

Unannounced Care Inspection Report 13 September 2016



Limetree

Type of service: Residential Care Home
Address: 133 Comber Road, Dundonald, BT16 2BT
Tel no: 02890480252
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Limetree Residential Home took place on 13 September 2016 from 10:30 to 18:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, infection prevention and control, risk management and the home's environment.

One recommendation was made in relation to the review and updating of the homes adult safeguarding policy and procedure.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Two recommendations were made in regards to the introduction of an audit to monitor accidents and incidents and increasing the frequency of staff meetings.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Myran Fulon, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 7 January 2016.

2.0 Service details

Registered organisation/registered person: Limetree / Mrs Gertrude Nixon	Registered manager: Mrs Gertrude Nixon
Person in charge of the home at the time of inspection: Myran Fulon	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of registered places: 44

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned QIP and the previous inspection report.

During the inspection the inspector met with 10 residents individually and others in groups, four care staff, and the deputy manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training records
- Three staff recruitment files
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Relevant policies and procedures

A total of 28 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eleven questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 08/01/16

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 08/01/16

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 8 March 2016	The registered manager should ensure the homes policies on End of Life Care and Promotion of Continence are reviewed and updated to reflect current best practice. Action taken as confirmed during the inspection: The policies entitled End of Life Care and Promotion of Continence were reviewed and updated to reflect current best practice.	Met

4.3 Is care safe?

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty :

- 1x Deputy manager
- 1x Senior carer
- 3x Care assistants
- 3x Domestic assistants
- 2x Kitchen staff
- 1x Maintenance manager
- 1x Maintenance staff

Two Senior carers would be on duty from 16:00 to 21:30 with 3x Care assistants, the night shift included 1x Senior carer, 2x Care assistants.

Review of completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of a sample of two staff competency and capability assessments were found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of three staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body .

A recommendation was made that the homes adult safeguarding policies and procedures should be reviewed and updated to reflect current regional guidance entitled Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff in April 2016.

Discussion with the deputy manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The deputy manager confirmed there were restrictive practices employed within the home, notably a keypad entry system, and pressure alarm mats. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The deputy manager confirmed there were risk management policy and procedures in place. Discussion with the deputy manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH and fire safety.

Staff training records examined confirmed that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. A pre-arranged staff training session on infection prevention and control was held on the day of the inspection. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable

towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the homes policy and procedures, reported to the Public Health Agency, the commissioning trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken. The residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the deputy manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 6 January 2016. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 28 July 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Eleven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. These reflected positive views in relation to the domain of safe care.

Areas for improvement

One area for improvement was identified in relation to the review and updating of the homes adult safeguarding policy and procedure.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and

enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are encouraged to maintain links with a local church.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Risk assessments and care plans are reviewed on a regular basis. A recommendation was made that a robust system should be introduced to audit the number and types of accidents and incidents in the home. Any actions identified for improvement should be incorporated into practice.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings and staff shift handovers. The deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home. Records available in the home showed the last staff meeting had been held on 3 September 2015. A recommendation was made that staff meetings should be held on a regular and no less than quarterly.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were available for inspection these showed meetings were being held on a regular basis the most recent of which was 27 July 2016.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Eleven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. These reflected positive views in relation to the domain of effective care.

One resident's representative commented in a completed questionnaire:

- My (relative) originally came for respite care and was very unsettled. The staff have been absolutely amazing. The time and patience they have put into helping my (relative) settle has been second to none.

Areas for improvement

Two areas for improvement were identified in relation to the introduction of an audit to monitor accidents and incidents in the home and to increase the frequency of staff meetings.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

The deputy manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home.

The deputy manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example reading daily newspapers, potting plants and participating in quizzes. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents are supported to attend local church events in the area.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives were sought and taken into account in all matters affecting them. For example regular residents meetings, suggestions are also encouraged.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read in the reception area of the home as confirmed by the deputy manager.

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Eleven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. These reflected positive views in relation to the domain of compassionate care.

Comments received from residents were as follows:

- "The food is lovely, it really is. They are all very good."
- "Everyone is very kind, the staff work so hard I don't know how they do it. It wouldn't be easy".

- “I like it, the staff are all very good, the food is good. You can have whatever you want if you don’t like something that is ok.”
- “All is good, no complaints from me”.
- “The care is good. I like it here, everybody is friendly”.
- “Everything is great here, I can’t say one bad thing about it. It’s better than the last place I was in”.
- “They are all lovely, I have everything I need, couldn’t ask for anymore”.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The deputy manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, and information displayed throughout the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures with the exception of one incident which was not reported to RQIA. This issue was discussed with the deputy manager who was advised to access RQIA updated guidance regarding the reporting of notifiable events.

The Falls Prevention Toolkit was discussed with the deputy manager and advice given on how to implement this.

There were quality assurance systems in place to drive quality improvement which included satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example training relating to care of people with dementia.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The deputy manager confirmed that the registered provider was informed regarding the day to day running of the home.

The deputy manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the deputy manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The deputy manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Eleven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. These reflected positive views in relation to the domain of well led care.

One resident's representative commented in a completed questionnaire:

- The manager was a great comfort to us all and very reassuring that we were doing the best thing for (my relative). All the staff have made this a lot easier for us. Thank you all.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Myran Fulon, deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 13 December 2016</p>	<p>The registered provider should ensure adult safeguarding policy and procedures are reviewed and updated to reflect current regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.</p> <p>Response by registered provider detailing the actions taken: Completed 4th November 2016</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2016</p>	<p>The registered provider should ensure a robust system is introduced to audit the number and types of accidents and incidents in the home. Any actions identified for improvement should be incorporated into practice.</p> <p>Response by registered provider detailing the actions taken: Completed 1st October 2016</p>
<p>Recommendation 3</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 13 October 2016</p>	<p>The registered provider should ensure that staff meetings are held on a regular and no less than quarterly.</p> <p>Response by registered provider detailing the actions taken:</p> <p>Staff are given notice 4 weeks in advance of meetings. Meetings held quarterly.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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