



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID:** Limetree (1630)  
**Date of Inspection:** 7 and 8 August 2014  
**Inspector's Name:** Kylie Connor  
**Inspection No:** 16617

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of home:</b>	Limetree
<b>Address:</b>	133 Comber Road Dundonald BT16 2BT
<b>Telephone number:</b>	(028) 9048 0252
<b>Email address:</b>	swailgertrude@hotmail.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mrs Gertrude Alexandra Priscilla Nixon
<b>Registered Manager:</b>	Mrs Gertrude Alexandra Priscilla Nixon
<b>Person in charge of the home at the time of inspection:</b>	Mrs Gertrude Alexandra Priscilla Nixon
<b>Categories of care:</b>	RC-DE, RC-PH, RC-I
<b>Number of registered places:</b>	44 - Maximum of four (4) places in PH (under 65 years). Maximum of ten (10) residents in RC-DE
<b>Number of residents accommodated on day of Inspection:</b>	44 on both inspection days
<b>Scale of charges (per week):</b>	From £461 to £511
<b>Date and type of previous inspection:</b>	15 and 16 August 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	7 August 2014; 10:00am to 4:10pm 8 August 2014; 10:30am to 3:30pm
<b>Name of Inspector:</b>	Kylie Connor

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider/registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff and visitors
- Consultation with residents individually

- Inspection of the premises
- Evaluation of findings and feedback

Any other information received by RQIA about this registered provider and/or the service delivery has also been considered by the inspector in preparing for this inspection.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	14
Staff	6 plus the registered manager
Relatives	4
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	9

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

## 7.0 Profile of service

Limetree Residential Care home is situated on the periphery of Dundonald in a residential area. It is close to shops, local amenities and public transport. The home is situated within the geographical area of the Belfast Health and Social Care Trust. The residential home is owned and operated by Mrs Gertrude Alexandra Priscilla Nixon who registered with the Authority in 2005.

The home is situated within the geographical area of the Belfast Health and Social Care Trust. The home has accommodation for forty-four residents in four double bedrooms and thirty-five single bedrooms, many of which offer en-suite facilities.

There is one large communal lounge with a small reception area for staff and a dining room on the ground floor. Access to an enclosed outside space with seating is through the dining room. A smaller communal lounge, a sitting area and a hairdressing room are situated on the first floor which is accessed by stairs and a passenger lift. There is parking available to the front of the home.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of forty-four persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
DE	Dementia (for no more than ten persons)
PH	Physical disability other than sensory impairment (for no more than four persons)

## 8.0 Summary of Inspection

This primary announced care inspection of Limetree was undertaken by Kylie Connor on 7 August 2014 between the hours of 10:00am to 4:10pm and on 8 August 2014 between the hours of 10:30am to 3:30pm. Mrs Nixon, registered manager, the deputy manager and assistant manager were available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that one requirement and two recommendations had been addressed. One recommendation, in regard to the homes statement of purpose had been partly addressed. A further improvement was identified following this inspection and it has been stated for a second time. One recommendation regarding fire safety training had not been addressed and is stated for a second time as a requirement. The detail of the actions taken by Mrs Nixon can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Nixon in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and relatives/visitors, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment. Questionnaires were also completed and returned by nine staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, relatives, staff are included in section 11.0 of the main body of the report.

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff. Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be well maintained. A recommendation was made in regard to the flooring in a number of communal toilets and the flooring at the front door.

A number of additional areas were also considered. These included information submitted prior to the inspection regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Discussion also took place regarding the homes categories of care. Recommendations have been made in regard to complaint records. Following discussion, the home was requested to amend and re-submit the finance information and complaint information and this had been included in a recommendation. Further details can be found in section 11.0 of the main body of the report.

Two requirements and seven recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives/visitors, the registered manager/registered provider and staff for their assistance and co-operation throughout the inspection process.

## **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which partly reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained

that physical restraint is not used and other forms of restrictive practice were used following assessment.

Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge although ancillary staff had not. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Limetree was substantially compliant with this standard. Improvements were identified in regard to training all staff in responding to behaviours which challenge, improving the homes statement of purpose and relevant policies and procedures.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

Activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that Limetree is compliant with this standard. No improvements were identified.



