

Unannounced Care Inspection Report 16 February 2021



Limetree

Type of Service: Residential Care Home (RCH)
Address: 133 Comber Road, Dundonald, BT16 2BT
Tel No: 0289 0480 252
Inspector: Alice McTavish

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 44 residents.

3.0 Service details

Organisation/Registered Provider: Limetree Responsible Individual: Gertrude Alexandra Priscilla Nixon	Registered Manager and date registered: Gertrude-Alexandra Priscilla (Sandra) Nixon 1 April 2004
Person in charge at the time of inspection: Sandra Nixon	Number of registered places: 44
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 residents accommodated in the residential home on the day of this inspection: 40

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 16 February 2021 between 09.45 and 15.35 hours. The inspection sought to assess whether the home was providing safe, effective, compassionate and well led care.

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they enjoyed living in Limetree, that the home was kept very clean and comfortable and that staff treated them well.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1*

*The total number of areas for improvement includes one which has been carried forward for review at the next care inspection. This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Sandra Nixon, 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.

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 registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with eight residents, two deputy managers, two care staff and a member of domestic staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas
- one staff recruitment file
- staff induction
- staff training
- staff supervision and appraisal
- competency and capability assessments
- staff registrations with professional body
- a selection of quality assurance audits
- incidents and accidents
- three residents' care records

The areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection on 28 February 2020

The most recent inspection of the home was an unannounced care inspection undertaken on 28 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.8 Stated: Second time To be completed by: 30 June 2020	The registered person shall ensure the following: <ul style="list-style-type: none"> • A signing in sheet is kept for each staff meeting. • A system is put in place to evidence that minutes are shared with those staff who did not attend. 	Carried forward to the next care inspection
	Ref: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. We discussed with the manager that staff should have a further temperature check completed before they left their working shift, in line with current guidance. All residents had health monitoring checks completed twice daily and records were maintained of these.

Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

There was a dedicated room for staff to put on and take off the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff told us that residents were encouraged to wash their hands before going for lunch. The manager agreed to provide hand wipes in the dining room for those residents might prefer to use these.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge areas and the dining room.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were found to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

A new fire risk assessment was being completed on the day of the inspection. Regular fire checks were completed and records maintained.

6.2.3 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The management team explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We examined the recruitment file of the most recently recruited member of staff; we found that all necessary pre-employment checks were completed to ensure that staff were safe to work in the home.

We saw that the manager had a system in place to provide staff with regular supervision and that staff received an annual appraisal. We found that staff competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well presented and nicely dressed.

It was evident that staff knew the residents well; staff spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “Look at this...the staff painted my nails...I have no complaints about here – all is great!”
- “The care is very good here...I am happy with my room...the food is very good and we get lots to eat.”
- “I had my birthday recently and I got a cake and candles and the staff and the other residents celebrated with me. I really enjoyed it. Simon (deputy manager) got us lots of treats at Christmas too. It was great!”
- “It’s lovely here...the staff take great care of everyone...and you can have a laugh with them. That means everything. I’ve lived here for around ten years and I have never regretted coming here.”
- “I have a lovely room here, it is very comfortable and the staff keep it lovely and clean. I have my own bathroom which is very handy. I have a call button and I use it if I need help. The staff come to me very quickly if I use it, day or night.”
- “The food here is lovely and we are always getting cups of tea and snacks too.”
- “The staff are very caring...the home is kept lovely and clean and the food is wonderful, you would never go hungry here! If there’s anything on the menu that I don’t want, I can always have something different. I like to keep myself occupied by doing puzzles and I enjoy the company of the other residents. All is good here.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families. Arrangements were in place to facilitate relatives visiting their loved ones at the home.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents.

We saw that two members of staff used an incorrect technique when assisting a resident to transfer from a wheelchair to a chair. This was also observed by a senior care assistant who immediately addressed this with care staff. A deputy manager later confirmed that all staff had been provided with training in moving and handling but all staff would be reminded of the correct technique for assisting residents with transfers.

Two questionnaires were completed by residents and returned to RQIA. The respondents indicated that they were very satisfied with the care and services provided in Limetree.

6.2.5 Care records

We reviewed the care records of three residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and the deputy managers described them as supportive, approachable and always available for guidance.

There was a system of audits which covered a range of areas such as falls and residents' weights. The audits were completed monthly and this helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

Discussion with the manager provided assurance that complaints were managed appropriately and that complaints were viewed as an opportunity to learn and improve.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, the cleanliness of the home, staff adherence to the current PPE guidance and to the systems to ensure good management and governance.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance. We were assured that the care provided in Limetree was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sandra Nixon, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences.

It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.8 Stated: Second time To be completed by: 30 June 2020	The registered person shall ensure the following: <ul style="list-style-type: none"> • A signing in sheet is kept for each staff meeting. • A system is put in place to evidence that minutes are shared with those staff who did not attend. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

Please ensure this document is completed in full and returned via Web Portal



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