



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment and ID: Lisgarel (1366)
Date of Inspection: 1 July 2014
Inspector's Name: Bronagh Duggan
Inspection No: 17316

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of home:	Lisgarel
Address:	Gloucester Park Larne BT40 1PD
Telephone number:	(028) 2827 4833
E mail address:	ID.Gillespie@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern HSC Trust Mr Larry O'Neill
Registered Manager:	Mrs Debbie Gillespie
Person in charge of the home at the time of Inspection:	Ms Christine Sherry
Categories of care:	RC-I
Number of registered places:	40
Number of residents accommodated on Day of Inspection:	36
Scale of charges (per week):	£450-£461per week
Date and type of previous inspection:	13 March 2014 Secondary unannounced inspection
Date and time of inspection:	1 July 2014 11:00am – 3:10pm
Name of inspector:	Bronagh Duggan

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 9 – Health and Social Care

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Lisgarel Residential Care Home is situated on an elevated site in a quiet residential area convenient to the centre of Larne.

The residential home is owned and operated by the Northern Health and Social Care Trust. The current registered manager is Mrs Debbie Gillespie.

Accommodation for residents is provided in single rooms, some former double rooms are now used as single. The home is split level with the ground floor consisting of the main living areas, kitchen and dining area, and toilet areas. There are a number of large and small lounge areas available for residents to choose from. The dining area is in close proximity to the main living area of the home.

Residents also have access to an outdoor seating area in good weather.

The lower level consists mainly of bedrooms and bathrooms. Access between the floors is via a passenger lift and stairs.

The home is registered for 40 places but since the beginning of 2008 a step down / step up service has been established. Two places are also available for respite care and up to four day care places are provided.

The home is registered to provide care for a maximum of 40 persons under the following categories of care:

Residential care

I Old age not falling into any other category

Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of 4 residents.

SUMMARY

This secondary unannounced care inspection of Lisgarel was undertaken by Bronagh Duggan on 1 July 2014 between the hours of 11:00am-3.10pm. Ms Christine Sherry person in charge was available during inspection and for verbal feedback at the conclusion of the inspection. Ms Lorraine Gibson Senior Manager Northern Health and Social Care Trust was also present for discussion during the inspection.

The requirement made from the previous inspection was examined, this requested information outlining the proposed date when all areas of the home will be brought to an acceptable standard of internal decoration. Information was received from the home which stated a request had been forwarded to Estates services to update the decoration of the home. During the inspection the inspector was informed that Oonagh Cummings Director for older peoples

service had visited the home two weeks earlier and had viewed the work to be done. An order has been placed for new furnishings and shall be allocated in due course.

The focus of this unannounced inspection was on standard nine Health and Social Care. The findings during the inspection showed the home has details of relevant health and social care professionals required by residents. Staff showed good knowledge of the health and social care needs of residents, referrals were made and advice was sought from primary health care services and social services when needed. Resident's representatives were provided with feedback where appropriate, and there were systems in place for monitoring the frequency of health screening appointments.

The home was found to be compliant with this standard.

During the inspection the inspector met with residents, staff, and four relatives and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The relatives spoken to during the inspection indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Comments received from residents, representatives, and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised adequately heated and fresh smelling throughout. Décor and furnishings were found to be somewhat dated a previous requirement made in relation to the general redecoration of the home is being addressed.

No requirements and no recommendations were made as a result of the secondary unannounced inspection.

The inspector would like to thank the residents, relatives, registered manager and staff for their assistance and cooperation throughout the inspection process.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 27 (2) (b)	Confirmation should be forwarded to the RQIA of the proposed date when all areas of the home will be brought to an acceptable standard of internal decoration.	Information was forwarded to RQIA. It was confirmed by the person in charge during the inspection the Director of older people's service recently visited the home and placed an order for new furnishings these shall be allocated in due course.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
Inspection Findings:	
The files of four residents were examined these were found to include the details of professionals involved in the residents care including general practitioner, optometrists and dentists. This information was clearly shown at the front of the files.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
Two staff spoken with during the inspection showed a good understanding of the needs of the residents accommodated in the home. There was some discussion around the needs of residents availing of the step up step down care in the home and how the needs of these residents can change.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	
Inspection Findings:	
The four files examined included evidence of continual monitoring of residents health and welfare. Regular health checks were completed; there was evidence of specialist input in relation to resident's specific needs.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.4 Where appropriate, the resident’s representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Staff informed the inspector resident’s representatives generally accompany them to health and social care appointments, if this is not possible a staff member would accompany the resident. Information included in residents care records showed residents representatives had been informed about their relative’s condition where appropriate.	Compliance
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents’ health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
Records were available which showed residents attendance at health screening appointments. Staff confirmed to the inspector dental, optometry and podiatry screenings were arranged by the service at regular intervals. If a resident requires additional input during these scheduled screenings the home contacts the service provider to arrange an appointment.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents’ spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
Residents have individual storage containers for dentures, and spectacles these are individually labelled. Resident’s personal equipment is stored in their bedrooms.	Compliant

ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with nine residents individually and with eight others in groups. Residents were observed relaxing in the communal lounge area whilst others were relaxing outside in the patio area, others were resting in their bedrooms. A number of residents were observed leaving the home for a day trip to Portstewart supported by staff. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"The care is very good, I get all my food, I don't have to do anything"

"Its great here, I am very happy"

"Everyone is very kind"

"It is absolutely marvellous, it has worked out great".

10.2 Relatives/representative consultation

Four relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

"I can't believe the difference in (relative). He/she is like a different person since coming here. The care is very good, my only concern is what we are going to do if he/she can't stay here".

"The care is excellent, staff are very proactive in regards to care".

"Staff are very helpful, I have no concerns"

"I know the care is good, he/she is well looked after. The staff are very good".

10.3 Staff consultation

The inspector spoke with two members of staff. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. There was some discussion around the needs of the different types of residents including those who access "step up step down" services. Staff confirmed that there was good communication with hospitals and the provider in relation to meeting residents assessed needs.

10.4 Visiting professionals' consultation

The inspector did not speak with any visiting professionals on the day of inspection.

10.5 Environment

The inspector viewed the home accompanied by Ms Christine Sherry and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. The home is currently awaiting some redecoration; orders have been placed with the trust for new carpets and wall coverings. This work is being done in response to a requirement made during a previous inspection and shall be completed periodically.

Quality Improvement Plan

The findings of this inspection were discussed with Ms Christine Sherry as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

Bronagh Duggan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the unannounced inspection of Lisgarel which was undertaken on 1 July 2014 and I agree with the content of the report. Return this QIP to care.team@rqia.org.uk.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Debbie Gillespie
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Una Cunning Dr A Stevens

Approved by:	Date
Bronagh Duggan	11/09/14