**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 14 August 2013**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5 (1) (a) & (b)	It is required that agreements between the home and all residents (whether permanent or respite) are compliant with the Residential Care Homes Regulations (NI) 2005 in conjunction with the relevant Residential Care Homes Minimum Standards. The home's agreement with the resident should detail the amount of fees payable by each contributory to the resident's care, the method of payment by each and by whom the fees are payable.	The registered manager and deputy manager confirmed this has been addressed.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	29	Staff trained as fire wardens should ensure that they provide update training to any staff who do not attend the scheduled fire training as soon as possible upon their return to work.	A review of fire training records evidenced that training took place on 20 May 2014. Four staff did not attend and three had not received training thereafter. This is not addressed and is stated for a second time as a requirement.	Moving towards compliance
2	11.3	The registered manager should ensure that support provided by the home in relation to residents' finances and multi-professional collaboration/involvement is detailed in the pre-review report.	A review of care reviews evidenced that this has been addressed.	Compliant
3	19.2	The registered manager should ensure that all staff files contain copies of birth certificates and a medical is supplied from staff members GP.	Records evidenced that this has been addressed.	Compliant
4	20.6	The registered manager should ensure that the statement of purpose is reviewed and details improved.	Review evidenced that some improvements have been made. Section 10.7 of the report states additional improvement required which is relevant to this inspection. Further comment is in section 11.12 in regard to a recently submitted variation. This is not addressed.	Substantially compliant

## 10.0 Inspection Findings

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
LIMETREE HAS A POLICY AND PROCEDURE IN PLACE WHICH STATES HOW TO RESPOND TO RESIDENT'S BEHAVIOUR. THE HUMAN RIGHTS ACT 1998 AND DHSSPS GUIDELINES ARE REFLECTED IN THIS POLICY. CARE PLANS ARE UP TO DATE AND ALL STAFF ARE AWARE OF EACH RESIDENTS PERSON CENTRED CARE THAT THEY REQUIRE. STAFF ARE TRAINED IN THE CORE VALUES REQUIRED OF THEM WHEN LOOKING AFTER RESIDENTS AT LIMETREE.	Provider to complete <b>5- compliant</b>
<b>Inspection Findings:</b>	
<p>The home had a policy on restraint and a procedure for responding to challenging behaviour in place. A review identified that it partly reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). These included the need for Trust involvement but did not detail that RQIA must be notified on each occasion restraint is used. A recommendation has been made.</p> <p>Observation of staff interactions, with residents and discussions with staff identified that informed values are demonstrated and least restrictive strategies are implemented. A review of staff training records identified that just care staff received training in behaviours which challenge entitled Challenging Behaviour on 4 March 2014 which was in keeping with the categories of care the home is registered for. A recommendation has been made.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents. Staff reported they felt</p>	Substantially compliant

<p>supported in responding to behaviours which challenge.</p> <p>A review of the returned staff questionnaires identified that six out of nine staff had received training in behaviours which challenge with the three staff who were outstanding indicated that they had worked in the home less than a year.</p>	
<p><b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>ALL STAFF ARE TRAINED IN HOW TO ASSIST EACH INDIVIDUAL RESIDENT AND WHEN TO ALERT STAFF OF CHANGES IN BEHAVIOUR. A PERSON CENTRED APPROACH IS ADDRESSED AT ALL TIMES, AS NO TWO RESIDENTS WILL EVER BE THE SAME. NO TWO RESIDENTS WILL EVER HAVE THE SAME PERSONALITY LIFE STORY, ILLNESSES OR EXPERIENCE IN LIFE. STAFF ARE TRAINED IN DIFFERENT APPROACHES TO TAKE AND HAVE A "SHARING SYSTEM" WHERE STAFF SHARE WITH EACH OTHER DIFFERENT APPROACHES WHICH WORK.</p>	<p>Provider to complete <b>5 - COMPLIANT</b></p>
<p><b>Inspection Findings:</b></p>	
<p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> ANY BEHAVIOUR FINDINGS ARE DOCUMENTED AND INCLUDED IN INDIVIDUAL'S CARE PLANS. AGAIN STAFF HAVE A "SHARING SYSTEM" WHERE WE SHARE THE DIFFERENT APPROACHES IF WE FIND THEY WORK. MANY TIMES IN THE PAST WE HAVE SHARED THESE IDEAS WITH FAMILY MEMBERS AND GOT THEIR INPUT ALSO. CARE MANAGERS WILL ALSO BE KEPT INFORMED OF WAYS THAT WORK WITH EACH RESIDENT.</p>	Provider to complete <b>5 - COMPLIANT</b>
<p><b>Inspection Findings:</b> A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> LIMETREE STAFF WILL PLACE REFERRALS WHERE NECESSARY TO MULTIPROFESSIONAL MEMBERS. WE FEEL WE HAVE A GOOD RELATIONSHIP WITH OTHER PROFESSIONALS AND CAN GAIN ACCESS TO THEIR SUPPORT AND INPUT. WE WORK HARD TO WORK WITH THEM AND COMMUNICATE WELL WITH THEM.</p>	Provider to complete <b>5-COMPLIANT</b>
<p><b>Inspection Findings:</b> The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable

<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> CHALLENGING BEHAVIOUR AND VULNERABLE ADULTS TRAINING ARE PROVIDED IN LIMETREE. WE ALSO ARE CURRENTLY PUTTING STAFF THROUGH A CITY AND GUILDS ACCREDITED 6 MONTH DEMENTIA COURSE. STAFF ARE INFORMED OF SUCH PROGRAMMES THROUGH STAFF MEETINGS, DAILY HANDOVER.</p>	Provider to complete
<p><b>Inspection Findings:</b> The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time. Staff training has been addressed in 10.1.</p>	Not applicable
<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> ALL ACCIDENTS AND INCIDENTS ARE REPORTED TO RQIA, CARE MANAGER, VULNERABLE ADULTS IF NECESSARY, ALSO GP, CPN OT FAMILY MEMBERS AND STAFF.</p>	Provider to complete <b>5-COMPLIANT</b>
<p><b>Inspection Findings:</b> Accident records from 10 April 2014 to 17 June 2014 and incident records for 2013 and audit records were reviewed. The audit template does not include an action plan or check that the correct notifications had been made. There was evidence that incidents which had occurred outside of the scope of a resident's care plan had been recorded and reported appropriately. However, a number of accidents had been recorded in the incident book and detail was poor. A meeting which took place with the management team prior to this inspection provided assurance of responses being person-centred. A recommendation has been made.</p>	Substantially compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> AT PRESENT WE HAVE NOT HAD TO USE RESTRAINT AS A MENTHOD TO PROTECT A RESIDENT. HOWEVER IF WE DID, WE HAVE A POLICY AND PROCEDURE IN PLACE, STAFF WOULD BE INFORMED AND TRAINED APPROPRIATELY AND ALL CARE PLAN UPDATED.</p>	Provider to complete <b>5-COMPLIANT</b>
<p><b>Inspection Findings:</b> Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that physical restraint is not used in this home which is in keeping with the categories of care the home is registered for. Staff were knowledgeable regarding restrictive practices which are only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful. Care plans did not reflect all restrictive practices in place and a recommendation has been made.  Residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations of the locked front door/or were aware that action had been taken/ measures have been put in place to minimise the impact of these limitations.  A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are not described and a recommendation has been made. These should include physical, environmental, mechanical, technological, chemical and psychological.</p>	Substantially compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	COMPLIANT

