



# Unannounced Care Inspection Report 1 October 2018



## Lisburn Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 119a Hillsborough Road, Lisburn, BT28 1JX**  
**Tel No: 02892666763**  
**Inspector: Heather Sleator**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 38 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Jennifer Willis	<b>Date manager registered:</b> Jennifer Willis - application received - "registration pending".
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 38  The home is also approved to provide care on a day basis to 1 person.

### 4.0 Inspection summary

An unannounced inspection took place on 1 October 2018 from 09.30 to 16.45 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 staff development, adult safeguarding and the home's environment. There were also examples of good practice found throughout the inspection in relation to assessment of patient need, the management of falls and the delivery of wound care. Good practice was observed in relation to the culture and ethos of the home, the quality of meals provided and the provision of activities.

An area for improvement was identified under regulation in relation to the safe management of substances hazardous to health.

Areas for improvement were identified under the care standards and were in relation to ensuring patients care plans reflect the recommendations of other health care professionals, mealtime arrangements and affording patients privacy when completing health care treatments/tasks.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients. Refer to 6.6

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Jennifer Willis, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 8 November 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 November 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 15 patients, three patients' relatives and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 10 to 30 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 8 November 2017**

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 11 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time	The registered persons shall ensure that the registered nurses' have oversight of the patients' elimination records; and that evidence of any action taken in response to identified deficits are recorded in the daily progress notes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of three patients' care records evidenced that the monitoring of patients' bowel function was being monitored by the registered nurses.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 17 (1) <b>Stated:</b> First time	The registered persons shall ensure that the annual quality report is completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The annual quality report was available for review by interested parties at the time of the inspection.	

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 10 to 30 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Lisburn Care Home. Comments received from patients included; "staff are very good". However, a number of patients raised issues regarding the staffing arrangements, comments included; "very short staffed but they don't let it affect us, they still answer the call bell quickly".

We spoke with three relatives during the inspection to comment on the provision of care in the home. Relatives responded very positively regarding the care provided by staff and also commented on the staffing arrangements. Comments included; "staff are very good" and "seem short staffed". We also sought relatives' opinion on staffing via questionnaires however there were no questionnaires completed and returned prior to the issue of the report.

Staffing arrangements were discussed with the manager who stated that staffing rota's were developed in accordance with the dependency rating used by Four Seasons Health Care to determine patient need. The manager was advised to review and consider the comments received by patients and relatives regarding the staffing arrangements and the deployment of staff throughout the twenty four hour period.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered via online training and through face to face interactive sessions. Records evidenced good compliance with mandatory training. The manager and staff confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period July - September 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately

and notifications were submitted in accordance with regulation. Discussion with the manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were adhered to. The manager completed an IPC audit on a monthly basis. We observed that remedial work was required at the sink in the treatment room and that one sluice room was unlocked throughout the inspection. Cleaning agents were visible and therefore accessible to patients. This contravenes the Control of Substances Hazardous to Health Regulations. This was discussed with the manager and has been identified as an area for improvement under regulation. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be attractively furnished, warm and clean throughout. The radiator in a patient’s bedroom was not working; this was brought to the attention of the manager who agreed to address the issue immediately.

Fire exits and corridors were observed to be clear of clutter and obstruction. The manager stated the most recent fire risk assessment had been completed on 31 July 2018 and any actions identified had been addressed.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding and the home’s environment.

**Areas for improvement**

The following areas were identified for improvement in relation to the safe storage of substances hazardous to health.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Review of three patient care records evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, management of falls and wound care. Care records generally contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of a monthly basis. The manager stated that if a patient has a weight loss of between five and 10 percent that they are referred to the dietician. The South Eastern Health and Social Care Trust have implemented a virtual ward round with the dietetics team in the trust. Dieticians monitor patients who have a weight loss on a weekly basis. We reviewed the management of nutrition for one patient. The patient had been referred to the dietetics team who had made recommendations. A nutritional risk assessment was completed monthly however; the patient's care plan for nutritional management did not reflect the recommendations which had been made. Discussion with a registered nurse evidenced that the recommendations had been implemented. The patient's nutritional care plan should have been revised to reflect the recommendations of the health care professional. This has been identified as an area for improvement under the care standards. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis.

We reviewed the management of falls for one patient. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the dressing regime. Wound care records evidenced that dressing regimes were adhered to. Wound care management was in accordance with professional and care standards. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Discussion with staff evidenced that nursing and care assistant/s were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. There was evidence of communication with patients, relatives and staff and the minutes of the meetings were reviewed. A relative commented, "They're very good at communicating with us as a family."

