The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Limetree

**Provider:** Limetree

**Date of Inspection:** 19 November 2025

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

## 1.0 Service information

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| **Registered Provider:** | Limetree |
| **Responsible Person:** | Mrs Deborah Cecilia Moore |
| **Registered Manager:** | Mr Graham Moore |
| **Service Profile:**<br>Limetree is a residential care home registered to provide health and social care for up to 44 residents with a range of needs including, those over 65 years of age and those living with dementia.<br><br>There is a separately registered residential home on the same site, overseen by the same management team. | |

## 2.0 Inspection summary

An unannounced inspection took place on 19 November 2025, between 9.50 am and 4.50 pm by a care inspector.

The inspection evidenced that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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.

As a result of this inspection ten 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 residents, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 generally provided positive feedback about their experiences residing in the home. Some of the comments shared included, “oh I love it in here” and “the staff are lovely.” Residents who were less able to make their wishes known were observed to be relaxed and comfortable in their surroundings. Other comments regarding the food were shared with the management team for review and action as appropriate.

One resident questionnaire provided positive feedback about the care delivery in the home.

A relative spoken with said they were happy with the care their family member was receiving in the home. Some of the comments shared included, “the place is fabulous, it could not be better. Warm, welcoming and the staff are lovely.”

One relative questionnaire completed, provided positive feedback about the care their family member was receiving in the home. Other comments shared were discussed with the management team for review and action as appropriate.

## 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.

There was a system in place to monitor staff’s registration with the Northern Ireland Social Care Council (NISCC) and there was evidence that all those staff requiring to be registered with NISCC had this in place. The system in place did not clearly identify the date the staff member’s registration fee was paid. The details of this were shared with the management team for review and action as appropriate.

There was evidence of a system in place to monitor staff’s compliance with mandatory training. From this system it was evident that not all staff had attended Deprivation of Liberty Safeguards (DoLS) training. Confirmation was provided in writing following the inspection to confirm the plans in place to ensure all staff attend this. This will be reviewed at a future inspection.

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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was evidence of competency assessments having been completed and signed off for those staff in charge in the absence of the manager. A discussion took place with the management team regarding the systems in place to monitor staff's competency with regards to the management of medication. Evidence of ongoing audits of this were in place and further assurances were provided that medication competencies are in place for all staff required.

### 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. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. 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 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.

Staff were knowledgeable about residents who required a modified diet. However, the system in place to identify those residents requiring a modified diet required review to ensure this is robust. The details of this were shared with the management team. This will be reviewed at a future inspection.

Staff were observed administering medications to residents. It was evident that one resident did not receive the correct level of supervision as detailed in their care plan. The details of this were shared with the management team and an area for improvement was identified.

The importance of engaging with residents was well understood by the manager and staff. Discussions with staff and residents confirmed that staff knew and understood residents'

preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard and shared with residents, families and staff advising of future events.

Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts, hairdressing, one to one reading or music. Other comments regarding activities were shared with the management team for review and action as appropriate.

### 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 mostly person centred, regularly reviewed and updated to ensure they continued to meet the residents' needs. There was evidence of care plans in place for those residents who had an alarm mat in place. It was evident that these care plans required further detail to ensure they include evidence of best interest's decision-making and review arrangements. The details of this were shared with the management team and an area for improvement was identified.

Care staff recorded evaluations about the delivery of care, these were not always detailed accounts of care delivery. The details of this were shared with the management team for review and action and will be reviewed at a future inspection.

### 3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. There was evidence of refurbishments having taken place across the home, for example: new flooring in resident's bedrooms and paintwork. The management team confirmed refurbishments continue to be ongoing across the home, including plans for seating to be replaced in the dining area.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was evidence of Christmas decorations in place across the home.

Review of records and discussion with the management team confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

## 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Graham Moore has been the Registered Manager since 10 December 2024.

Residents, relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home. A discussion took place with the management team to ensure there is a clear recording system in place for all adult safeguarding referrals to ensure robust audit and oversight of these referrals. This will be reviewed at a future inspection.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any concerns would be managed well.

A book of compliments was maintained and shared with staff in the home. One of the comments shared in the compliments book included, “found the home to have a lovely atmosphere and very friendly staff.”

## 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 |
|---|---|---|
| **Total number of Areas for Improvement** | 0 | 2 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Graham Moore, Registered Manager and Mrs Deborah Cecilia Moore, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

**Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)**

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| **Area for improvement 1**<br><br>**Ref:** Standard 33<br><br>**Stated:** First time<br><br>**To be completed by:**<br>19 November 2025 | The Registered Person shall ensure residents receive the correct level of supervision with regards to medication administration as directed in their care plans.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>Staff are aware they must remain with a resident until medication is taken. |
| **Area for improvement 2**<br><br>**Ref:** Standard 6<br><br>**Stated:** First time<br><br>**To be completed by:**<br>19 November 2025 | The Registered Person shall ensure that care plans in place regarding the use of alarm mats, clearly outline the review arrangements and those involved in the decision making, to include best interest's decision making if this is appropriate.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Care plans for restrictive practice have been reviewed to include this information. |

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

The Regulation and Quality Improvement Authority

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