

Inspection Report

26 November 2021



Limetree

Type of service: Residential (RC)

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Limetree Responsible Individual: Gertrude Alexandra Priscilla (Sandra) Nixon	Registered Manager and date registered: Gertrude-Alexandra Priscilla (Sandra) Nixon 1 April 2004
Person in charge at the time of inspection: Sandra Nixon, responsible individual	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
Brief description of the accommodation/how the service operates: Limetree is a registered Residential Care Home which provides health and social care for up to 44 residents. The home is over two floors with shared living on both floors and dining room on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 26 November 2021, from 9.00 am to 2.30 pm by a care inspector.

The inspection assessed progress with the areas for improvement identified in the home at 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 staffing and their training and development. Systems were in place to manage risks to residents. Records were well maintained and the care team worked well together. There was a compassionate culture and ethos evident in the home. The registered manager was available and approachable and had put in place effective governance systems to ensure the delivery of a quality service.

Residents were relaxed and comfortable in their surroundings and said that living in the home was a good experience.

RQIA were assured that the delivery of care and service provided in Limetree was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the person in charge, at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 20 residents and eight staff members. Residents' spoken with were content and the atmosphere in the home was calm and relaxed. Residents expressed no concerns about the care they received. We received six completed questionnaires. Three from residents and three from relatives following the inspection, and they stated they were very satisfied with all aspects of care in the home.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 16 February 2021	
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	<p>The registered person shall ensure the following:</p> <p>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.</p> <p>Ref: 6.1</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager confirmed that the numbers of residents admitted was kept under review according to staffing levels.

Observation of care delivery evidenced that the staffing levels were sufficient to meet the needs of the residents. Relatives and residents spoken with raised no concerns regarding the staff or staffing levels. Call bells were available for residents who confirmed that these were answered promptly. Residents told us that they were very well cared for by the staff.

Staff told us that there was enough staff on duty and were confident that the needs of the residents were consistently met.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of daily communication between staff and management.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff were knowledgeable of residents' needs, their daily routine, likes and dislikes. Staff confirmed the importance of good communication within their team and with the management.

Staff were seen to provide a prompt response to residents' needs and demonstrated an awareness of individual residents preferences. Staff were observed to be respectful during interactions and to communicate clearly, for example, when assisting a resident with personal hygiene needs. Residents were well presented, content in their surroundings and at ease in their interactions with staff.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Observation of the dining experience confirmed that it was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was pleasing to see the management of the home dining with the residents.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Four electronic care records were reviewed and risk assessments were completed and care plans in place to meet the residents' current needs. Care plans were person centred and were reviewed on a regular basis.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff.

There was evidence that body maps were completed on admission and as required thereafter. Residents were regularly weighed and there was evidence of ongoing referral to specialists as required. All annual care reviews were completed and available at inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

A review of the internal environment of the home evidenced that the home was clean and tidy, bright and spacious. Residents' bedrooms and en-suite facilities were clean, tidy and personalised with items of importance to each resident, such as family photos, memorabilia, radios and sentimental items from home.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. As said previously residents had been consulted/ helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively on the manager and registered person and their availability and approachability. A whistleblowing policy was in place so staff could raise any concerns regarding the home and the care if required.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. These were completed on a regular basis and when deficits were identified, actions were put in place to address these.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. Residents knew how to make a complaint. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. There were a large number of thank you cards retained from residents and representatives complimenting the care. There was evidence that residents' and their representatives' views and opinions were sought and acted upon.

Monthly quality monitoring visits were undertaken and the reports were available to review. An action plan was agreed following each visit and there was evidence that issues had been addressed.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	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 Sandra Nixon, registered person, and the home manager as part of the inspection process and can be found in the main body of the report.



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