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition, falls and the delivery of wound care.

**Areas for improvement**

An area for improvement was identified in relation to ensuring that patient care records accurately reflect any recommendations made by other health care professionals.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09:30. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 15 patients individually and with others in smaller groups, confirmed that patients were satisfied with the care afforded by staff. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care and patients call bells were responded to promptly.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients spoke highly of the activities on-going in the home. A selection of games/equipment was available in the lounges and there was a dedicated activities room where arts and crafts type activities take place. We observed that whilst staff were involved in a number of duties they made time to spend and engage with patients.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. We observed the approach of staff and interaction and engagement with patient during the serving of the midday meal. This was a positive experience for patients. Staff were attentive providing assistance and prompts to patients during the meal service, quietly and sensitively.

We observed the serving of the lunchtime and evening meals. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients. However; we observed that the serving of the evening meal was at 16.30 hours and that some patients were seated in the dining room from 16.10 hours. These arrangements were not in keeping with the Public Health Agency's (PHA) publication 'Nutritional guidelines and menu checklist for residential and nursing homes, March 2014. There should be sufficient time between meals and snack service in nursing homes. This has been identified as an area for improvement under the care standards. We observed a patient having a clinical procedure completed at the dining table by a registered nurse. Patients should be afforded privacy when any personal care or treatment is being undertaken. This has been identified as an area for improvement under the care standards.

We reviewed a number of compliments and thank you cards which had been received. Comments included;

“Thank you to everyone for looking after our (relative) so well and for making us welcome, it gives us peace of mind to know our (relative) is being looked after.”

“Your care and hard work was very much appreciated.”

We spoke with patients and comments included:

“I think staff are undervalued financially.”

“Staff work as a team.”

“Tremendous staff.”

“Really happy here, I know if I ask for something staff will help.”

“The food is excellent.”

“Staff go out of their way to help.”

“Short staffed, I didn’t get my shower yesterday.”

“Rushed off their feet, they (staff) haven’t time to breathe.”

Relatives commented positively about the home and stated:

“Staff are very good.”

“The food is second to none.”

“Seems short staffed.”

“The environment looks ‘shabby’ and gives the impression of poor care.”

“The food is very good.”

“Feel staff are underpaid and overworked.”

Relative questionnaires were also provided however we received no response within the timescale specified.

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from relatives and staff in returned questionnaires or online responses received after the return date were shared with the registered manager for their information and action as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the provision of activities.

### Areas for improvement

Areas identified for improvement were in relation to the timing of mealtimes and affording patients privacy when undertaking treatments.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in the management arrangements. A new manager was appointed in May 2018. RQIA were notified appropriately and an application for registration with RQIA has been received. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were not clearly recorded. The manager was not aware that hours worked in a nursing capacity were also to be identified on the staff duty roster. The manager agreed to ensure that these hours were recorded in the future. Staff commented positively on the support and leadership provided to date by the manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and hygiene arrangements. In addition robust measures were also in place to provide the manager with an overview of the management of infections and wounds occurring in the home.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements, management of complaints and incidents and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jennifer Willis, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 nursing 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 October 2018</p>	<p>The registered person shall ensure that rooms where cleaning agents/chemicals are stored remain locked at all times.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Areas identified have been discussed with maintenance and two locked cupboards have been ordered, to be erected upon delivery. The doors will remain locked in the interim whilst we await the cupboards.</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 4.</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 November 2018</p>	<p>The registered person shall ensure that patients care plans reflect, where applicable, recommendations made by other health care professionals.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Outcome of RQIA report discussed with nursing staff and advised to ensure all MDT recommendations are to be included in residents individualised care plans as well as maintaining the MDT communication sheet. This will be monitored during care file audits using our QOL programme.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 November 2018</p>	<p>The registered person shall ensure that the timing of patients' mealtimes is in accordance with regional guidelines.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Timing of patients meals to be addressed with catering management and to discuss options on how to progress this forward. Discussed at residents meeting reference timing of meals no concerns raised. Advised staff not to have residents in dining room before 16.45pm tea to be served 17.00pm, kitchen staff aware also. Mealtimes will continue to be monitored by Home Manager.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 October 2018</p>	<p>The registered person shall ensure that the arrangements for health care respect patients right to privacy and dignity at all times.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> Discussed with nursing staff to ensure privacy and dignity of residents at all times. All clinical aspects of care should be carried out in residents rooms or in an area which is comfortable for the resident</p>

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



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