



The **Regulation** and
Quality Improvement
Authority

Inspector: Bronagh Duggan
Inspection ID: IN023026

Limetree
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**Unannounced Care Inspection
of
Limetree**

7 January 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 unannounced care inspection took place on 7 January 2016 from 10.00 to 17.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. We identified one area of improvement, this related to the updating of the homes policy's on End of Life Care and Promotion of Continence to ensure they are reviewed to reflect current best practice. 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 Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the registered manager Mrs Sandra Nixon as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/ Registered Person: Gertrude Alexandra Priscilla Nixon	Registered Manager: Gertrude Alexandra Priscilla Nixon
Person in charge of the home at the time of inspection: Gertrude Alexandra Priscilla Nixon	Date manager registered: 1/4/2005
Categories of care: RC-I, RC-PH, RC-DE	Number of registered places: 44
Number of residents accommodated on day of inspection: 44	Weekly tariff at time of inspection: From £470

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 standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA and the returned Quality Improvement Plan from the previous inspection.

During the inspection we met with 19 residents individually and others in groups, two care staff, one senior carer, one domestic staff, the deputy manager, one resident's visitors/representative and the registered manager. We distributed 20 satisfaction questionnaires to residents and staff. We received 14 returned completed questionnaires. These included seven completed resident questionnaires and seven completed staff questionnaires.

The following records were examined during the inspection: Six care records, relevant policies and procedures, staff training records, compliments and complaints, accidents and incident records, fire safety risk assessment and communication book.

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 5 May 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 5 May 2015

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.2	The registered manager should ensure that records detail contact with the resident's representative about matters or concerns regarding the health and welfare of the resident.	Not Applicable
	Action taken as confirmed during the inspection: The registered manager confirmed appropriate records had been maintained however the identified resident was no longer resident at the home.	

<p>Recommendation 2</p> <p>Ref: Standard 8.5</p>	<p>The registered manager should ensure that needs assessments and care plans are updated when changes occur to accurately reflect needs and care and support delivered.</p> <hr/> <p>Action taken as confirmed during the inspection: We inspected six care records these had all been recently updated to reflect the needs, care and support delivered. The deputy manager confirmed the home was currently in the process of changing their records over to an electronic system. This was evidenced during the inspection.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 25.7</p>	<p>The registered manager should review and develop a system to record information handed over at shift changes regarding residents and other areas of accountability.</p> <hr/> <p>Action taken as confirmed during the inspection: In our discussions the registered manager confirmed that a communication book was in place, this is completed daily to ensure the handing over of information at shift changes. Inspection of the communication book confirmed same.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 10.1</p>	<p>The registered person should review relevant policies and procedures to ensure: full compliance with DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998); that it states that RQIA is notified on any occasion restraint is used and that the range of responses staff may employ are stated. We further advise that the care manager must be involved in the decision making process for the management of all behaviours. A copy of the policy(s) should be forwarded to the authority.</p> <hr/> <p>Action taken as confirmed during the inspection: We inspected the homes policy on the use of restraint. This had been updated accordingly.</p>	<p>Met</p>

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

In our discussions with the registered manager she confirmed that residents can spend their final days in the home unless there are documented health care needs to prevent this.

The registered manager and deputy manager confirmed that the home works closely with outside agencies including the resident's general practitioner, district nursing service, Macmillan nurses and any other professionals involved in the residents care. The registered manager and staff confirmed that any changes in the resident's condition would be monitored closely, reflected in their evaluation care records and documented in their care plan.

In our discussions with staff they spoke about their experiences in the home supporting residents in their last weeks and days of life. Staff confirmed they liaise closely with family members and keep them informed of any changes in their relative's condition. Families are made welcome to the home and have the opportunity to spend as much time as they may wish with their relative. Staff were aware of the need to maintain adequate nutrition and hydration of residents, and ensure they are repositioned regularly to prevent skin breakdown.

We inspected six care records these demonstrated that residents' needs were reviewed on a regular basis. Care plans were all recently updated and contained specific directions for care of each individual resident.

Staff confirmed that spiritual support was available for residents on a regular basis within the home. Staff confirmed it would also be available when specifically requested if a resident was approaching the end of their life.

Is care effective? (Quality of management)

The home had a policy in place titled End of Life Care. This contained relevant information in relation to supporting residents to spend their final days in the home. We made a recommendation that the policy should be reviewed and updated to include current best practice in relation to end of life care.

We inspected six care records; these contained the individual wishes of residents regarding specific arrangements at the time of their death. These contained relevant information including residents' next of kin details, spiritual preferences and specific funeral arrangements.

In relation to handling deceased residents belongings staff confirmed that this was done with care and respect. Residents' next of kin were given the time they need to deal with this issue and support from staff was available if needed.

Is care compassionate? (Quality of care)

The registered manager and staff confirmed to us that the needs of the dying resident were met with a strong focus on dignity and respect. The registered manager confirmed that families were supported and given time and privacy to spend with their loved one.

