety

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

1. There were records of fire training. The inspector was informed that an evacuation drill is carried out during the training sessions and there were records of additional drills conducted by management. The inspector suggested that a matrix record system be implemented to manage staff participation in the drills.
2. The inspector was informed that the maintenance of the fire alarm and emergency lighting systems was planned for the day after the inspection. The service report for the alarm system was subsequently forwarded to RQIA. It should be ensured that a report is also obtained for the emergency lights and arrangements made to follow up any issues identified.
Refer to recommendation 4 in quality improvement plan.

Number of Requirements	0	Number Recommendations:	1
-------------------------------	----------	--------------------------------	----------

5.6 Additional Areas Examined

No additional areas were examined during this inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sandra Nixon (Registered Responsible Person) and Mr Graham Moore (Assistant 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, The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

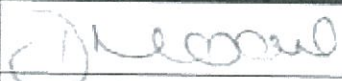


This section outlines the recommended actions based on research, recognised sources and Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 13.-(7) Stated: First time To be Completed by: 01 April 2016	The legionella risk assessment and the associated scheme of control should be revisited and any necessary action taken to fully implement all required control and monitoring measures. Records should be kept of all actions and monitoring measures taken in relation to the control of legionella. Response by Registered Manager Detailing the Actions Taken: COMPLETED
Requirement 2 Ref: Regulations 27.-(2)(c) 27.-(2)(q) Stated: First time To be Completed by: 01 April 2016	A review of planned maintenance should be carried out and any necessary arrangements made to service and examine equipment and installations in accordance with regulations, good practice and manufacturer's instructions. This should include: <ul style="list-style-type: none"> • The periodic thorough examination of the lift and hoist to comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999. • The servicing of the lift and hoist in accordance with the manufacturers' instructions. • The servicing of the thermostatic mixing valves as part of the legionella controls and to ensure the delivery of safe hot water. Reference should be made to the guidance on TMV maintenance in the legionella control technical guidance document HSG274 Part 2 which is available on the HSE website. • The implementation of a scheme to ensure the safety of portable electrical appliances. • Obtaining Gas Safe certificates for the laundry and boiler installations. The certificates should verify that these installations are safe to use. Response by Registered Manager Detailing the Actions Taken: WILL BE FULLY COMPLETED 1/4/16
Recommendations	
Recommendation 1 Ref: Standard 27 Stated: First time To be Completed by: 01 April 2016	The satisfactory performance of the washer disinfectant should be verified through maintenance and tests carried out in accordance with the manufacturers' instructions. Response by Registered Manager Detailing the Actions Taken: WILL BE COMPLETED 1/4/16

Recommendation 2 Ref: Standard 27 Stated: First time To be Completed by: 01 April 2016	In addition to servicing, a procedure should be established to regularly check and record the satisfactory operation of each nurse call point. Response by Registered Manager Detailing the Actions Taken: <p style="text-align: center;">COMPLETED</p>		
Recommendation 3 Ref: Standard 27 Stated: First time To be Completed by: 01 April 2016	The ventilation issue in the Gas Safe certificate for the catering equipment should be followed up and any necessary action taken. Response by Registered Manager Detailing the Actions Taken: <p style="text-align: center;">COMPLETED</p>		
Recommendation 4 Ref: Standard 29 Stated: First time To be Completed by: 01 April 2016	It should be ensured that a report is obtained for the servicing of the emergency lights and arrangements are made to follow up any issues identified. Response by Registered Manager Detailing the Actions Taken: <p style="text-align: center;">WILL BE COMPLETED 1/4/16</p>		
Registered Manager Completing QIP		Date Completed	21/3/16
Registered Person Approving QIP		Date Approved	21.3.16
RQIA Inspector Assessing Response		Date Approved	13/04/16

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address