

Unannounced Care Inspection Report 12 January 2017



Lisgarel

Type of service: Residential care home
Address: Gloucester Park, Larne, BT40 1PD
Tel no: 02828274833
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lisgarel Residential Home took place on 12 January 2017 from 10:30 to 16.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, and infection prevention and control.

One requirement was made in regards to ensuring fire safety checks are completed on a regular basis.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records and reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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

One recommendation was made in regards to formally gathering the views of residents and representatives on an annual basis and including the findings in an associated report.

Is the service well led?

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

One recommendation was made in relation to ensuring the availability of monthly monitoring reports within the home.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Andrew Jamison, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 June 2016.

2.0 Service details

Registered organisation/registered person: Northern HSC Trust / Anthony Stevens	Registered manager: Mr Andrew David Jamison
Person in charge of the home at the time of inspection: Mr Andrew David Jamison	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category	Number of registered places: 40

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous inspection, the returned Quality Improvement Plan, and the previous inspection report.

During the inspection the inspector met with 12 residents, three care staff, one resident's visitor/representative and the registered manager.

The following records were examined during the inspection:

- Staff duty roster
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records

- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of equipment checks, environmental checks
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eight questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21/06/16

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 21/06/16

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27.2 (b) Stated: First time To be completed by: 21 September 2016	<p>The registered provider must ensure that a plan is put in place to identify and improve the home environment to ensure it is kept in a good state internally.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records available in the home confirmed that plans were in place to improve the internal environment of the home. Progress regarding the improvement will be followed up during the next care inspection.</p>	Partially Met

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 24.3 Stated: First time To be completed by: 21 August 2016	The registered provider should ensure a schedule for annual staff appraisals and staff supervision is developed and maintained in the home. Action taken as confirmed during the inspection: Schedules were in place regarding the provision of supervision and staff appraisals.	Met
Recommendation 2 Ref: Standard 25.8 Stated: First time To be completed by: 21 September 2016	The registered provider should ensure staff meetings occur on a regular basis and at least quarterly. Action taken as confirmed during the inspection: Review of records in the home and discussion with staff confirmed staff meetings were occurring on a regular basis and at least quarterly.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. The duty roster confirmed that it accurately reflected the staff working within the home.

Review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

During the previous inspection the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The registered manager confirmed arrangements were in place to monitor the registration status of staff with their professional body.

The registered manager confirmed that there are plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion and the accompanying updated policy and procedure is being developed at trust level.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager confirmed there had been no recent safeguarding issues in the home. The registered manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. infection prevention and control, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. The registered manager confirmed unannounced infection prevention and control audits are completed on a regular basis by the IPC nurse and records are retained.

The registered manager confirmed any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh

smelling, clean and appropriately heated. The internal décor was tired and dated, as stated earlier in this report a plan has been drawn up regarding improvements to be made within the home environment. Progress with this plan shall be followed up during the next care inspection.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated March 2016. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed in October 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were checked weekly, it was noted however that firefighting equipment and fire exits were last checked in October 2016, the need to ensure these safety checks were maintained on a regular basis was discussed with the registered manager. A requirement was made. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from completed questionnaires were as follows:

- Staff all very good but sometimes under pressure.

Areas for improvement

One area for improvement was identified in relation to ensuring fire safety checks are maintained on an up to date basis.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident.

Care needs assessment and risk assessments (e.g. manual handling, bedrails, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. For example staff were aware of residents individual likes and dislikes.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls), medicines management, hand hygiene and equipment were completed. The registered manager confirmed any actions identified for improvement would be incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection. The benefit of holding residents meetings on a more frequent basis was discussed with the registered manager.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and one representative confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents, representative and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. For example information relating to church service times, the daily menu and activities was displayed in a central area of the home. Information was also on display regarding arrangements made to gather the views and opinions from residents about their experiences in the home. The registered manager confirmed residents were being given the opportunity to prepare in advance any issues they may want to discuss.

The registered manager, residents and representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, one representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example staff ensuring that they always knock before entering resident's bedrooms.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, one representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example residents' meetings, suggestion box, annual reviews etc.

A recommendation was made that residents and representatives should be consulted formally about the quality of care at least annually. The findings from the consultation should be collated into a summary report which should be made available for residents and other interested parties to read. An action plan should be developed and implemented to address any issues identified.

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/ satisfied.

Residents and resident's representative commented:

- "Staff, they are the tops, couldn't be better. The food is good, you have a good choice."
- "I like it here, the staff are very kind."
- "No complaints from me."
- "They are all very nice, I like it alright. Staff are usually about if you need them."
- "I can't complain, the staff are very good, I like it very much."
- "This is a great place, you couldn't do without it. The staff are all very good. Its clean and tidy, we are kept well informed if there are any changes."

Comments received from completed questionnaires were as follows:

- It would be good to have a bit more time to spend talking to resident sometimes and listening to their views.
- Have always found staff are very kind, always willing to talk.

Areas for improvement

One area for improvement was identified in relation to formally gathering the views of residents and representatives on an annual basis and including the findings in an associated report.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the category of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. Information was also available in the visitors room area of the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager confirmed staff are consistently reminded of the importance of onward reporting. A regular audit of accidents and incidents was undertaken learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and opportunities for resident feedback.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Including for example infection prevention and control procedures. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

The registered manager confirmed monitoring visits were completed on a monthly basis. The most recent records of monthly monitoring visits available for inspection were January 2017,

November 2016 and September 2016. The need to ensure all monthly monitoring reports are stored in the home was discussed with the registered manager. A recommendation has been made.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular meetings.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied /satisfied.

Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring the availability of monthly monitoring reports within the home.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Andrew Jamison, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 27.(3) (d) Stated: First time To be completed by: 19 January 2017	<p>The registered provider must ensure fire safety checks are maintained on an up to date basis.</p> <hr/> <p>Response by registered provider detailing the actions taken: The fire equipment checks had been carried out ,but not recorded on two occassions.These monthly checks will be recorded on an up to date basis</p>
Requirement 2 Ref: Regulation 27.(2) (b) Stated: Second time To be completed by: 12 May 2017	<p>The registered provider must ensure that a plan is put in place to identify and improve the home environment to ensure it is kept in a good state internally.</p> <hr/> <p>Response by registered provider detailing the actions taken: There have been floor coverings replaced recently and we are waiting on new furniture arriving in March. More floor coverings also will be replaced. A new lift is being installed in March. This improvement work is an ongoing plan.</p>
Recommendations	
Recommendation 1 Ref: Standard 1.6 Stated: First time To be completed by: 12 March 2017	<p>The registered provider should formally gather the views of residents and representatives on an annual basis and include the findings in an associated report.</p> <hr/> <p>Response by registered provider detailing the actions taken: This annual process has been commenced.</p>
Recommendation 2 Ref: Standard 22.3 Stated: First time To be completed by: 12 March 2017	<p>The registered provider should ensure all monthly monitoring reports are available in the home at all times.</p> <hr/> <p>Response by registered provider detailing the actions taken: Some reports had been misfiled these reports will be available on an ongoing basis</p>

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The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews