

Unannounced Care Inspection Report 2 October 2020



Lisgarel

Type of Service: Residential Care Home (RCH)

Address: Gloucester Park, Larne BT40 1PD

Tel no: 028 2827 4833

Inspector: Alice McTavish

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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 40 residents.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Jennifer Welsh	Registered Manager and date registered: Andrew David Jamison, 17 August 2015
Person in charge at the time of inspection: Clarissa Tweedie, Senior Care Assistant	Number of registered places: 40
Categories of care: Residential Care (RC) I – Old age not falling within any other category	Number of residents accommodated in the residential home on the day of this inspection: 20

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection was undertaken on 2 October 2020 between 10.35 and 16.40 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan (QIP) and to establish if the home provided safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- Staffing
- infection prevention and control (IPC) measures
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they enjoyed living in Lisgarel and that staff treated them well.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2*	2

*The total number of areas for improvement includes one under the Regulations which is carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Andrew Jamison, Manager, who was present for the latter part of the inspection. The timescales for completion commence from the date of inspection.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP

During the inspection the inspector met with three residents, four members of care staff and the cook. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA online.

'Tell Us' cards were provided; these were to be given to visitors who were not present on the day of inspection in order to provide them with the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas
- staff inductions
- competency and capability assessments
- staff training records
- staff supervision and appraisal planner
- cleaning records
- a selection of quality assurance audits
- complaints and compliments
- incident and accident
- activity planner
- three residents' care files
- annual quality survey
- annual quality report

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 31 October 2019. No further actions were required to be taken following the most recent inspection on 31 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure that firm plans are made for the carpets in the hallways throughout the home to be replaced in the near future, unless the major refurbishment work to the home commences before that time.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: The manager reported that this work was planned but was postponed due to the ongoing Covid-19 pandemic.	
Area for improvement 2 Ref: Regulation 17 Stated: First time	The registered person shall ensure that the quality of services is evaluated annually and report is prepared.	Met
	Action taken as confirmed during the inspection: Inspection of the home's annual quality report confirmed that this area was addressed.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure the system in place for the daily cleaning of bathrooms includes the underside of toilet frames and beneath the dispensers for toilet tissue and hand towels.	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that these items were correctly cleansed.	

<p>Area for improvement 2</p> <p>Ref: Standards 1.6 and 1.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • The views and opinions of residents and their representatives about the running of the home are sought formally at least once a year • A report is prepared that identifies the methods used to obtain the views and opinions and this incorporates comments made, issues raised and any actions to be taken for improvement • A copy of this report is provided to residents and their representatives 	<p>Met</p>
<p>Action taken as confirmed during the inspection: Inspection of the home's annual quality survey confirmed that this area was addressed.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • Staff team meetings take place at least quarterly • An agenda is prepared for such meetings • A signing in sheet is completed for staff who attend the meetings • A system is put in place to share the minutes of staff meetings with any staff not present <p>Ref: 6.6</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Inspection of the records of staff team meetings confirmed that these areas were addressed.</p>		

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all worked together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

We found that staff competency and capability assessments were completed for staff who were left in charge of the home in the manager's absence. We saw that staff meetings were held and there was a system in place to share the minutes of meetings with any staff who were not present.

We saw that mandatory training was provided for staff and there was a system in place to ensure this was kept up to date. The manager advised that additional training was also provided for staff, if required.

6.2.2 Infection prevention and control measures

Signage had been erected at the entrance to the home to reflect the current guidance on Covid-19. Anyone entering the home had a temperature and symptom check completed. Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. We looked at the cleaning records and saw that there were some days where domestic staff had not signed that tasks were completed. Although the manager gave assurances that cleaning was completed daily, it could not be evidenced that the cleaning had been done. This was identified as an area for improvement.

All staff donned the correct Personal Protection Equipment (PPE) before commencing duties. We found that PPE stations throughout the home were not stocked with aprons. The manager reported that aprons were not currently available on a roll and therefore could not be placed in the PPE stations, but staff had ready access to all PPE.

Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. We observed that staff used PPE according to the current guidance. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was evident that staff knew the residents well; staff spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- "This is a great place. They (staff) are very good to me. I know a bit about all of them, it makes me feel good."
- "I chose to come to Lisgarel and I feel safe here as I know there is always staff around. I have a call bell but I have only had to use it once and the staff came to me instantly. I couldn't say anything bad – all the staff are excellent, they are friendly and helpful. Now that we are living in a time of Covid, we have to stay away from each other as much as possible. I understand this, but I do miss meeting my friends at meal times and enjoying their company. I also miss having as many visits...but I feel the staff treat everyone with great kindness and good humour. I am very happy I came to live here, I have no regrets."

- “I came here for a few weeks of respite care and had to spend two weeks in isolation; that was a bit tough. I am enjoying getting visits now. The staff are very good, they are attentive and approachable. The home is comfortable and kept very clean.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted residents to make phone calls with their families in order to reassure relatives. Arrangements were now in place on an appointment basis to facilitate relatives visiting their loved ones at the home.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents. Care and kitchen staff were able to describe the dietary needs and preferences of residents.

6.2.4 Care records

We reviewed the care files of three residents which evidenced that detailed, comprehensive care plans were in place to direct the care required. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the dietician were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.5 Environment

An inspection of the internal environment was undertaken; this included examination of a selection of bedrooms, bathrooms, lounges, kitchen and dining area and storage areas. Residents' bedrooms were found to be personalised with items of memorabilia and special interests. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

There had been a number of improvements in the home since the last care inspection. The manager advised that all bedrooms had been repainted and new beds were provided. One wall in a corridor was yet to be painted but this would be done when circumstances allowed. There was a new call system in place which made it easier for staff to identify where help was needed and to respond more promptly. New 'smart' televisions were on order and this would better support residents to use technology to keep in contact with families and friends or to participate in church services. The roof had been repaired and a new fire alarm system was in place. The car park to the front of the building had been resurfaced with lighting upgraded; the garden furniture had been painted and there were lots of pots with colourful planting. We noted, however, that a shower door in one identified bathroom was broken; staff reported that this caused the floor to flood. This was identified as an area for improvement.

6.2.6 Governance and management arrangements

There was a clear management structure within the home and retained oversight of the home. All staff commented positively about the manager and described him as supportive, approachable and always available for guidance and support.

There was a system of audits which covered areas such as falls, staff compliance with hand hygiene and equipment such as mattresses, pressure relieving cushions and commodes. This helped to ensure that the manager had effective oversight of care delivery to residents. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We discussed with the manager the need to regularly audit care records and residents' weights. The manager described how any senior care staff reviewed such records regularly and reported any areas which needed to be addressed; as there was limited managerial oversight of these areas, this was identified as an area for improvement.

The manager reported that visits by the representative of the registered provider were suspended during the early part of the Covid-19 pandemic but an enhanced system of governance was put in place during this period. This was designed to ensure that the home had the correct equipment and guidance to prevent an infection outbreak, also that residents and staff were effectively supported. This involved weekly meetings with senior trust management. Although we were assured that there was no reduction in the governance in the home, it remained necessary to prepare a written report on a monthly basis and make this available in the home. This was identified as an area for improvement.

Areas of good practice

Good practice was found throughout the inspection in relation to the cleanliness and comfort of the environment. We observed friendly, supportive and caring interactions between residents and staff.

Areas for improvement

Three new areas for improvement were identified. These related to the visits by the registered provider, the records of completed cleaning tasks and repair or replacement of the shower door in an identified bathroom.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff adhered to the correct infection prevention and control guidance. We were assured that the care provided in the home was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrew Jamison, 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 residential 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 31 December 2019	<p>The registered person shall ensure that firm plans are made for the carpets in the hallways throughout the home to be replaced in the near future, unless the major refurbishment work to the home commences before that time.</p> <p>Ref: 6.1</p>
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Regulation 29 (4) (c) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that a visit by the registered provider takes place at least once a month; a written report on the conduct of the home is prepared and made available in the home.</p> <p>Ref: 6.2.6</p>
	Response by registered person detailing the actions taken: The monthly visits by the registered provider have been reinstated and are being completed.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall that when cleaning tasks are completed, this is recorded.</p> <p>Ref: 6.2.2</p>
	Response by registered person detailing the actions taken: Domestic staff have been reminded to sign this form when tasks are completed. This will be audited.
Area for improvement 2 Ref: Standard 27.8 Stated: First time To be completed by: 30 November 2020	<p>The registered person shall ensure that the shower door in one identified bathroom is repaired or replaced.</p> <p>Ref: 6.2.5</p>
	Response by registered person detailing the actions taken: The shower door in bathroom 49 has been reported , and discussion have taken place with Estates services. A plan has been agreed to replace the door and refurbish the shower room.

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



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