



The Regulation and
Quality Improvement
Authority

Limetree
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BT16 2BT

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**Unannounced Care Inspection
of
Limetree**

5 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 5 May 2015 from 12.10 to 17.45. The purpose of this inspection was to assess progress with the issues raised during and since the previous inspection. 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 and The DHSPSS Residential Care Homes Minimum Standards (2011).

1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/ Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

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

Service Details

Registered Organisation/Registered Person: Mrs Gertrude Alexandra Priscilla Nixon	Registered Manager: Mrs Gertrude Alexandra Priscilla Nixon
Person in Charge of the Home at the Time of Inspection: Mrs Gertrude Alexandra Priscilla Nixon	Date Manager Registered: Registered from 2005 with RQIA
Categories of Care: RC-DE, RC-PH, RC-I	Number of Registered Places: 44
Number of Residents Accommodated on Day of Inspection: 41 (1 resident in hospital)	Weekly Tariff at Time of Inspection: From £470

2. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection, including a complaint, which was being investigated by the Belfast Health and Social Care Trust.

3. Methods/ Process

Prior to the inspection we analysed the following records: incidents register; intelligence records pertaining to a complaint being investigated by the Belfast Health and Social Care Trust.

During the inspection we met with the registered manager, 15 residents, three care staff, one ancillary staff, one visiting professional and one resident's visitors/ representative.

The following records were examined during the inspection:

- Three care records
- The homes complaint record book
- The accident book and the incident book
- Bath/ shower record
- Fire safety check records
- Staff training records in regard to fire safety
- The statement of purpose dated 21 August 2014
- Fire risk assessment dated 27 October 2014
- Restraint Policy dated September 2014

4. The Inspection

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced finance inspection dated 27 October 2014. The completed QIP was returned and approved by the finance inspector.

4.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (4) (e) (f)	<p>The registered person should make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention; and to ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <p>Confirm that the three identified staff have received their second fire safety training and that a lapse in training will no longer occur.</p>	Met
	<p>Action taken as confirmed during the inspection: We noted that this had been addressed following a review of staff training records and discussions with staff. The assistant manager confirmed that fire training is scheduled to take place in May 2015. The registered manager confirmed to us that recorded fire drills will be conducted on a monthly basis, commencing immediately.</p>	
Requirement 2 Ref: Regulation 27 (4) (a)	<p>The registered person shall - have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Provide a copy of the homes annual fire risk assessment dated 20 November 2013 with details of actions taken to address the recommendations to the estates inspector.</p>	Met
	<p>Action taken as confirmed during the inspection: We noted that this had been addressed following a review of the most recent fire risk assessment dated 27 October 2014.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	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.	Partially Met
	Action taken as confirmed during the inspection: We noted that the homes restraint policy was updated in September 2014. However, it did not reflect best practice guidance. In addition, we advised the registered manager that it should clearly state that the care manager is involved in the decision making process for the management of all behaviours.	
Recommendation 2 Ref: Standard 10.1	The registered person should confirm that domestic staff receive training in dementia awareness and responding to behaviours which challenge.	Met
	Action taken as confirmed during the inspection: Following a review of staff training records and discussion with the registered manager we noted that this had been addressed.	
Recommendation 3 Ref: Standard 10.6	The registered person should ensure that; <ul style="list-style-type: none"> • An incident template is developed to improve the comprehensiveness of the record. • Put measures in place to ensure that accidents are not recorded in the incident book • Improve the accident and incident audit template to include range of action taken to prevent a re-occurrence/ respond to increased risk and to ensure all appropriate persons were notified 	Met
	Review accident and incident records from 1 July 2014 onwards and ensure all have been appropriately notified to RQIA, care managers and representatives	

	<p>Action taken as confirmed during the inspection: Following discussions with the registered manager and a review of accident and incident records we noted that this had been addressed.</p>	
<p>Recommendation 4 Ref: Standard 10.7</p>	<p>The registered person should ensure that all types of restrictive practices which may be used are detailed in the statement of purpose which should also detail the size of bedrooms and communal rooms, a diagram of organisational structure and state the number of staff in each grade. Information should also reflect the variation application discussed regarding categories of care.</p>	Met
	<p>Action taken as confirmed during the inspection: Following a review of the Statement of Purpose, dated 21 August 2014 we noted that this had been addressed.</p>	
<p>Recommendation 5 Ref: Standard 10.7</p>	<p>The registered person should confirm that all types of restrictive practices are detailed on residents care plans and are kept under review.</p>	Met
	<p>Action taken as confirmed during the inspection: Following a review of care plans we noted that this had been addressed.</p>	
<p>Recommendation 6 Ref: Standard 17.10</p>	<p>The registered person should ensure that records are kept of all complaints and these include details of all communications with complainants, the result of any investigations and the action taken.</p> <ul style="list-style-type: none"> • The identified complaint record regarding the temperature of a bedroom should be made good and the complaint return submitted to RQIA should be re-submitted along with the amended finance return 	Met
	<p>Action taken as confirmed during the inspection: Following discussions with the assistant manager and registered manager we noted that this complaint had been addressed.</p>	

Recommendation 7 Ref: Standard 27	The registered person should make good the floor coverings in a number of communal toilets and the floor at the entrance where small mosaic tiles are missing.	Met
	Action taken as confirmed during the inspection: Following an inspection of the identified floors we noted that this had been addressed.	

Number of Requirements	0	Number of Recommendations:	1
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4.3 Additional Areas Examined

4.3.1 Care Records

In our inspection of three care records, we noted that two records had not been updated to accurately reflect recent changes including behaviour, sleeping pattern and continence. A recommendation has been made. Care reviews had been carried out within the last year. Review of progress notes and in our discussion with the registered manager, we noted that a record of communication with family members was not consistently made. A recommendation was made. In our discussion with the registered manager, we were informed that a handover report is not written at the end of each shift. A recommendation has been made in this regard.

4.3.2 Environment

We inspected six bedrooms, three communal facilities, the dining room, living room and sunroom. We found that the home was clean, tidy and satisfactorily maintained. We noted that a number of improvements had been made. These included the purchase of new chairs, the replacement of flooring in the main living room and re-decoration and replacement of furniture in a number of bedrooms. The registered manager informed us that there were plans to re-decorate the living room and hallway in the near future.

We noted a faint mal-odour near the entrance hall at the start of the inspection. This was not present during a second inspection of the area 15 minutes later. In our inspection of the home, a mal-odour was detected in one bedroom. We discussed cleaning arrangements with a domestic staff member. They gave a satisfactory account of cleaning activities undertaken. In our discussions with the registered manager and care staff, they were able to account for the cause of the mal-odour. We were informed that the management of the mal-odour included laying new flooring and replacing furniture.

4.3.3 Complaints

We discussed a complaint record dated January 2015 with the assistant manager and the registered manager. They informed us that actions were being taken to resolve this complaint and confirmed that the complaint record will be updated to reflect this. We discussed a complaint, currently under investigation by the Belfast Health and Social Care Trust with the registered manager. She confirmed to us that she has been in contact with the Trust and that lessons learned as a result will be implemented.

4.3.4 Resident Views

We spoke to 15 residents individually and in small groups. They made positive comments in regard to their lifestyle in the home including the food, care and support received, staff attitude, laundry service and the environment.

4.3.5 Staff Views

Care and ancillary staff who spoke with us expressed positive views in regard to the standard of care and the conduct of the home. We noted that staff attitude when speaking about residents reflected the presence of informed values.

4.3.6 Visiting Professionals Views

We spoke with one district nurse who expressed positive views in regard to staff attitude, the cleanliness of the home and the standard of care delivered.

4.3.7 Residents Representatives or Visitors Views

We spoke to one relative who expressed positive views in regard to the standard of care their relative receives, of staff attitude and of the conduct of the home.

Number of Requirements	0	Number of Recommendations:	3
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5. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the 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.

5.1 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.

5.2 Recommendations

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

5.3 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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 8.2 Stated: First time To be Completed by: 20 June 2015	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. Ref: Section 4.3		
	Response by Registered Person(s) Detailing the Actions Taken: COMMUNICATION BOOK NOW IN PLACE		
Recommendation 2 Ref: Standard 8.5 Stated: First time To be Completed by: 20 June 2015	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. Ref: Section 4.3		
	Response by Registered Person(s) Detailing the Actions Taken: COMPLETED		
Recommendation 3 Ref: Standard 25.7 Stated: First time To be Completed by: 20 June 2015	The registered manager should review and develop a system to record information handed over at shift changes regarding residents and other areas of accountability. Ref: Section 4.3		
	Response by Registered Person(s) Detailing the Actions Taken: STAFF COMMUNICATION BOOK INTRODUCED		
Recommendation 4 Ref: Standard 10.1 Stated: Second time To be Completed by: 20 June 2015	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. Ref: Section 4.2		
	Response by Registered Person(s) Detailing the Actions Taken: COMPLETED AS PER ATTACHED.		
Registered Manager Completing QIP	S NIXON	Date Completed	19/6/15
Registered Person Approving QIP	S NIXON	Date Approved	19/6/15
RQIA Inspector Assessing Response	K.Connor	Date Approved	22/6/15