In our discussions the registered manager and deputy manager both confirmed that following the death of a resident other residents were informed in a sensitive manner and have the opportunity to pay their respects if they so wish. Staff confirmed there was a supportive ethos in the home from management in regards to dealing with dying and death. We noted from the six care records inspected detailed personal wishes from residents regarding specific arrangements at the time of their death. This is to be commended.

We observed a number of compliments and thank you cards from families of past residents in the home. These contained messages of praise and thanks for the care delivered to their relative during their time in the home.

Areas for improvement

We identified one area of improvement for this standard relating to the homes policy on End of Life Care being reviewed and updated to reflect current best practice. Overall this standard was assessed to be met.

Number of requirements:	0	Number of recommendations:	1
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Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

In our discussions with staff they demonstrated knowledge of supporting residents with their individual continence needs. Staff were aware of the need to contact the continence service and make onward referrals if they noticed any change in a residents condition. Staff shared with us their understanding of what could contribute to a change in residents continence needs. Staff were aware of infection prevention and control procedures in the home and confirmed there was a good supply of products available.

We inspected six care records, these reflected residents individual needs. There was evidence of ongoing involvement from the continence service this was reflected in the individual care plans. Care plans also reflected the types of products residents had been assessed as needing and identified the skin care routines for those residents with additional continence needs. The deputy manager confirmed care plans were reviewed on a monthly basis.

We observed adequate supplies of continence products, aprons, gloves and hand washing dispensers throughout the home. Staff confirmed to us that they were satisfied with the availability of continence products throughout the home.

Is care effective? (Quality of management)

The home had a policy in place titled Promotion of Continence, this included information relating to assessment, interventions and working with relevant professionals. We made a recommendation that this should be reviewed and updated to reflect current best practice.

Staff confirmed they had good working relations with the continence team and were regularly in contact regarding any changes or updates in relation to resident's needs. Care records in the home reflected input from the continence service. Continence training was provided for staff in June 2015; staff we spoke with confirmed this had been very beneficial. We discussed

with the registered manager if there would be another opportunity for staff who missed this training to complete it on another date. The registered manager confirmed a second session would be made available for staff who missed the first session of training.

All staff in the home had completed training on infection prevention and control, records showed this training was maintained on an up to date basis.

Is care compassionate? (Quality of care)

In our discussions with staff they were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. From our observations of general care practice we were satisfied that continence care is undertaken in a discreet and private manner for residents.

Areas for improvement

We identified one area of improvement for this theme relating to the homes policy on the promotion of continence being reviewed and updated to reflect current best practice. Overall this theme was assessed as being met.

Number of requirements:	0	Number of recommendations:	1 (Repeated area.)
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5.4 Additional areas examined

5.4.1 Residents' views

We spoke with nineteen residents individually during the inspection and others in groups. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided. We received seven completed resident satisfaction questionnaires. These also showed positive responses from residents in relation to the care provided.

Some of the comments received from residents included:

- "I am very happy here. People couldn't be nicer."
- "I love it here, I have everything that I need."
- "The staff are more than kind, they really go out of their way to help you."
- "This is a great place, I enjoy helping out, the staff are really helpful."
- "The food is good. I like my room very much, it's like my home."
- "I am very comfortable here, everyone is very kind."

5.4.2 Staff views

We spoke with one senior carer, two care staff, and one domestic staff member. We received seven completed staff satisfaction questionnaires. Staff confirmed that they were supported in their respective duties and were provided with relevant training and resources to undertake their duties. The returned questionnaires' showed positive responses from staff in relation to the standard and theme being inspected.

5.4.3 General Environment

Following an inspection of the environment we found the home to be clean, tidy and decorated to a good standard. Residents' bedrooms were personalised and reflected their own special interests.

5.4.4 Accidents and incidents

We reviewed the accident and incident reports since the previous inspection and found these to be reported and managed appropriately.

5.4.5 Compliments and complaints

We reviewed records of complaints and compliments maintained in the home. Complaints had been managed satisfactorily; a number of compliments had been given.

5.4.6 Fire Safety

An up to date Fire Safety Risk Assessment was in place, fire checks and staff training was maintained on an up to date basis.

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Nixon registered 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS 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 person/registered manager and 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. Once fully completed, the QIP will be returned to care.team@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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1	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.		
Ref: Standard 21.5			
Stated: First time	Response by Registered Person(s) detailing the actions taken: POLICIES ON END OF LIFE CARE AND PROMOTION OF CONTINENCE REVIEWED AND UPDATED 26/02/2016		
To be completed by: 8 March 2016			
Registered Manager completing QIP	S NIXON	Date completed	26/02/16
Registered Person approving QIP	S NIXON	Date approved	26/02/16
RQIA Inspector assessing response	Bronagh Duggan	Date approved	04/03/16

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