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant



<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
LIMETREE HAS A POLICY AND PROCEDURE IN PLACE FOR OUR ACTIVITY REGIME. CARE PLANS REFLECT EACH INDIVIDUAL'S CHOICE OF ACTIVITIES AND INTERESTS AND FORMER NEEDS AND WISHES. THESES ACTIVITIES ARE ALSO REFLECTED IN OUR STATEMENT OF PURPOSE AND USER'S GUIDE. AT OUR RESIDENT'S MEETINGS ACTIVITIES ARE DISCUSSED. ALSO A QUESTIONNAIRE HAS BEEN CARRIED OUT REGARDING ACTIVITIES AND NEW NOTICE BOARDS HAVE JUST BEEN PURCHASED.	<b>5- COMPLIANT</b>
<b>Inspection Findings:</b>	
<p>The home had a policy on the provision of activities. A review of care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	
<b>Provider's Self-Assessment</b>	
<p>FOLLOWING OUR QUESTIONNAIRE, POSITIVE FEEDBACK WAS RECEIVED SURROUNDING OUR ACTIVITIES PROGRAMME. WE ARE INDEED FLEXIBLE AND ASK THE RESIDENTS WHAT THEY WISH TO DO. WE INCLUDE ANY RELIGIOUS ACTIVITY WHICH IS DESIRED OF EACH RESIDENT. OUR ACTIVITIES RANGE FROM GROUP ACTIVITIES, ARMCHAIR AEROBICS, INDOOR BOWLS, WALKING ETC TO GARDENING, HAND MASSAGES, NAIL PAINTING, BAKING AND SOLO PAINTING. WE ENCOURAGE ALL ACTIVITIES AND ENCOURAGE RESIDENTS TO CONTINUE WITH ACTIVITIES THEY WERE USED TO PRIOR TO ADMISSION.</p>	<b>5 – COMPLIANT</b>
<b>Inspection Findings:</b>	
<p>Examination of the programme of activities identified that social activities are organised each day.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis. Staff commented; "We do one to one crochet with a resident. They love armchair aerobics and to sing and to play with a balloon. We got a big sheet with a hole in it and they loved trying to get the balloon through it."</p>	Compliant

<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>AT EACH RESIDENT'S MEETING ANY RESIDENT WHO STAYS IN THEIR ROOM IS INFORMED OF THE MINUTES OF THE MEETING, WERE INCLUDED IN OUR ACTIVITY QUESTIONNAIRE AND ARE INVOLVED IN OUR ACTIVITY PROGRAMME. STAFF WILL GIVE ONE TO ONE TIME WITH EACH RESIDENT.</p>	<b>5-COMPLIANT</b>
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities and discussions with residents, including a number of residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident/relatives meetings, one to one discussions with staff and care management review meetings.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>WE HAVE JUST PURCHASED TWO NEW ACTIVITY NOTICE BOARDS WHICH ARE NOW DISPLAYED ON EACH FLOOR, IN AN APPROPRIATE PLACE WHERE RESIDENTS AND VISITORS CAN SEE THEM. THIS WILL SHOW THE WEEKS ACTIVITY SCHEDULE.</p>	<b>5-COMPLIANT</b>
<p><b>Inspection Findings:</b></p>	
<p>On the day of the inspection the programme of activities was on prominent display on each floor. The location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents and representatives confirmed that they were aware of what activities were planned.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>EACH ACTIVITY INVOLVES AT LEAST ONE MEMBER OF STAFF WHO CAN GIVE ASSISTANCE AS REQUIRED. THOUGHT IS PUT INTO ACTIVITIES WHICH ALL RESIDENTS CAN TAKE PART IN.</p>	<b>5-COMPLIANT</b>
<p><b>Inspection Findings:</b></p>	
<p>Activities are provided daily by designated care staff. Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included; snakes and ladder, memory activities and arts and craft materials. There was confirmation from the registered manager that a designated budget for the provision of activities was in place. The deputy manager had visited another home and confirmed that she had received many ideas for activity provision which have been implemented. This is commended.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>WE TAKE INTO CONSIDERATION ALL REQUESTS REGARDING ACTIVITIES BY OUR RESIDENTS AND ALSO ARE AWARE OF OUR RESIDENTS CAPABILITIES.</p>	<b>5-COMPLIANT</b>
<p><b>Inspection Findings:</b></p>	
<p>Care staff, management staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>ALL PERSONS CONTRACTED INTO LIMETREE TO CARRY OUT ACTIVITIES WILL BE SUPERVISED BY LIMETREE STAFF. AFTER THE ACTIVITY THEY WILL SEEK FEEDBACK FROM THE RESIDENTS AFTER THE ACTIVITY. ALL ACTIVITIES ARE RECORDED IN OUR ACTIVITIES DIARY. EXAMPLES OF THESE ACTIVITIES WOULD BE...SINGERS, PIANISTS, GUITAR PLAYERS, ZOOLAB, VISITS FROM THE DONKEY.</p>	<p><b>5-COMPLIANT</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager confirmed that a number of persons are contracted in to provide a variety of activities. There was confirmation that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity and/or there are monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>AS STATED BEFORE THESE ACTIVITIES ARE SUPERVISED AND STAFF WILL INFORM THESE PEOPLE OF ANY CHANGES OR REQUIREMENTS BY OUR RESIDENTS. STAFF WILL RECORD THE ACTIVITY AND IF IT WAS ENJOYABLE.</p>	<p><b>5-COMPLIANT</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>AN ACTIVITIES DIARY IS KEPT AT RECEPTION AND IS COMPLETED ON A DAILY BASIS. THE ACTIVITY, WHO ATTENDED AND ANY FEEDBACK</p>	<b>5-COMPLIANT</b>
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was evidence that appropriate consents were being put in place in regard to photography and other forms of media.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>OUR ACTIVITY PROGRAMME IS REVIEWED ON A REGULAR BASIS AND THE CHANGING NEEDS AND WISHES PUT IN PLACE. A QUESTIONNAIRE IS CARRIED OUT AND RECORDED DISCUSSIONS AT RESIDENTS MEETINGS</p>	<b>5-COMPLIANT</b>
<p><b>Inspection Findings:</b></p>	
<p>A review of the programme of activities identified that it is reviewed during resident meetings. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	COMPLIANT

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with fourteen residents both individually and in small groups and observed/greeted many others. Residents were observed relaxing in the communal lounge area, engaging in activities including armchair exercises and quoits, whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated. One suggestion was made to hang pictures in bedrooms when rooms are being used for residents admitted for respite. The registered manager and deputy manager confirmed that this would be done and that the home had adequate pictures in storage to choose from.

Comments received included:

- "It's a five star job. Staff are funny and good."
- "I have my off days. The staff look after me well. I'm going out shopping next week. One of the staff is taking me out. I love clothes."
- "Life is quite good. Staff are very nice."
- "The manager (the registered manager) is a very nice person."
- "I try to do as much for myself."

### 11.2 Relatives/representative consultation

Four relatives/visitors who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "It's a tremendous home. They have activities and they do their utmost to keep them active. They love this home and are well looked after."
- "She (a staff member) has a way of working with him and it's good for him. The home has got to take the credit, because of the care and the one to one, he is still here. A walking miracle."
- "The food is first class."
- "We often remark on the staffs patience"
- "They have name that tune, it's open to everyone to join in."
- "I've been very impressed, staff are very friendly and helpful."

### 11.3 Staff consultation/Questionnaires

The inspector spoke with six staff of different grades and nine staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.



A review of the training records identified that staff were provided with a variety of relevant training including mandatory training. One returned staff questionnaire indicated that there was a need for more domestic staff. Discussions with a domestic staff member on duty confirmed that this had been improved.

Comments received included:

- “The atmosphere is lovely, the staff are just made for this job, same sort of way with them, peaceful. I love the place.”
- “They (the residents) all seem quite happy.”
- “A singer comes in, have brought in reptile people before, a donkey was in before and a lady comes in to play music.”
- “The activities makes them (the residents) feel better and give a positive outlook.”

#### **11.4 Visiting professionals’ consultation**

No professionals visited the home/were spoken to during the inspection.

#### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

#### **11.6 Care Reviews**

Prior to the inspection a residents’ care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all but three residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

#### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that one complaint record did not evidence the outcome of the complaint investigation or the complainant’s satisfaction with the outcome of the investigation. This was not included in the complaint information submitted prior to the inspection. A recommendation has been made.

The registered manager confirmed that lessons learnt from investigations were acted upon.

## **11.8 Environment**

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be well maintained and fit for purpose. An area of the floor coverings in a number of communal toilets were found to have come away from the floor at the door. The entrance hallway has a number of small mosaic tiles missing. A recommendation has been made.

## **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

## **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 28 November 2013 and a requirement has been made.

A review of the fire safety records evidenced that fire training, had been provided to staff on 20 May 2014. The records also identified that an evacuation had been undertaken on that date and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

## **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Nixon who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **11.12 Variation application to categories of Care**

An application has been received by the Authority to increase the number in the category RC-DE. Further discussion took place in regard to training staff in the needs of residents with dementia. The inspector was informed that fourteen care staff and two non-care staff are being trained by the deputy manager and assistant manager following their attendance at a facilitators' course, in best practice in dementia care.

Further discussion in regard to categories of care identified that three identified residents fall into RC-MP(E). The registered manager confirmed that these residents had originally been admitted to the home under the category RC-PH which the home is registered. The inspector confirmed that this category does not include persons with mental health needs. The inspector advised that the registered manager must ensure that all residents accommodated within the

home and those being considered for admission are aligned to a specific category of care and that numbers are monitored where there are restrictions on the homes registration.

It is recommended that the statement of purpose should be revised to reflect the variation and further details listed in Schedule one of the Residential Care Homes Regulations (NI) 2005.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Nixon as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Kylie Connor**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

Limetree

7 and 8 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Nixon, Registered Manager/Registered Provider either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	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> <ul style="list-style-type: none"> <li>Confirm that the three identified staff have received their second fire safety training and that a lapse in training will no longer occur.</li> </ul>	Two (previously stated as a recommendation)	ALL THREE STAFF MEMBERS NOT PRESENT AT RECENT FIRE TRAINING HAVE NOW RECEIVED THEIR TRAINING AND ARE UP TO DATE. ONE STAFF MEMBER HAD BEEN IN ATTENDANCE TO THE HOSPITAL BUT WAS NOTED TO HAVE ATTENDED ALL FIRE TRAINING SINCE HER THREE YEARS OF SERVICE. ANOTHER STAFF MEMBER HAS BEEN ON ALL FIRE TRAINING SESSIONS WITHIN HER 15 YEARS SERVICE, BUT HAD A BEREAVEMENT AT THE TIME OF THAT SESSION. AND THE THIRD STAFF MEMBER WHO ALSO HAD A BEREAVEMENT AT THAT SESSION HAS ATTENDED ALL FIRE TRAINING SESSIONS SINCE HER 6 YEARS SERVICE COMMENCED.	From the date of the inspection and ongoing

2	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> <ul style="list-style-type: none"> <li>• 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</li> </ul>	One	COMPLETED	By return of QIP
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**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	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.	One	COMPLETED ABD UPDATED IN POLICIES FILE.	1 December 2014
2	10.1	The registered person should confirm that domestic staff receive training in dementia awareness and responding to behaviours which challenge.	One	ALL STAFF INCLUDING DOMESTIC AND CATERING STAFF WILL BE TRAINED IN THESE SUBJECTS.	1 January 2014
3	10.6	<p>The registered person should ensure that;</p> <ul style="list-style-type: none"> <li>• An incident template is developed to improve the comprehensiveness of the record.</li> <li>• Put measures in place to ensure that accidents are not recorded in the incident book</li> <li>• Improve the accident and incident audit template to include range of action taken to prevent a re-</li> </ul>	One	COMPLETED AND IN USE.	By return of QIP



		<p>occurrence/respond to increased risk and to ensure all appropriate persons were notified</p> <ul style="list-style-type: none"> <li>Review accident and incident records from 1 July 2014 onwards and ensure all have been appropriately notified to RQIA, CM and representatives</li> </ul>			
4	10.7 (section 9 and 11.12 of the report refers)	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.	Two	COMPLETED	By return of QIP
5	10.7	The registered person should confirm that all types of restrictive practices are detailed on residents care plans and are kept under review.	One	COMPLETED AT TIME OF INSPECTION.	By return of QIP

6	17.10 (Section 11.7 refers)	<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"> <li>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</li> </ul>	One	UPDATED AND ALSO RESUBMITTED 12/08/14	By return of QIP
7	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.	One	COMPLETED	By return of QIP

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	GERTRUDE NIXON
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	GERTRUDE NIXON

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	x	K.Connor	19/9/14
Further information requested from provider			