

Announced Premises Inspection Report 20 September 2016



Limetree

Type of Service: Residential Care Home
Address: 133 Comber Road, Dundonald, BT16 2BT
Tel No: 028 9048 0252
Inspector: C Muldoon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Limetree Residential Home took place on 20 September 2016 from 10.00 to 14.30hrs.

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

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. However one issue was identified for attention by the registered provider. Refer to section 4.6.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Sandra Nixon (Registered Manager and Responsible Person) and Mr Simon Swail (Maintenance Manager), as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 05 November 2013.

2.0 Service Details

Registered organisation/registered provider: Limetree Mrs Sandra Nixon	Registered manager: Mrs Sandra Nixon
Person in charge of the home at the time of inspection: Mrs Sandra Nixon	Date manager registered: 01 April 2005
Categories of care: RC-I, RC-PH, RC-DE	Number of registered places: 44

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Sandra Nixon (Registered Manager and Responsible Person) and Mr Simon Swail (Maintenance Manager).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 September 2016

The most recent inspection of Limetree was an unannounced care inspection. When the completed QIP is returned it will be assessed by the specialist inspector and validated at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 05 November 2013

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27.-(2)(c) Stated: First time	Arrangements should be made for the new bath hoist to be thoroughly examined by a competent person every six months. A copy of the report on the last thorough examination of the lift should be obtained. The report should verify that the lift is without defects. (Ref: Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 – (LOLER).	Partially Met
	Action taken as confirmed during the inspection: LOLER thorough examination reports for the lift and hoist were forwarded to RQIA following the last inspection. The reports confirmed that the equipment was without defects. Refer also to section 4.3 item 1 and requirement 1 in Quality Improvement Plan.	
Requirement 2 Ref: Regulation 27.-(2)(c) 27.-(2)(q) Stated: First time	It should be ensured that the lift is being maintained at the frequency specified by the manufacturer.	Met
	Action taken as confirmed during the inspection: There were records of periodic servicing of the lift by a specialist contractor.	
Requirement 3 Ref: Regulation 27.-(2)(c) 27.-(2)(q) Stated: First time	It must be ensured that valid Gas Safe certificates have been issued. The certificates must verify that the all the gas appliances and pipework installations are in satisfactory condition and safe to use. The requirement for a gas emergency isolation button in the laundry should be discussed with someone on the Gas Safe register.	Met
	Action taken as confirmed during the inspection: There were valid Gas Safe certificates for all the gas installations.	

<p>Requirement 4</p> <p>Ref: Regulation 14.-(2)(a) 14.-(2)(c)</p> <p>Stated: Second time</p>	<p>The actions for the control of legionella which are set out in the 2009 risk assessment and 2012 review should be revisited and fully implemented.</p> <p>Action taken as confirmed during the inspection: The legionella risk assessment was reviewed by a specialist contractor in January 2015. The manager and maintenance manager confirmed that actions recommended in the assessment, such as removal of cold water storage tanks, have been completed. There were records of measures being taken towards the control of legionella. Refer also to section 4.3 item 2 and recommendation 1 in Quality Improvement Plan.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>The issues identified in the fire risk assessment which remain outstanding should be completed.</p> <p>Action taken as confirmed during the inspection: The fire risk assessment was reviewed by an accredited fire risk assessor in January 2016. The assessor considered the overall risk to be tolerable and all matters in the action plan arising from the risk assessment have been signed off. The Northern Ireland Fire and Rescue Service carried out an audit in August 2016 and found the premises to be broadly compliant.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(d)(i)</p> <p>Stated: First time</p>	<p>The manual release mechanism on the hold back units on the corridor doors should be checked and repaired as necessary.</p> <p>Action taken as confirmed during the inspection: During the inspection the operation of a random selection of doors was reviewed and found to be satisfactory.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(b)</p> <p>Stated: First time</p>	<p>In relation to fire safety consideration should be given to the continued use and storage of flammable aerosols. Advice should be sought from the fire safety advisor.</p> <p>Action taken as confirmed during the inspection: An outside store has been installed for the storage of chemicals, aerosols etc.</p>	<p>Met</p>

Requirement 8 Ref: Regulation 27.-(4)(b) Stated: First time	It should be ensured that the arrangements for stacking items in the linen store are safe. It is recommended that the light fitting is re-sited.	Met
	Action taken as confirmed during the inspection: The returned Quality Improvement Plan confirmed that the linen store had been cleared and re-shelved following the last premises inspection. The store was found to be tidy and orderly.	
Requirement 9 Ref: Regulation 27.-(4)(a) Stated: First time	A copy of the emergency procedures should be posted at the fire panel.	Met
	Action taken as confirmed during the inspection: A fire procedure provided by the accredited fire risk assessor is posted.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27 Stated: First time	The floor covering in the first floor shower room should be replaced.	Met
	Action taken as confirmed during the inspection: Floor covering has been replaced.	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. On the day of inspection a current LOLER thorough examination report for the hoist was not presented.
Refer to requirement 1 in Quality Improvement Plan.
2. Whilst it is understood that some issues identified in the action plan arising from the last review of the legionella risk assessment have been addressed the action plan has not been marked up to verify the current status of all the issues identified.

There were records of periodic actions and control measures being taken towards the control of legionella. These were discussed with the manager and maintenance manager. The inspector recommended that the legionella controls be reviewed to ensure they are in line with good practice. The inspector also drew attention to the document HSG274 Part 2 which has been published as a supporting guide to the approved code of practice for the control of legionella, The Control Of Legionella In Water Systems L8, issued by the Health and Safety Executive.

Refer to recommendation 1 in Quality Improvement Plan.

3. There were contractor's service sheets relating to the maintenance of the fire alarm system although they don't verify that the servicing is in accordance with BS5839 or confirm the extent of the installation covered on each occasion.

There were records of the fire alarm system being function tested weekly. The procedure for this was discussed and the inspector recommended that the identification of call points be reviewed to ensure that they are all included in rotational testing.

Refer to recommendation 2 in Quality Improvement Plan.

4. There were contractor's service records relating to the emergency lighting system. They did not include one for a duration service of the installation although the manager and maintenance manager confirmed that this has been carried out.
Refer to recommendation 3 in Quality Improvement Plan.

5. The last recorded occasion when the portable electrical appliances were tested and inspected was June 2015. It is understood that the home has a policy of annual test and inspection.
Refer to recommendation 4 in Quality Improvement Plan.

Number of requirements	1	Number of recommendations:	4
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. Currently there are no arrangements for making periodic visits to the Northern Ireland Adverse Incident Centre website to obtain safety alerts which may be relevant to the home.
Refer to recommendation 5 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sandra Nixon (Registered Manager and Responsible Person) and Mr Simon Swail (Maintenance Manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 27.-(2)(c) Stated: Second time To be completed by: 20 October 2016	A valid LOLER thorough examination report for the hoist should be obtained. The report should verify that the equipment is safe to use. Response by registered provider detailing the actions taken: Completed 10 October 2016 - report to follow
Recommendations	
Recommendation 1 Ref: Standard 27.8 Stated: First time To be completed by: 20 October 2016 and Ongoing	The action plan in the current legionella risk assessment should be reviewed, actioned as necessary, and marked up. The periodic actions and control measures being taken towards the control of legionella should be reviewed to ensure they are in line with good practice. Reference should be made to HSG274 Part 2 Response by registered provider detailing the actions taken: Completed October 2016
Recommendation 2 Ref: Standard 29.2 Stated: First time To be completed by: 20 October 2016	The information being provided on the service sheets relating to the fire alarm system should be reviewed including compliance with BS5839 and the extent of the installation covered on each service visit. The identification of the fire alarm system manual call points should be reviewed to ensure that all points are included in the rotational test procedure. Response by registered provider detailing the actions taken: Completed October 2016
Recommendation 3 Ref: Standard 29.2 Stated: First time To be completed by: 20 October 2016	Contractor's service sheets should be obtained to record that the maintenance of the emergency lighting system includes duration servicing which is line with good practice. Response by registered provider detailing the actions taken: Ongoing

<p>Recommendation 4</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2016</p>	<p>The test and inspection of portable electrical appliances should be brought into line with the home's policy.</p> <p>It is recommended that reference is made to the guidance on the Health and Safety Executive website regarding the maintenance of portable electrical equipment.</p> <hr/> <p>Response by registered provider detailing the actions taken: Completed November 2016</p>
<p>Recommendation 5</p> <p>Ref: Standard 28.4</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2016</p>	<p>It is recommended that a procedure be established for a responsible person to make a weekly visit to the NIAIC website https://www.health-ni.gov.uk/topics/safety-and-quality-standards/northern-ireland-adverse-incident-centre-niaic and action any relevant safety alerts.</p> <hr/> <p>Response by registered provider detailing the actions taken: Ongoing</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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