The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Limetree House

Provider: Limetree Residential Limited

Date of Inspection: 5 February 2026

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 Residential Limited
Responsible Individual:	Mrs Deborah Cecilia Moore
Registered Manager:	Mrs Andrea Walker

Service Profile –
This home is a registered residential care home, which provides health and social care for up to 35 residents living with dementia. The home is divided across three floors with access to a lift.

There are a range of communal areas throughout the home and residents have access to an outdoor patio area.

2.0 Inspection summary

An unannounced inspection took place on 5 February 2026, from 10.20 am to 4.00 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 6 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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 six areas for improvement were assessed as having been addressed by the provider. Other medicines related areas for improvement were not reviewed as part of this inspection and 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. 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 who were able to make their wishes known commented positively about their experiences living in the home. Those residents unable to make their wishes known appeared to be relaxed and comfortable in the home and were observed sitting comfortably across communal spaces or their bedrooms if this was their preferred choice.

One questionnaire returned by a relative of a resident residing in the home, provided positive feedback about care delivery in the home. Some of the comments shared included, "we find the staff pleasant, interested in the patients and knowledgeable about their residents."

A visitor to the home provided positive feedback about their loved ones time in the home and commented positively about the staff and management team. Some of the comments shared included, "they're all wonderful" and "they're like family."

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 evidence staff's attendance at mandatory training. However, this system did not include evidence of staff's attendance at all required mandatory training. Assurances were provided in writing following the inspection to confirm staff compliance with the outstanding training. An area for improvement was identified.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. 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.

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. Throughout the day discussion with staff confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

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. Further enhancement of care plans for those residents with Deprivation of Liberty Safeguards (DoLS) is discussed further in section 3.3.3.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referrals to the Trust's Specialist Falls Service, their GP, or for physiotherapy. However, there was evidence that improvements were required with regards to post falls documentation. For example, post falls observations were not recorded in full and if a resident went to hospital, this was not clearly documented on the post falls observations. The details of this were shared with the management team for review and action. An area for improvement was identified.

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 observed 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 well understood by the manager and staff. Discussion with staff 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.

The weekly programme of social events was displayed on the noticeboard advising of future events.

Residents' needs were met through a range of individual and group activities such as, reminiscence, balloon games, arts and crafts or one to one reading.

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, however there was evidence of improvements required to ensure care plans were detailed to direct the care required, for example; care plans did not always clearly record if a resident had a DoLS in place and the arrangements in place to direct this care. The details of this were shared with the management team and an area for improvement was identified.

There was also evidence that some bedrooms were locked when residents were not in them. Discussion with staff and the management team confirmed that for the rooms identified; these arrangements were agreed with the resident and representatives, as appropriate. However, care plans were not in place to clearly evidence the decision-making or management arrangements to ensure residents could access their rooms on request. The details of this were shared with the management team and an area for improvement was identified.

A sample of care files reviewed evidenced that risk assessments were not always reviewed regularly. The details of these were shared with the management team to ensure these are kept under ongoing review; this will be reviewed at a future inspection.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Some bedrooms did not have access to a call bell lead, discussions with the management team confirmed that staff were aware of this and alternative monitoring arrangements were in place to ensure residents could summons assistance if required. The management team provided assurances risk assessments and care plans would be reviewed to reflect this clearly.

There was evidence of 'homely' touches across the home, such as magazines, snacks and drinks available.

There was evidence of prescribed creams and denture cleaning tablets in a number of resident's bathrooms. The details of this were shared with the management team for immediate action and an area for improvement was identified.

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 and resident call system 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. Hand hygiene audits did not clearly identify the person completing these, the details of this were shared with the management team to address.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Andrea Walker has been the Manager in this home since 16 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.

There was a system in place to evidence the reporting of accidents and incidents to the appropriate persons and organisations. However, there was evidence some notifications which required to be notified to the RQIA had not been notified appropriately. These were submitted to the RQIA following the inspection. An area for improvement was identified.

Relatives spoken with said that they knew how to report any concerns/complaints and said they were confident that the management team would take any concerns seriously if they had to raise anything.

A log of compliments was maintained on the online system used by the management team to ensure these could be reviewed by staff which is good practice. Some of the compliments logged included comments such as, “I just wanted to say how brilliant every staff member is and how happy (my relative) is with Limetree and the care given.”

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	2	6*

* the total number of areas for improvement includes two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Deborah Cecilia Moore, Responsible Individual and Ms Monique McCreery, Person in Charge, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 5 February 2026	The Registered Person shall ensure that denture cleaning tablets and prescribed creams are stored safely and securely. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff have been made aware and has been rectived. Families have been updated to give cleaning tablets to staff so they can be locked away.
Area for improvement 2 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 5 February 2026	The Registered Person shall ensure that all notifiable events are submitted to RQIA in accordance with this regulation. Ref: 3.3.5
	Response by registered person detailing the actions taken: Staff are aware of the correct process and will report all incidents correctly the relevant bodies
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 6.2 **Stated:** First time **To be completed by:** 17 January 2024	The Registered Person shall ensure that care plans contain sufficient resident specific detail to direct care, when medicines are prescribed for use 'when required' for the management of distressed reactions. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 32 **Stated:** First time	The Registered Person shall review the systems in place to ensure that expired and/or unlabelled medicines are immediately removed from stock. Ref: 2.0

To be completed by: 17 January 2024	**Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 3 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 12 February 2026	The Registered Person shall ensure that the system in place to monitor staff's compliance with mandatory training clearly includes all mandatory training and staffs attendance at this. Ref: 3.3.1
	Response by registered person detailing the actions taken: Audits now updated to give a clear view of staffs compliance with mandatory training.
Area for improvement 4 **Ref:** Standard 8 **Stated:** First time **To be completed by:** 5 February 2026	The Registered Person shall ensure that post falls observations are completed within the timeframes required and records are accurately maintained to reflect this. Ref: 3.3.2
	Response by registered person detailing the actions taken: All staff informed of the correct process for post fall observation.
Area for improvement 5 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 5 February 2026	The Registered Person shall ensure residents who have a DoLS in place, have a care plan which clearly reflects this and the reason for the DoLS. This should be kept under regular review. Ref: 3.3.3
	Response by registered person detailing the actions taken: All residents who have a DOLs in place have a care plan to reflect this. Staff have now added the DOls to restraint and regular audits completed.

Area for improvement 6 **Ref:** Standard 6.2 **Stated:** First time **To be completed by:** 5 February 2026	The Registered Person shall ensure that care plans are in place for residents who wish for their bedroom doors to be locked when not in use. This should clearly outline the rationale for this, best interest's decision-making if required and the monitoring arrangements. Ref: 3.3.3
	Response by registered person detailing the actions taken: Staff have been made aware not to locked bedroom doors unless stated in care plan and agreed with NOK and social worker.

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

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