

Inspection Report

15 January 2023



Limetree House

Type of Service: Residential Care Home

**Address: 133/133A Comber Road,
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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: Andrea Walker - Senior Care Assistant	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: 29
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 two floors with shared living on both floors and a dining room on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 15 January 2023, from 9.30 am to 4.30 pm by a care inspector.

The inspection assessed various aspects of the running of the service to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were observed to be relaxed and comfortable in their surroundings and said that they were happy living in Limetree House, the residents said the staff treated them very well.

Twelve new areas for improvement were identified during the inspection and are detailed throughout the report and in the Quality Improvement Plan (QIP) in Section 6.0.

RQIA were assured that the delivery of care and service provided in Limetree House was compassionate; the findings of this report will provide the manager with the necessary information to improve staff practice, enhance resident safety and 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Graham Moore, manager at the conclusion of the inspection.

4.0 What people told us about the service

Eight staff, seven residents and two relatives were spoken with. Residents said that they felt well cared for, enjoyed the food and that staff members were helpful and friendly. The relatives we spoke with shared that they were happy with the care their loved one receives in Limetree House. No questionnaires were returned and no feedback from the staff online survey was received within the allocated timeframe.

A record of compliments received about the home was kept and shared with the staff team as appropriate.

5.0 The inspection

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

The last inspection to Limetree House was on 21 January 2022, by a care inspector with no areas for improvement identified.

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. Staff were provided with a comprehensive induction programme to prepare them for working with the residents.

Checks were made to ensure that care staff maintained their registrations with the Northern Ireland Social Care Council.

A system was in place to ensure that staff completed their training; the manager has good oversight with staff compliance with the required training.

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. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff met at each shift change to discuss any changes in the needs of the residents. Residents' care records were maintained which accurately reflected their needs. Staff were knowledgeable of residents' individual needs, their daily routines, wishes and preferences.

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. Residents were presented well in their appearance.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of a post falls review. For example, residents were referred to the Trust's Specialist Falls Service or to their GP.

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 could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the residents. Food was freshly prepared in the kitchen and residents dined together in the dining area. There is a menu board on the wall in the dining room however, this did not accurately reflect the correct day or the food served. An area for improvement was identified.

It was observed there was only one choice for lunch time on the rolling menu however; the manager and cook provided assurance that alternative choices were also catered for. An area for improvement was identified in regard to reviewing the dining experience in regard to evidencing resident choice. Residents spoke positively on the quality of the food provision in the home.

Confidential resident information in relation to their diet was observed displayed in the corridor outside the kitchen area, this was discussed with the manager who was asked to review how resident information could be maintained in a confidential manner but still accessible to staff. An area for improvement was identified.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

Residents' individual likes and preferences were reflected throughout their care records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. The care records were generally well maintained regularly reviewed and updated to ensure they continued to meet the residents' needs. It was observed the review of care plans only evidenced the date of the review; there was no documentation or narrative included in the review to evidence this aspect of care delivery had been meaningfully evaluated to ensure it still continued to meet the identified resident care need. This was discussed with the manager and an area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, laundry and communal areas such as lounges and bathrooms.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were tastefully decorated and suitably furnished. Residents could choose where to sit; in one of the communal rooms or stay in their bedrooms' staff were observed supporting residents to make these choices.

Several environmental deficits were observed within the home. Generally the home required more attention to the cleanliness of the environment in communal areas, resident bedrooms and en-suites. There was a strong malodour in one identified resident's bedroom.

The coved flooring/skirting was observed to be coming away from the wall in most of the communal bathrooms examined. Storage rooms were observed untidy, cluttered and in need of a better clean. Some walls and doors were seen stained or in need of repainting.

Within the dining room area there was evidence that the home had been dealing with a leak. Several ceiling tiles were missing and containers and towels were seen placed on the floor to catch any water. The first floor outdoor terrace was also observed undergoing repair. The deficits were discussed with the manager who advised he would address the shortfalls identified and formulate a refurbishment plan and share this with RQIA. Areas for improvement were identified.

In regard to fire safety a number of fire doors were observed with their integrity compromised, therefore rendering them ineffective; this was discussed with the manager and escalated to the estates inspector for further follow up, the manager agreed to give the repair or replacement of these doors his priority. An area for improvement was identified. There was evidence fire drills had been conducted however, no records were available detailing that all staff had participated in a fire drill within the last 12 months; an area for improvement was identified.

