



Unannounced Follow Up Care Inspection Report 5 November 2019



Lisburn Care Home

Type of Service: Nursing Home
Address: 119a Hillsborough Road, Lisburn, BT28 1JX
Tel No: 028 9266 6763
Inspector: Julie Palmer

www.rqia.org.uk

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 38 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Ana Maria Roman – Registration pending
Person in charge at the time of inspection: Ana Maria Roman	Number of registered places: 38
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 30 The home is also approved to provide care on a day basis to 1 person.

4.0 Inspection summary

An unannounced care inspection took place on 5 November 2019 from 09.15 hours to 15.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought 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 infection prevention and control measures, the home's environment, timing and quality of meals, communication, the culture and ethos, taking account of patients' views and governance arrangements.

Areas requiring improvement were identified in relation to staffing levels and skill mix, completion of food and fluid charts and timely completion of care records on admission.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Ana Maria Roman, 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 30 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 30 April 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 28 October to 10 November 2019
- staff training records
- incident and accident records
- five patients' care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- equipment cleaning schedule

- a sample of reports of monthly monitoring reports from April 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: Second time	The registered person shall ensure that the timing of patients' mealtimes is in accordance with regional guidelines.	Met
	Action taken as confirmed during the inspection: Observation of the daily routine and discussion with patients, visitors and staff evidenced that meal times have been reviewed in accordance with regional guidelines. Meals and snacks are provided at appropriate times.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure night time staffing levels are reviewed in order to confirm there are sufficient staff on duty to meet the assessed care needs of patients.	Met
	Action taken as confirmed during the inspection: Review of the duty rota and discussion with the manager evidenced that night time staffing levels were reviewed following the previous inspection and that these meet the current assessed needs of patients.	
Area for improvement 3 Ref: Standard 46 Stated: First time	The registered person shall ensure effective cleaning of identified areas in bathrooms and shower rooms is carried out in order to ensure compliance with best practice in IPC measures.	Met

	<p>Action taken as confirmed during the inspection: Observation of identified areas in bathrooms and shower rooms evidenced that these were clean and hygienic.</p>	
<p>Area for improvement 4 Ref: Standard 44 Stated: First time</p>	<p>The registered person shall ensure that repairs are carried out in the identified shower room and that the room is clearly designated as being out of use.</p>	Met
	<p>Action taken as confirmed during the inspection: The identified shower room and a bathroom in the home had been refurbished and were suitable for use for patients.</p>	
<p>Area for improvement 5 Ref: Standard 47 Stated: First time</p>	<p>The registered person shall ensure that equipment in use in the home is appropriately stored and that common areas are kept tidy and free of clutter.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment evidenced that common areas were tidy and clutter free and equipment was stored appropriately.</p>	
<p>Area for improvement 6 Ref: Standard 21 Stated: First time</p>	<p>The registered person shall ensure effective catheter management, in accordance with infection control best practice guidelines, is provided at all times.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of care records for a patient who had a catheter and observation of catheter management evidenced that best practice in infection control measures was effectively maintained.</p>	
<p>Area for improvement 7 Ref: Standard 41 Stated: First time</p>	<p>The registered person shall ensure the manager's hours and the capacity in which these are worked is clearly recorded on the duty rota.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the duty rota evidenced that the manager's hours and the capacity in which these were worked was clearly recorded.</p>	

6.2 Inspection findings

6.3 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 were regularly reviewed to ensure the assessed needs of patients were met. However, staff spoken with told us that they were not always satisfied with staffing levels. Staff confirmed that efforts were made to cover short notice leave; on the day of the inspection we noted that there were three agency care assistants on duty. Staff informed us that they had discussed their concerns with the manager at a recent staff meeting and were aware that these had been brought to the attention of the regional manager. Staff told us:

- “The regular staff are great but there are problems when lots of agency staff are used.”
- “There is usually only one nurse on duty.”
- “We are behind with our care records as not sufficient time to do these.”

These comments were brought to the attention of the manager for her information and action as required. The manager informed us that two new care assistants had been recruited and were undergoing the necessary employment checks.

Review of the staffing rota from 28 October to 10 November 2019, evidenced that, on several occasions, a skill mix of at least 35 percent registered nurses over 24 hours was not maintained; an area for improvement was made with regard to staffing levels and skill mix of staff on duty.

We also sought staff opinion on staffing via the online survey; no responses were received.

Discussion with the manager and review of the duty rota confirmed that night duty staffing levels had been reviewed following the last inspection and were sufficient to meet the current assessed needs of patients; this area for improvement had been met.

Patients spoken with expressed differing views on staffing levels; the majority were satisfied, one felt that there were too many staff and another told us that “there is always a wait for the toilet”.

Patients’ visitors spoken with were satisfied with staffing levels although one told us that “staff are rushed”.

We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires; no responses were received.

Review of the environment evidenced that the home was warm, clean and fresh smelling throughout. Identified infection prevention and control (IPC) deficits in bathrooms and shower rooms had been resolved; this area for improvement had been met.

We observed staff adhering to IPC measures and carrying out hand hygiene at appropriate times. Personal protective equipment (PPE), for example aprons and gloves, were available and used by staff.

An identified shower room and a bathroom had been attractively refurbished; this area for improvement had been met.

Patients’ bedrooms were personalised and pleasantly decorated with new bed linen and curtains throughout. The manager told us that she planned to continue to improve the environment for patients and would be purchasing additional decorative items, such as pictures and cushions, over the next few months.

