



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

12 March 2019



Limetree

Type of Service: Residential Care Home

Address: 133 Comber Road, Dundonald, BT16 2BT

Tel No: 028 9048 0252

Inspector: Kylie Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 44 persons in the categories of care cited on the home's certificate of registration and detailed in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Limetree Responsible Individual: Gertrude Alexandra Nixon	Registered Manager: Gertrude Alexandra Nixon
Person in charge at the time of inspection: Gertrude Alexandra Nixon	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	Number of registered places: Total number 44 comprising: 44 – RC – I 04 – RC – PH 32 – RC – DE

4.0 Inspection summary

An unannounced inspection took place on 12 March 2019 from 11.05 to 14.20.

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

The inspection assessed progress with any areas for improvement identified during the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to communication between residents and staff and in regard to the quality and variety of meals provided.

The home is commended that there were no areas requiring improvement identified during the inspection.

Residents said that they have good relations with staff and that they enjoyed the food.

A relative said that they were happy with the standard of care provided and with communication with staff.

Staff said that the quality and variety of the meals and communication between staff and residents is good.

The following areas were examined during the inspection:

- meals and mealtimes
- feedback from residents, a relative and staff during and following the inspection

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Gertrude Nixon, registered manager and Myran Fulton, deputy manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 April 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the previous inspection report and the returned QIP
- notifiable events
- written and verbal communication received since the previous care inspection

During the inspection the inspector met with 12 residents, one resident's relative, the registered manager, the deputy manager, one care staff, the cook and the kitchen assistant.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three 'Have we missed you?' cards were left on display inviting feedback from anyone. Five questionnaires were returned within the agreed timescale. Four questionnaires did not indicate if they had been completed by a resident or a relative; one questionnaire indicated that it had been completed by a relative.

The following records were examined during the inspection:

- supervision dates for two staff
- recruitment policy and procedure
- care records for two residents
- the menu

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager and deputy manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 April 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 26 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 17 (1) (2) (3) Stated: First time	The registered person shall complete an annual quality review report for the year 2017.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following receipt of the annual quality review report and discussion with the registered manager and deputy manager.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 19.1 Stated: First time	The registered person shall review the recruitment and selection policy and procedure to ensure that it complies with legislative requirements and good practice guidance.	Met
	Action taken as confirmed during the inspection: The policy and procedure had been updated on 26 June 2018 and compliance was confirmed.	

Area for improvement 2 Ref: Standard 24.2 Stated: First time	The registered person shall ensure that all staff have recorded individual formal supervision according to the homes procedures and no less than every six months for staff who are performing satisfactorily.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussions with the deputy manager and review of completed supervision dates for two staff.	

6.3 Inspection findings

6.3.1 Meals and meal-times

The lunch-time meal was observed which was provided at a conventional time. The dining tables were set with condiments and the room was clean, well lit and there was sufficient space around the tables to afford residents and staff ease of movement. Observation and discussions with the cook confirmed that there is a range of suitable crockery, cups and glasses to meet the needs of residents.

Discussion with staff and a review of the menu confirmed that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Staff reported that full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines. A white board was used to write the daily menu to inform residents, relatives and any interested parties; a relative was observed reading the menu board and advising their relative of the lunch today.

Staff were knowledgeable of residents' individual dietary needs and preferences; they were also aware of the International Dysphasia Diet Standardisation Initiative (IDDSI) and information had been disseminated to staff who had attended training. A colour IDDSI chart was available in the kitchen for staff reference.

The lunch consisted of steak casserole, creamed potatoes, cabbage and peas. For dessert there was strawberry tart and cream; the cook advised that the tart was suitable for people with diabetes. Discussions with the cook, kitchen assistant and care staff verified that variations are accommodated and that there is good communication between care staff and kitchen staff in regard to changes in residents' dietary requirements or health.

Observation of staff and residents during lunch evidenced that staff were knowledgeable of residents' likes and dislikes and preferences in regard to suitable portion sizes. Residents' lunch was well presented on the plate or bowl and in a consistency that met residents' needs. Residents were offered a choice of cold drinks and ate at their own pace. There was sufficient staff on duty to supervise and meet the needs of residents who needed assistance or encouragement.

Staff were attentive towards residents, demonstrated a person centred approach and compassion in their manner. Throughout the lunch, staff discretely prompted and provided assistance where required, asking residents if they were enjoying their meal and offered more drinks and 'seconds'.

Discussion with staff and residents confirmed that hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.

Staff advised that menus and snacks are provided for special occasions for example, Easter, Christmas and residents' birthdays.

A record was kept of the meals provided in sufficient detail to enable any person inspecting it to determine whether the diet for each resident was satisfactory. The care staff advised that a record is retained in care records when any resident doesn't eat well at meal-times and what else they have been offered.

A review of two residents' care records and discussion with the deputy manager confirmed that residents' weight is monitored at suitable intervals. Where a resident's appetite is reduced or is excessive a record is kept and reported to the registered manager or senior staff in charge of the home. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. Discussion with staff confirmed that the home is well supported by dieticians and speech and language therapists (SALT).

6.3.2 Feedback received from residents, a relative and staff during and following the inspection

Residents said that they had good relations with staff; that they were happy with the food and also with the care and support they received.

Comments received from residents included:

- "There is a different menu every day."
- "There's a good variety (at breakfast). We can have cereal, oranges, porridge and toast and tea. It's lovely."
- "It (lunch) was lovely. That's one thing, they are very good to you. We're very happy here."
- "The girls are lovely and we are thankful for all the help we get."

Staff spoken with confirmed that they can meet the needs of residents in the home and that there is good communication between all staff. Staff said that the food was good and spoke positively in regard to the registered manager being approachable and supportive.

Comments received from staff included:

- "It's the usual happy place. The food is good, very tasty."
- "Communication is very good, teamwork is good."

A relative spoken with said that they were made to feel welcome by staff when visiting and were happy with the standard of care delivered in the home. Discussions confirmed that they believed that the food was good and that when their relative's appetite was poor, staff accommodated their relative to eat what they wanted to eat and where they wanted to eat.

Comments received included:

- “We are very happy with the care here. Staff are really, really good and they keep us informed. If we have any queries they are more than happy to explain things. They are very proactive, you don’t have to ask for things to be done.”

Five returned questionnaires were received following the inspection. Whilst four questionnaires did not indicate if a resident or a relative had completed it, one questionnaire indicated that it had been completed by a relative. Respondents indicated that they were either, satisfied or very satisfied with the areas of, is care safe and is care effective. All respondents indicated that they were very satisfied with the area of is care compassionate. In regard to the area is care well led/managed, two respondents indicated that that they were very satisfied, two were satisfied and one was neither satisfied nor dissatisfied.

Comments received included:

- ‘Staff are friendly and thoughtful to both residents and family members. Any minor issues raised have been dealt with satisfactorily and in a prompt manner.’
- ‘Very caring and professional staff. Very approachable if needed.’
- ‘Well led and managed; staff very pleasant and helpful.’

Areas of good practice

Areas of good practice were identified in regard to the mealtime experience and communication with residents and their families.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews