



# Inspection Report

**Name of Service: Limetree**

**Provider: Limetree**

**Date of Inspection: 24 October 2024**

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Limetree
<b>Responsible Person:</b>	Mrs Gertrude Alexandra Priscilla Nixon
<b>Registered Manager:</b>	Mr Graham Moore – not registered
<p><b>Service Profile –</b>  This home is a registered residential care home which provides general health and social care for up to 4 residents over 65 years of age or under 65 years of age and, 32 residents living with dementia. The home is based over two floors with access to a lift. There are a range of communal areas throughout the home.</p> <p>There is a separate registered residential home which occupies the same site.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 24 October 2024, between 9.25 am and 5.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 23 November 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents spoken with who were able to make their wishes known generally provided positive feedback about their experiences residing in the home. Residents said they had choice about their daily life in the home, comments shared by residents included: "you can do what you want" and "I don't have one complaint about the place."

Residents provided positive feedback about the staff and said they were responsive and attentive to their needs. Some of the comments shared regarding staff included: "they are all excellent, always there to help" and "someone is here all the time." Generally residents said there were good opportunities to engage in activities in the home, for example; puzzles and quizzes. Other comments regarding activities were shared with the manager.

Residents told us that staff offered choices to residents 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.

Residents told us that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices. These meetings did not always include the names of the residents in attendance. A discussion took place with the manager.

Resident questionnaires returned confirmed that they found the care to be; safe, effective, compassionate and well-led. Some of the comments shared in the feedback included; "I think the care is excellent, everyone is friendly and the food is good" and "they talk to me nicely and in a caring way."

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing. The staff duty rota did not always clearly identify the person in charge in the managers absence, the role of the staff members and the managers hours were not clearly identified. An area for improvement was identified.

Staff compliance for some mandatory training was not made available on the day of inspection for example; Adult Safeguarding training. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

Review of the system to manage the registration of care staff evidenced that it required improvement from the manager. There was evidence one staff member was not registered with the Northern Ireland Social Care Council (NISCC). Assurances were provided following the inspection that this was in place. An area for improvement was identified.

#### **3.3.2 Quality of Life and Care Delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. There was a system in place to monitor residents who had a Deprivation of Liberty Safeguard (DoLS) in place. A recommendation was made for the manager to put a system in place that evidences ongoing monitoring of these arrangements. There was no clear system in place to monitor those residents with other restrictive practices in place for example; alarm mats. A recommendation was made for the manager to implement a system for monitoring these practices.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, an alarm mat.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was evident that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was understood by the manager and staff. There was evidence of an activity schedule in place and residents generally said they were satisfied with the provision of activities in the home. Other comments regarding activities were shared with the manager for review and action as appropriate.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts and hairdressing.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were generally person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care plans in place for those residents with an alarm mat did not always reflect the decision-making regarding this or the monitoring arrangements. This area for improvement has not been met and will be stated for a second time.

Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. A discussion took place with the manager to ensure that care plans further elaborate on the actions taken to reduce the risk of falls.

### 3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming, however; there was evidence of refurbishments and improvements required to particular areas of the home, for example; skirting boards and wood work in residents bedrooms and carpet along the main stairwell. A timebound refurbishment plan was submitted by the manager following the inspection. An area for improvement was identified.

There was evidence of malodours identified in a number of residents bedrooms. The manager provided assurances that this would be addressed through the refurbishment plans. There was evidence of enhanced cleaning required to specific aspects of the environment, for example; bathroom cabinets in en suites. An area for improvement was identified.

Residents' bedrooms were generally personalised with items important to the resident.

Systems in place to review equipment were not robust at identifying deficits or action plans to address deficits, for example; a number of commodes were identified as no longer able to be cleaned effectively and staining evident to a bedframe. Assurances were provided that a review of these deficits and action plan had been implemented following the inspection. An area for improvement was identified.

Infection Prevention and Control (IPC) measures were observed as not always adhered to, for example; the management of clean linen when supporting with personal care. A discussion took place with the manager and an action plan was agreed to address this with the staff.

There was evidence of denture cleaning tablets accessible in a residents bedroom. Assurances were provided a system was now in place to safely manage this. The outdoor area at the back of the home was unlocked and accessible to residents. There was evidence of a number of cleaning products which were accessible in this area. This was addressed immediately. An area for improvement was identified.

There was evidence of Personal Protective Equipment (PPE) not always being stored in line with IPC guidance. Assurances were provided this was addressed following the inspection.

There was evidence of the kitchen trolley and some of the kitchen equipment requiring review to ensure this was in keeping with IPC guidance. Assurances were provided this was reviewed following the inspection and where deficits had been identified, action had been taken to replace these pieces of equipment.

### 3.3.5 Quality of Management Systems

Mr Graham Moore has been the manager in this home since 1 January 2024 and has applied to register as manager with RQIA.

Residents and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that further improvements are required when reviewing the quality of care across the home. These were not always completed consistently and required improvements to ensure they are robust in identifying deficits. A discussion took place with the manager to ensure that when deficits are identified, a timebound action plan is put in place and signed off when these actions have been taken. For example; analysis of accidents and incidents do not include an analysis of all incidents but places a focus on falls. A discussion took place with the manager and an area for improvement was identified.

The Adult Safeguarding Champion Position report was not made available on the day of inspection. The report was made available following the inspection. The area for improvement previously stated has been partially met and will be stated for a second time.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	8*

\* the total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Graham Moore, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Findings of the inspection were discussed with Graham Moore, manager, as part of the inspection process and can be found in the main body of the report.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (c) (ii)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2024	<p>The Registered Person shall ensure systems in place to monitor staff's registration with NISCC are robust and inclusive of all relevant staff members.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Process updated to include cross referencing of all staff with list of names on NISCC portal to ensure prompt registration or renewal.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2024	<p>The Registered Person shall ensure as far as reasonably practicable, all areas of the home to which residents have access are free from hazards to their safety. This is with specific reference to:</p> <ul style="list-style-type: none"> <li>• Denture cleaning tablets and,</li> <li>• Cleaning products</li> </ul> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Denture cleaning tablets - are now held by staff and given to residents when required.            Cleaning products -Staff reminded to ensure all doors are shut/locked behind them when leaving stores.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> Second time  <b>To be completed by:</b> 21 November 2024	<p>The Registered Person shall ensure that care plans are written to direct care and outline the reason for the use of restrictive practice; this is with specific reference to alarm mats.</p> <p>Ref: 2.0 &amp; 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Careplans are updated to reflect reasons for restrictive practice.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 24 October 2024</p>	<p>The Registered Person shall ensure that the Annual Safeguarding Position report is completed and made available for inspection.</p> <p>Ref: 2.0 &amp; 3.3.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Completed and provided to inspector on 28.10.24</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 October 2024</p>	<p>The Registered Person shall ensure the duty rota clearly identifies:</p> <ul style="list-style-type: none"> <li>• The Person in Charge in the absence of the manager</li> <li>• The managers hours</li> <li>• The roles of each staff member</li> </ul> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Rota now updated to reflect same</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 November 2024</p>	<p>The Registered Person shall ensure that mandatory training requirements are met.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All mandatory training Deep has been completed by staff</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The Registered Person shall submit a time-bound rolling refurbishment plan to RQIA outlining the plans for repair to those areas required.</p>

12 December 2024	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 6</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time <b>To be completed by:</b> 7 November 2024	The Registered Person shall ensure the building is kept clean and hygienic at all times. This is with specific reference to: <ul style="list-style-type: none"> <li>• Residents bathroom cabinets</li> <li>• Malodours in residents bedrooms</li> </ul> Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Unable to write in response box above for area for improvement 5. Refurbishment plan sent to inspector on 28/10/24, work ongoing.  Deep clean completed to include bathroom cabinets. Malodours have been addressed
<b>Area for improvement 7</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time <b>To be completed by:</b> 24 October 2024	The Registered Person shall ensure a system is implemented to ensure equipment identified as requiring replaced is actioned without delay. Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> This is included in refurbishment plan and monthly enviromental walkround
<b>Area for improvement 8</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time <b>To be completed by:</b>	The Registered Person shall ensure that working practices in the home are systematically audited and were deficits are identified, that timebound action plans are developed and signed off when these actions are taken to drive improvement. Ref: 3.3.5

21 November 2024	<b>Response by registered person detailing the actions taken:</b> New auditing systems implemented to overseaworking practices and ensure any action required is time bound.
------------------	---

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



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



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



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



**Twitter:** @RQIANews