

# Unannounced Care Inspection Report 24 January 2017



## Limetree

Type of service: Residential care home

Address: 133 Comber Road, Dundonald, BT16 2BT

Tel no: 028 90480252

Inspector: Kylie Connor

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Limetree took place on 24 January 2017 from 10.30 to 16.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

### **Is care effective?**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

### **Is care compassionate?**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

### **Is the service well led?**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs 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.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent premises inspection on 20 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Limetree/Mrs Gertrude Nixon	<b>Registered manager:</b> Mrs Gertrude Nixon
<b>Person in charge of the home at the time of inspection:</b> Mrs Gertrude Nixon	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia (maximum of 32 persons) PH - Physical disability other than sensory impairment (maximum of 4 persons)	<b>Number of registered places:</b> 44

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the most recent care inspection report and notifications to RQIA.

During the inspection the inspector met with 8 residents, 3 care staff, 1 deputy manager, 1 business manager, 2 domestic staff and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- One staff recruitment file
- Three resident's care files
- Minutes of recent staff meetings

- Complaints and compliments records
- Audits of accidents and incidents (including falls); dependency levels
- Accident/incident/notifiable events register
- Annual Quality Review report for 2016
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities

A total of 42 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Twenty questionnaires were returned within the requested timescale.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 20 September 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 13 September 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 16.1 <b>Stated:</b> First time <b>To be completed by:</b> 13 December 2016	The registered provider should ensure adult safeguarding policy and procedures are reviewed and updated to reflect current regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The homes policy and procedure had been reviewed and were available and up to date. Mrs Nixon was named as the safeguarding champion.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 November 2016</p>	<p>The registered provider should ensure a robust system is introduced to audit the number and types of accidents and incidents in the home. Any actions identified for improvement should be incorporated into practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Audits had been completed and were available for inspection.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 October 2016</p>	<p>The registered provider should ensure that staff meetings are held on a regular basis and no less than quarterly.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Minutes of staff meetings were available for inspection. Staff confirmed their attendance at staff meetings.</p>	<b>Met</b>

#### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of one completed induction record and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection. The deputy manager confirmed that a system is in place for managing staff supervision and annual appraisal.

Discussion with the deputy manager and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established but not discussed with staff. The deputy manager confirmed that this topic would be discussed at the next staff meeting.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, review of accident and incidents notifications, care records and complaints records confirmed that there had been no suspected, alleged or actual incidents of abuse since the last care inspection.

The registered deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met.

The deputy manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems and pressure alarm mats. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The deputy manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of mobility equipment used by residents supported this confirmation.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection since the last care inspection. Any outbreak would be managed in accordance with the homes policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The business manager confirmed that a review of the fire safety assessment was scheduled to take place on 26 January 2017.

Review of staff training records confirmed that staff completed fire safety training twice annually. The deputy manager confirmed that fire drills were completed every 6 months). Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Care staff spoken with during the inspection made the following comments:

- “Activities are good. Some like to go out walking and in the better weather some like gardening activities, we bring plants in.”

Twenty completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Residents spoken with during the inspection made the following comments:

- “The food is not too bad at all.”
- “I’ve a good relationship with the staff. They are very considerate and treat me with respect.”
- “They (the staff) are very friendly. They help a good lot.”
- “I haven’t much energy. I like a lazy life.”

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments including manual handling, nutrition, falls, where appropriate were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the

individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The home uses the epic system for care records. The deputy manager confirmed that historic files have been retained and that new residents and their representatives sign to confirm their involvement in the assessment and care planning processes. Discussion with staff confirmed that a person centred approach underpinned practice. Staff gave examples of accommodating residents who prefer to get washed and dressed just before lunch, those who prefer to eat their meals in their rooms and others who prefer a bath or a shower in the evening.

Records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Systems are in place for audits of accidents and incidents (including falls, outbreaks), risk assessments, care plans, care review and dependency levels are in place. A number were available for inspection and discussion with the deputy manager evidenced that any actions identified for improvement were incorporated into practice. The annual quality report, 2016 demonstrated that positive feedback had been received and no areas were identified for improvement.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The managers and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection. There was evidence of resident's providing feedback of activities which had taken place and making suggestions for activities. Residents were informed about plans to re-decorate the dining room and of plans to involve them in that process.

A review of care records, along with accident and incident reports and discussion with staff confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The deputy manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff spoken with during the inspection made the following comments:

- "We've had all training up to date."
- "The home increased the number of bookings (of a musical entertainer) this year as residents love him so much."

Twenty completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

One resident commented:

- "The quality of care afforded to me in this home is second to none."



## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

The deputy manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The deputy manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example supporting residents to maintain their ability to wash and dress, tidy their bedrooms, complete questionnaires and ensuring that discussions with residents and their representatives take place in private.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example residents' meetings, daily interactions with staff and annual reviews.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. No improvements were identified. The deputy manager confirmed that the home is proactive in anticipating and responding to residents and their representatives.

Discussion with staff, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, reading the daily newspaper, visiting local cafés and parks. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, attendance at a local bridge club and inviting a number of residents' spouses to have their Christmas dinner in the home.

Residents' spoken with during the inspection made the following comments:

- "It's very good, a nice building and a nice atmosphere."
- "They have a sing-song occasionally."

Twenty completed questionnaires were returned to RQIA from service users and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

One resident commented:

- “I am treated with the utmost dignity and respect by all the staff.”

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The deputy manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and discussions at residents meetings. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that no complaints had been received since the previous care inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The deputy manager confirmed that training in falls prevention had been scheduled for staff.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Training for staff in dementia awareness had been scheduled to take place that evening.

The deputy manager confirmed that learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered provider/s identified that they had understanding of their role and responsibilities under the legislation.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of accident and incidents and discussion with the deputy manager and staff confirmed that there had been no adult safeguarding issues since the last care inspection. The deputy manager confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The deputy manager confirmed that staff could also access line management to raise concerns and they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Resident's spoken with during the inspection made the following comment:

- "It (the home) runs quite well. I love it here. It's a good home."
- "It's good to have a residence like this for people like me. They didn't have this luxury years ago."

Twenty completed questionnaires were returned to RQIA from service users and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

There were no issues identified during this inspection and a QIP is neither required, nor included as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews