



Unannounced Care Inspection Report 24 and 29 October 2019



Limetree

Type of Service: Residential Care Home
Address: 133 Comber Road, Dundonald BT16 2BT
Tel no: 028 9048 0252
Inspectors: Alice McTavish and Joseph McRandle

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 registered residential care home which provides care for up to 44 residents.

3.0 Service details

<p>Organisation/Registered Provider: Limetree</p> <p>Responsible Individual: Gertrude Alexandra Priscilla Nixon</p>	<p>Registered Manager and date registered: Gertrude Alexandra Priscilla Nixon 1 April 2005</p>
<p>Person in charge at the time of inspection: 24 October 2019, Gertrude Alexandra Priscilla Nixon</p> <p>29 October 2019, Myran Fulton, Deputy Manager</p>	<p>Number of registered places: 44</p> <p>Maximum of four (4) places in Cat PH (under 65 years). Maximum of 32 residents in RC-DE category of care</p>
<p>Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment</p>	<p>Total number of residents in the residential care home on the day of this inspection: 42</p>

4.0 Inspection summary

An unannounced inspection took place on 24 October 2019 from 09.30 to 16.45 hours and on 29 October 2019 from 10.45 to 13.00 hours. This inspection was undertaken by the care and finance inspectors.

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

Areas for improvement in respect of a previous finance inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, supervision and appraisal, the home's environment, care records, taking account of the views of residents, the management of residents' monies and the general financial arrangements.

Three areas requiring improvement were identified. One area for improvement identified at the last finance inspection, in relation to residents' written agreements, has been stated for a second time. Two new areas were in relation to staff meetings and the recording of residents' personal property.

Residents described living in the home in positive terms. Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents, people who visit them, a visiting professional and staff during and after the inspection are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	2

*The total number of areas for improvement include one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Nixon, registered manager and Myran Fulton, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 12 March 2019

No further actions were required to be taken following the most recent inspection on 12 March 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection report, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

No questionnaires were returned by residents, their relatives or staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 2 October to 10 November 2019
- staff training schedule and records
- three staff recruitment and induction records
- residents' records of care
- compliment records
- governance audits/records
- accident/incident records between January and April 2019
- RQIA registration certificate
- four residents' finance files including copies of written agreements
- residents' personal allowance monies, residents' fees, payments to the hairdresser and podiatrist and purchases undertaken on behalf of residents
- monies deposited on behalf of residents
- reconciliations of residents' monies and residents' personal property
- financial policies and procedures

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 the last care and finance inspections

There were no areas for improvements made as a result of the last care inspection. Areas for improvement identified during the last finance inspection were reviewed. Of the total number of areas for improvement, one was assessed as not met and has been stated for a second time.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff, laundry, kitchen and domestic staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We could see that

there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had received a good induction for working in the home and that they got regular formal supervision. We saw that the manager and deputy manager had a system in place for planning supervisions and annual appraisals with staff.

All senior care staff had an assessment of their competency and capability to ensure that they could take charge of the home when the manager was not on duty. The deputy manager reported that these were reviewed annually to ensure that they were always current. This represents good practice.

Staff training and registration with professional body

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to receive training. The manager told us that the care staff received training in most of the core areas every year.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to recognised standards of conduct and practice. We looked at the records kept by the manager of staff registrations and saw that there was a system in place for checking these.

Safeguarding residents from harm

The deputy manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues. Staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The deputy manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean and warm.

There was a communal lounge, a dining room for the use of residents on the ground floor, with a sun room on the first floor giving space for activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

Some bedrooms had an en-suite bathroom and some bedrooms in the older part of the building were shared between two residents. We found that residents' bedrooms and bathrooms contained their personal belongings. There were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy.

Restrictions

The manager and deputy manager told us that they make sure that residents living in Limetree enjoyed as much freedom as possible whilst remaining safe and some restrictions were necessary to achieve this.

Residents who were safe to leave the home alone or with family could exit the building freely. Staff described how they offered reassurance to those residents who were not safe to leave the home. For residents who may be at risk of falling, pressure alarm mats were used to alert staff if residents had left their beds or seats. When we looked at care records for residents we saw that any restrictions were documented.

The deputy manager advised that managerial staff had received training in the Mental Capacity Act and in Deprivation of Liberties Safeguards in preparation for new arrangements being introduced in Northern Ireland in December 2019; all care staff were to be provided with Department of Health training in the near future.

Infection prevention and control (IPC)

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The manager described a robust assessment and admissions process before residents could be admitted to Limetree. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. If, for example, a resident has dementia, this might include the use of a locked external door. The manager described how there was good working relationships between staff, professionals and relatives and how this contributed to effective care for residents.