The hairdressing room was observed unlocked; as this room contains multiple hairdressing products which could be potentially hazardous to residents the room should be locked when not in use. An area for improvement was identified.

Laundried and unlabelled net pants which had the potential for communal use were identified in the home. This was discussed with the manager how net pants should be for individual resident use only; an area for improvement was made.

Furthermore, shortfalls were identified in regard to infection prevention and control (IPC). Staff were observed wearing watches and nail extensions, the underside of raised toilet seats and shower chairs required a better clean, pull cords within communal and en-suite bathrooms were not of a wipe able material and toilet brushes were not those that could be air dried. An area for improvement was identified.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Discussion with residents confirmed that they were able to choose how they spent their day. The planned activities were displayed and resident engagement in these activities was recorded and available for review.

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 registered manager in this home since 8 January 2021.

There was evidence that a system of auditing was 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 for example resident weights, care reviews and resident optician assessments.

Discussion with the manager about how the suite of audits could be improved to include a monthly focus on falls for trends and patterns, a more focused care record audit, the implementation of a restrictive practice audit and an environmental audit. An area for improvement was identified.

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 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 vulnerable adults.

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 incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. Review of accidents and incidents identified three incidents were RQIA had not been informed, these were discussed with the manager and retrospective notifications were submitted.

A review of records in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the manager and said he was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; there was no evidence of the development of action plans. This was discussed with the manager. The reports are available for review by residents, their representatives, the Trust and RQIA.

7.0 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 (August 2011) (Version 1:1).**

	Regulations	Standards
Total number of Areas for Improvement	4	8

Areas for improvement and details of the Quality Improvement Plan were discussed with 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: First time To be completed by: 15 February 2023	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: 5.2.3
	Response by registered person detailing the actions taken: Terrace repaired Leak repaired and ceiling replastered Bathroom flooring and skirting repaired
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: With immediate effect	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: 5.2.3
	Response by registered person detailing the actions taken: On the morning of inspection the inspector observed areas that my domestic staff had informed the inspector had not be cleaned yet due to them only commencing shift. The malodour mentioned was in a residents room who was only just out of bed before the inspector had visited it. Domestic staff had informed the inspector the room had not been cleaned yet. I feel the inspectors comments do not put this in context and as such I do not feel this warrants an area for improvement. Storage areas now clean and tidy

Area for improvement 3 Ref: Regulation 27 (4) (d) (i) Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.3 Response by registered person detailing the actions taken: Fire doors now repaired
Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure the hairdressing room is locked when not in use. Ref: 5.2.3 Response by registered person detailing the actions taken: New keypad system now installed to ensure door remains locked when not in use
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by: 16 January 2023	The registered person shall ensure the daily menu is displayed in a suitable format and is reflective of the food on offer. Ref: 5.2.2 Response by registered person detailing the actions taken: The kitchen staff are reminded to update the board on a daily basis
Area for improvement 2 Ref: Standard 12.3 Stated: First time To be completed by: 31 January 2023	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. Ref: 5.2.2 Response by registered person detailing the actions taken: It is not a requirement under RQIA standard 12.3 that an alternative option must be shown on the menu. On the day of inspection the inspector was reassured by kitchen staff and myself that an alternative was always offered should a resident not wish to have what was on the menu that day. As such this should not be an area for improvement and should be removed.

Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: 16 January 2023	The registered person shall ensure that any confidential information regarding residents' dietary needs is not displayed in corridors. Ref: 5.2.2 Response by registered person detailing the actions taken: Diet list now moved to the kitchen
Area for improvement 4 Ref: Standard 6.6 Stated: First time To be completed by: 15 February 2023	The registered person shall ensure that the review of resident care plans and risk assessments is meaningful. Ref: 5.2.2 Response by registered person detailing the actions taken: Completed
Area for improvement 5 Ref: Standard 29.6 Stated: First time To be completed by: With immediate effect	The registered person shall ensure a yearly record is kept of staff attendance at fire drills. Ref: 5.2.3 Response by registered person detailing the actions taken: Completed
Area for improvement 6 Ref: Standard 9.2 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that net pants are only ever provided for individual resident use. Ref: 5.2.3 Response by registered person detailing the actions taken: Completed

<p>Area for improvement 7</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Regular hygiene audits carried out of staff Enviroment audit in place to check on cleanliness of the home New pull chords now in place Toilet brushes now replaced</p>
<p>Area for improvement 8</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Enviroment audit in place to check on cleanliness of the home Restrictive practices are reviewed</p>

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