Patients and patients’ visitors spoken with were very satisfied with cleanliness in the home and the environment; comments included:

- “I got lovely new curtains last week, my room is very nice.”
- “The room is always nice and clean.”
- “The place is spotless.”

We observed that corridors and fire exits were unobstructed. Equipment was appropriately stored in the home and common areas were clutter free; this area for improvement had been met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to infection prevention and control and the home’s environment.

Areas for improvement

An area for improvement was identified in relation to staffing levels and the skill mix of staff on duty.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

Observation of care delivery and the daily routine in the home evidenced that patients’ care needs were met. Patients spoke positively about the care they received and appeared to be content and settled in their surroundings.

Patients’ visitors also expressed their satisfaction with the care provided. Comments made included:

- “No problems with staff or care at all.”
- “Staff are rushed but do their very, very best.”

- “The care is good.”
- “We have never had cause for complaint.”

We observed that patients, who wished to remain in their bedrooms, had call bells within reach and these were answered promptly. However, one patient told us that “staff sometimes say they will come back but they don’t”. Comments made by patients and visitors were brought to the attention of the manager for information and action as appropriate.

We discussed the timing of meals with the manager and the chef who confirmed that these had been reviewed in order to ensure that patients had sufficient time between meals and snacks. Patients spoken with were satisfied with the timing of meals and snacks; observation of the times meals and snacks were served at evidenced that this area for improvement had been met.

We observed the serving of lunch in the dining room. Staff were observed to appropriately assist patients throughout the meal. The chef was in attendance and served the meal from a heated trolley; patients were offered a choice at the time of serving. It was obvious that staff knew the patients well and were aware of their individual likes and dislikes. The food was well presented and smelled appetising. Patients spoken with after lunch told us that they had enjoyed their meal; one commented that “the food is very nice”.

Food and fluid intake charts were maintained, although, a review of a selection of these evidenced that they had not been completed contemporaneously; an area for improvement was made.

We reviewed five patients’ care records. Care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where necessary, referrals were made to other healthcare professionals. However, in two of the records reviewed we observed that the required risk assessments and care plans had not all been completed within five days of admission to the home; an area for improvement was made.

Review of care records for a patient who had a catheter, observations of catheter management and discussion with staff, evidenced that best practice guidelines were followed and that effective IPC measures were employed; this area for improvement had been met.

Staff spoken with demonstrated their knowledge of how to care for a patient who had had a fall. Where a fall had occurred we observed that the appropriate risk assessments and care plans had been updated as necessary. However, in one care record reviewed we observed that neurological observations had not been completed for the full 24 hour period following a fall. This was brought to the attention of the manager who confirmed that staff would be reminded of the need to complete neurological observations for the 24 hour period and/or record any reason for a deviation from this.

We observed that staff effectively communicated both with patients and each other to ensure patients’ needs were met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timing and quality of meals provided.

Areas for improvement

Areas for improvement were identified in relation to contemporaneous recording of food and fluid intake and timely completion of care records on admission.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 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.

During the inspection we spoke with 10 patients and discussed their experience of living in the home. Patients told us:

- “I am happy here, I feel safe.”
- “I’m quite happy here.”

Patients’ visitors also spoke positively about how their experience of the home, they told us:

- “We have never had cause for complaint.”
- “Happy enough so far.”

Staff were observed to treat patients with dignity and respect; they knocked on bedroom and bathroom doors prior to entering rooms and kept doors closed when assisting patients.

An activity programme was provided; discussion with the activity therapist confirmed that patients were consulted about their interests and preferences in this area.

Patients and visitors told us that they felt listened to by staff. There was a positive culture and ethos within the home.

The manager confirmed that the views of patients, relatives and staff had been sought via surveys for inclusion in the annual quality report and that this was being compiled. Following the inspection RQIA were provided with a copy of the completed report. The report reviewed the quality of nursing and other services provided in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their relatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 displayed in the entrance hall of the home. Discussions with staff and observations within the home confirmed that it was operating within the categories of care registered. There had been a change in management arrangements since the last inspection. RQIA had been appropriately notified that a new manager had been appointed and an application to register the manager had been submitted.

Review of the duty rota evidenced that the manager's hours and the capacity in which these were worked was clearly recorded; this area for improvement had been met.

Patients, visitors and staff were on first name terms with the manager. Staff told us that the manager was supportive and accessible; comments included:

- "Ana Maria is approachable and things have settled down since she started."
- "Ana Maria listens to our concerns."
- "The manager is great."

We reviewed a selection of governance audits and these evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, the dining experience and wound analysis.

Discussion with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Ana Maria Roman, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that the staffing levels and skill mix of staff on duty is reviewed in order to ensure that these are sufficient to meet the assessed care needs of patients.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Staffing has been reviewed. There are currently 2 nurses on duty in the morning from 08-14 and 1 nurse & 1CHAP in the afternoon. Staffing levels and skill mix are kept under constant review as the needs of the patients change.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4 (9)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a contemporaneous record of patients' food and fluid intake is maintained.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Registered Nurses to check food and fluid charts at the end of each shift and sign (personal hygiene, repositioned, food charts); any gaps or discrepancies noticed to be addressed with the staff completing. Supervisions on the completion of supplementary charts is ongoing.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a comprehensive assessment is commenced on the date of admission and that the required risk assessments and care plans are completed within five days of admission.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All new residents will have an admission file traca completed on the 5th day following admission to ensure all required risk assessments and care plans are in place.</p>

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



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