

# Inspection Report

17 January 2024



## Limetree House

Type of service: Residential Care Home

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Limetree	<b>Registered Manager:</b> Mr Graham Moore
<b>Responsible Individual:</b> Mrs Gertrude Alexandra Priscilla Nixon	<b>Date registered:</b> 8 January 2021
<b>Person in charge at the time of inspection:</b> Mrs Deborah Moore, Deputy Manager	<b>Number of registered places:</b> 35
<b>Categories of care:</b> Residential Care (RC): DE – dementia	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 32
<b>Brief description of the accommodation/how the service operates:</b> Limetree House is a residential care home which provides health and social care for up to 35 residents. The home has two floors with shared living on both floors and a dining room on the ground floor. The home shares a site with another residential care home operated by the same senior management team.	

## 2.0 Inspection summary

An unannounced inspection took place on 17 January 2024, from 10.30am to 2.30pm. This was completed by a pharmacist inspector and focused on medicines management within the home.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection were not examined and will be followed up at the next care inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. Two new areas for improvement were identified, in relation to the removal of medicines from stock once they have expired and the records for medicines prescribed for use 'when required' for the management of distressed reactions.

Whilst areas for improvement were identified, RQIA can conclude that overall the residents were being administered their medicines as prescribed.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

### 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, information held by RQIA about the home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held with staff about how they plan, deliver and monitor the management of medicines within the home.

### 4.0 What people told us about the service

The inspector met with the deputy manager, two senior care assistants and briefly with the manager. Staff interactions with residents were observed to be warm, friendly and supportive. It was evident that staff knew the residents well.

Feedback methods included a staff poster and paper questionnaires which were provided for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, one staff response had been returned, indicating that the respondent was satisfied with the management of the home.

### 5.0 The inspection

#### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 26 October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (b)  <b>Stated:</b> Second time	The registered person shall ensure the structural and / or environmental deficits identified at this inspection are addressed: <ul style="list-style-type: none"> <li>The first floor outdoor terrace is repaired</li> </ul>	<b>Carried forward to the next inspection</b>

	<ul style="list-style-type: none"> <li>The leak affecting the dining room is repaired</li> <li>Bathroom flooring / skirtings are repaired.</li> </ul>	
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 27 (2) (d) <b>Stated:</b> Second 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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 19 (1) (a) Schedule 3 (k) <b>Stated:</b> First time	The registered person shall ensure a contemporaneous record is kept of the care delivered to each individual resident.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 27 (4) (a) <b>Stated:</b> First time	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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 27 (4) (a) (c) <b>Stated:</b> First time	The registered person shall ensure the propping and wedging of fire doors cease with immediate effect.	<b>Carried forward to the next inspection</b>
	This was not observed, however <b>action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 29 (1)  <b>Stated:</b> First time	The registered person shall ensure that a monthly monitoring visit is carried out in the home and reports are made available for inspection.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Action required to ensure compliance with Residential Care Homes Minimum Standards (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> Second time	The registered person shall ensure that the review of resident care plans and risk assessments is meaningful.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> Second time	The registered person shall develop and implement an audit system to: <ul style="list-style-type: none"> <li>effectively review the environment</li> <li>review restrictive practices regarding residents within the home.</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12.3  <b>Stated:</b> First time	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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 23.6  <b>Stated:</b> First time	The registered person shall review the recording of staff training to ensure that it clearly evidences staff compliance with mandatory training.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 12.10  <b>Stated:</b> First time	The registered person shall ensure that staff are aware of IDDSI terminology regarding individual IDDSI levels for food and fluids.	<b>Carried forward to the next inspection</b>
	There were no prescribed thickening agents at the time of the inspection. <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Area for improvement 8</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate. A couple of minor discrepancies were highlighted for attention.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.



The management of medicines prescribed on a “when required” basis for the management of distressed reactions was reviewed. Directions for use were recorded on the personal medication records. Staff knew how to recognise a change in a resident’s behaviour and was aware that this change may be associated with pain and other factors. Care plans directing the use of these medicines were in place for two of the four records examined. It was acknowledged that these medicines were not used frequently and records usually included the reason for and outcome of each administration. An area for improvement was identified.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident’s medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with prescribers and the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

A number of expired and/or unlabelled external preparations were observed. In addition, eye preparations from December 2023, were stored with those for the January 2024 medicine cycle, there was a risk that these may be used after expiry. Several medicines, supplied in the monitored dosage system (prescribed to be administered ‘when required’), had exceeded the recommended duration of eight weeks following dispensing before they should be discarded. These medicines were removed from stock for disposal and an area for improvement was identified.

Records for the disposal of medicines were satisfactory.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed and filed appropriately.



Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were mostly satisfactory arrangements in place for the management of controlled drugs, however it was agreed that the key to the controlled drugs cupboard would be held separately from other keys. The manager stated that this was the usual practice and addressed this immediately. For one controlled drug, the recent medication administration record referred to the controlled drug record book entry. The medication administration record should also be fully completed on every occasion that this medicine is administered, it was agreed that this was the expected practice and would take place with immediate effect.

#### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

No medicine related incidents have been reported to RQIA since the last medicines management inspection, however, management and staff were familiar with the type of incidents that should be reported and these were discussed.

Management and staff audited a range of medicines on a regular basis. The date of opening was recorded on medicines so that they could be easily audited. This is good practice. It was agreed that the areas highlighted for attention in this report would be included within audit procedures.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

### 5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. The manager stated that annual competency assessments were in progress and would be completed within the next couple of weeks. Medicines management policies and procedures were in place.

## 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 Minimum Standards 2022.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6*	10*

\* The total number of areas for improvement includes fourteen which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Deborah Moore, Deputy 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 Home Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection (26 October 2023)	The registered person shall ensure the structural and / or environmental deficits identified at this inspection are addressed: <ul style="list-style-type: none"> <li>• The first floor outdoor terrace is repaired</li> <li>• The leak affecting the dining room is repaired</li> <li>• Bathroom flooring / skirtings are repaired.</li> </ul>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (d)  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection (26 October 2023)	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.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (1) (a) Schedule 3 (k)  <b>Stated:</b> First time  <b>To be completed by:</b> 26 November 2023	The registered person shall ensure a contemporaneous record is kept of the care delivered to each individual resident.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection and ongoing (26 October 2023)	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.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1

<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 27 (4) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (26 October 2023)	<p>The registered person shall ensure the propping and wedging of fire doors cease with immediate effect.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 29 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 26 November 2023	<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><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Action required to ensure compliance with Residential Care Homes Minimum Standards 2022</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection (26 October 2023)	<p>The registered person shall ensure that the review of resident care plans and risk assessments is meaningful.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection (26 October 2023)	<p>The registered person shall develop and implement an audit system to:</p> <ul style="list-style-type: none"> <li>effectively review the environment</li> <li>review restrictive practices regarding residents within the home.</li> </ul> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (26 October 2023)</p>	<p>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.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 November 2023</p>	<p>The registered person shall review the recording of staff training to ensure that it clearly evidences staff compliance with mandatory training.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (26 October 2023)</p>	<p>The registered person shall ensure that staff are aware of IDDSI terminology regarding individual IDDSI levels for food and fluids.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (26 October 2023)</p>	<p>The registered person shall ensure staff are trained to appropriately identify IDDSI levels in relation to food and fluids for each individuals assessed need.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>

<b>Area for improvement 7</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> 26 November 2023	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.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for improvement 8</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 26 November 2023	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.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for improvement 9</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (17 January 2024)	The registered person shall ensure that care plans contain sufficient resident specific detail to direct care, when medicines are prescribed for use 'when required' for the management of distressed reactions.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> A careplan is in place for all residents requiring such medication. All staff reminded to update careplans once "when required" medication is prescribed.
<b>Area for improvement 10</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (17 January 2024)	The registered person shall review the systems in place to ensure that expired and/or unlabelled medicines are immediately removed from stock.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> Monthly stock audit and checks in place.

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





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