The manager told us about falls management in the home and we were assured that the procedure and practice was good. The deputy manager completed an audit of accidents or incidents in the home each month which included falls. This looked for any patterns or trends and considered actions to reduce the likelihood of further falls. The manager and staff were aware of how they could get professional advice from medical or trust staff, if needed.

The deputy manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely on an electronic system to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. The deputy manager described how the care records were audited regularly to make sure that they were accurate and up to date.

The dining experience

We could see that the dining room was spacious, clean and bright. There was a menu on display setting out the choice of hot dishes on the lunch and dinner menus. We saw that the catering kitchen was clean and well equipped and there were plentiful supplies of foodstuffs.

We spoke with the cook who told us that all food was made fresh on the premises and this included all baked items. The cook was able to describe the dietary needs and preferences of residents, including those who needed additional support with food and fluids. The deputy

manager and care staff reported that they had completed training in the preparation and use of textured foods and thickeners for fluids as recommended by a Speech and Language Therapist.

The cook described how she worked with the deputy manager to make sure that there was a good variety of dishes available each day and there were always alternatives available. The kitchen could be accessed by staff when the catering staff are not on duty so that residents who want drinks or snacks in the evenings or during the night can have these. The cook also makes meals for special occasions, for example, Christmas, Easter and Halloween and bakes birthday cakes for residents.

We saw that there was a very relaxed but well organised lunch service. Staff told us that a small number of residents preferred to take meals in their own room and this was facilitated by staff. The residents we spoke with said that they enjoyed the food in the home.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff; we saw that residents exchanged hugs with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records; for example, there was information about what activities each resident would like to do, residents' daily routines and preferences such as what time residents liked to get up or go to bed. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

Activities

Staff told us about the range of activities available and how staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection we saw that residents enjoyed sing-a-longs. A programme of available activities was displayed.

Residents said that they enjoyed the activities on offer and there was enough to keep them occupied and stimulated, if they chose to join in.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place regularly. In addition, staff reported that the manager and deputy managers were always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was a satisfaction survey completed annually by residents and staff. We looked at the summary report for the last survey completed in 2018 and this indicated that all parties were satisfied with the care, services and facilities in the home.

We spoke with residents who made the following comments:

- “Staff are very good, very attentive. I have a call bell here but I have never had to use it. There’s staff about to help me if I need it. The food is good and I get lots to eat and plenty of cups of tea and biscuits between meals. I like my room. They (staff) keep it clean and it’s great having a toilet so close. I like it here. It’s better than I expected, and better than living alone...there’s entertainment put on for us and I can go along if I want to, but I like my own space.”
- “This is a great place, I like it here. The staff take me out shopping for new clothes which I really enjoy. I have no complaints.”
- “I’ve been here for a long time and I like living here. I’m able to get out and about when I want to – I go to the shops and out to church. My room is great. The staff are really good to me.”
- “I’m very happy here. My room has everything I need. The staff don’t intrude, they respect my privacy and they always knock my door if it is closed. If they are helping me with anything, they always talk me through it. I have absolutely no complaints. I feel safe and secure for I know there’s staff around, day and night, and that’s important to me. If I had any issues, I would go to the boss.”
- “The staff are very good, they are always around to help. I feel safe.”
- “I had a fall when I wasn’t very well. I know I have a call bell that I can use and the staff have arranged for me to have a mat beside my bed to let them know if I get out of bed. I feel bad about them having to come to help me so much, but they told me it’s better that they do that than I fall and hurt myself again and I’m happy with that.”
- “I’m very happy in Limetree. The staff are very good and they take good care of me.”

We spoke with two residents’ relatives who made the following comments:

- I’m very happy with Limetree and I think it’s a great place. The staff are lovely and they take great care of my (relative). She likes the food and the company and I know that she is safe here. The staff let me know if they are worried about her. I have no complaints, but I know that if I needed to raise anything, I can go to the senior care staff or the manager.”
- “We are so pleased with the care here! My (relative) is very well looked after and safe. She enjoys the company...we have absolutely no complaints. The staff are very proactive and vigilant; if we think my (relative) has an infection, we find that the staff have already picked up on it and have been in touch with the GP. We visit here very regularly and we see how the staff treat the residents with respect and kindness. There is a lovely atmosphere here. As a family, we are so relieved that our (relative) is well cared for and safe.”

We spoke with a visiting professional who said, “This place is second to none. It is very well managed and everything runs smoothly. The staff treat the residents very well, they are kind and attentive. The home is clean and tidy and well presented. All the residents seem to be very contented and they tell me that they are happy here. This is the sort of place that I would be happy to have one of my own relatives placed in, if they needed it. I always look forward to coming here.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from their manager and the deputy managers who were supportive and approachable. The management team described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The manager and deputy managers described the tasks they completed to make sure they were satisfied that the home ran well. Audits were completed of a range of areas such as accidents and incidents, residents’ weights, mobility aids, care reviews and care records; senior

staff looked for any ways in which these areas can be improved. The management team made sure that staff were properly supported to do their jobs through providing regular supervision, appraisal and training. They made sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

It was noted that the last fire risk assessment for the home was completed on 16 January 2018. That this had been out of date since January 2019 was brought to the attention of the manager. Information was later submitted to RQIA that a fire risk assessment had been completed on 29 October 2019.

Complaints and Compliments

The manager advised that very few complaints were complaints raised by residents or their family members and the system for addressing any such issues. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The management team made sure that compliments received from residents, their families and professionals were shared with the staff team as this was important for staff morale and learning. The following is a small selection of compliments received:

- “Thank you so much for all your kindness to me during my stay in Limetree. You deserve a medal for putting up with me...I will miss you all so much.”
- “Thank you very much for the kindness and care that you have shown to (my relative) over the past few years, if is much appreciated.”
- “A big thank you for all the care and attention given to (resident) while residing with you. You were all very good to her and I know that was not always easy. I’m sure she did really appreciate being cared for, although she may not have said so.”
- “Thanks so much for taking such good care of my (relative). Every day she told me how lovely all the staff were.”

Accidents and incidents

The deputy manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in falls prevention.

Communication

The deputy manager advised that there were regular staff meetings and that information was shared with the staff team about any issues arising. Best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents. We saw that senior care staff had a staff meeting each quarter but care assistants had only two formal, recorded meetings annually. The

manager told us that there were informal meetings daily where important information was shared among the full staff team.

Action was required to comply with the Standards in respect of staff meetings. We asked that meetings for the full staff team were held at least quarterly and a signing in sheet was kept for each meeting; the meeting minutes should contain the names of staff present and absent; a system should be put in place to evidence that minutes were shared with those staff who did not attend.

Management of service users' monies

We reviewed a sample of residents' records to validate compliance with the areas for improvement identified from the last finance inspection. These included residents' written agreements, reconciliations of residents' monies and valuables, records of personal property, payments to the hairdresser and records of monies deposited on behalf of residents.

A review of four residents' files evidenced that copies of signed written agreements were not retained within three of the files. This was identified as an area for improvement at the last finance inspection and has been stated for the second time within the QIP of this report.

A review of a sample of personal property records for two residents evidenced that although the records had been updated with items belonging to the residents, there was no evidence that the records had been reconciled and signed at least quarterly. This was discussed with staff and identified as an area for improvement to comply with the Standards.

A review of a sample of purchases undertaken on behalf of residents showed that details of the purchases were recorded, two signatures were noted against each entry in the residents' transaction sheets and receipts were available from each of the purchases reviewed.

A review of a sample of payments to the hairdresser and podiatrist showed that the details of the transactions were recorded. Two signatures were recorded against each entry in the residents' transaction books. The hairdresser and podiatrist had signed the records along with a member of staff.

Areas of good practice

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. Further examples of good practice were found in relation to the system for recording financial transactions and the management of monies undertaken on behalf of residents.

Areas for improvement

Two areas were identified for improvement. These were in relation to staff meetings and the records of residents' personal property.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Nixon, registered manager and Myran Fulton, deputy 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 care 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person must provide individual agreements to each resident currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual resident.</p> <p>Individual resident agreements must comply with requirements under Regulation 5 of the Residential Care Homes Regulations (Northern Ireland) 2005 and meet Standard 4.2 of the DHSSPS Minimum Standards for Residential Care Homes (August 2011) which details the minimum components of the agreement.</p> <p>A copy of the signed agreements by the residents or their representatives and the registered person must be retained in the residents' records. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed resident does not have a family member or friend to act as their representative, the resident's individual agreement must be shared with the HSC trust care manager.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: ongoing 75% signed and returned still awaiting the other 25% will be completed by 31/12/2019</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 29 November 2019</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • Meetings for the full staff team are held at least quarterly • A signing in sheet is kept for each meeting • The meeting minutes record the names of staff present and absent • A system is put in place to evidence that minutes are shared with those staff who did not attend <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Completed</p>

<p>Area for improvement 2</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that the inventory of property belonging to each resident is updated and reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Will be completed by 30/11/2019</p>
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Please ensure this document is completed in full and returned via Web Portal



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