



The Regulation and
Quality Improvement
Authority

Lisgarel
RQIA ID: 1366
Gloucester Park
Larne
BT40 1PD

Inspector: Bronagh Duggan
Inspection ID: IN022348

Tel: 02828274833
Email: andrew.jamison@northerntrust.hscni.net

**Unannounced Care Inspection
of
Lisgarel**

16 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 16 June 2015 from 10.30 to 15.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with Mr Andrew Jamison acting manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern HSC Trust/Anthony Stevens	Registered Manager: Mr Andrew Jamison (Acting, pending application approval)
Person in Charge of the Home at the Time of Inspection: Mr Andrew Jamison	Date Manager Registered: 1/06/2015
Categories of Care: RC- I	Number of Registered Places: 40
Number of Residents Accommodated on Day of Inspection: 33	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection the following records were analysed: Notification of accident and incident records and the previous returned Quality Improvement Plan.

During the inspection we met with 10 residents, four care staff, one visiting professional and four resident's visitors/representatives.

The following records were examined during the inspection:

- Six care records
- Relevant Policies and Procedures
- Staff training records
- Fire Safety Risk Assessment
- Compliments and complaints
- Accident and incident records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 5 May 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (1) (e)	<p>The registered person shall make suitable arrangements for the training of persons employed in first aid.</p> <p>Reference to this is made that the majority of care staff last completed training in March 2011.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Staff training records inspected showed that staff had completed training in first aid. Staff spoken with during the inspection confirmed they had completed recent training.</p>	
Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 2 Ref: Regulation 27 (4) (d) (i)	<p>The registered person shall make adequate arrangements for detecting, containing and extinguishing fires;</p> <p>Reference to this is made to the fact that four fire doors were observed as being wedged/propped open upon arrival at the home.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Upon arrival at the home we observed all fire doors being managed appropriately.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	The need to notify RQIA on each occasion restraint is used should be included within the homes policy and procedure relating to the managing challenging behaviour and the use of restraint.	Partially Met
	Action taken as confirmed during the inspection: The acting manager confirmed that the home's policy relating to the managing of challenging behaviour has been updated. A copy was available in the home. However the policy is currently awaiting approval at trust level. This recommendation has been restated for a second time in the QIP.	
Previous Inspection Recommendations		
Recommendation 1 Ref: Standard 10.1	All care staff should complete training relating to managing behaviours on an annual basis in keeping with RQIA Guidance on Mandatory Training 2012.	Not Met
	Action taken as confirmed during the inspection: The acting manager confirmed that this training had not been completed. This recommendation has been restated for a second time in the QIP.	
Previous Inspection Recommendations		
Recommendation 3 Ref: Standard 20.15	All relevant information should be stipulated when completing accident/incident notifications including whether next of kin and any other agencies have been informed.	Met
	Action taken as confirmed during the inspection: This issue was discussed with the acting manager who confirmed that this had been addressed with staff. Recent notifications received by RQIA contained all relevant information.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 4 Ref: Standard 7.2	Consent to the use of the chair alert pad should be included in the identified residents care plan.	Met
	Action taken as confirmed during the inspection: We inspected the identified care plan which reflected the resident's consent regarding the use of the device.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 5 Ref: Standard 13.4	The programme of activities display should be made larger and more visually stimulating to facilitate a greater awareness of what activities are available on a daily basis within the home.	Partially Met
	Action taken as confirmed during the inspection: The programme of activities was displayed in a larger format however additional pictorial evidence of activities provided should be added to ensure residents are aware of the activities available. This recommendation has been restated in the QIP.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff they confirmed that they work closely with other health care professionals. This includes GP's and the district nursing service to ensure that the care delivered is safe and effective. Staff confirmed to us that they liaise closely with the residents families and keep family members informed of any change in the resident's condition. Assessments and care plans are updated accordingly when the residents care needs change. Records are maintained to document the residents' condition.

The acting manager confirmed that spiritual support is available for residents on a regular basis with frequent visits from local ministers and services provided in the home.

Is Care Effective? (Quality of Management)

We inspected six care records. Two of these records included advanced care plans which included resident's wishes. Three other records stated to contact the family in case of an emergency. We discussed with the acting manager the benefit of obtaining the recorded wishes of residents regarding specific arrangements at the time of their death. We made a recommendation that this issue should be clarified for all residents through a process of consultation.

The home had a policy in place regarding the death of a resident, this contained relevant information. Staff confirmed that they had completed training around dying and death. Staff confirmed that this training had been beneficial.

In relation to handling deceased resident's belongings the acting manager confirmed that these are handled with care and respect. A procedure is in place to ensure all items are secured and dealt with in a timely manner in consultation with the residents' representative.

Is Care Compassionate? (Quality of Care)

In our discussions with the acting manager and staff they confirmed that the needs of the dying resident are met with a strong focus on dignity and respect. Information is communicated sensitively to family members who are given privacy and time to spend with their loved one.

The acting manager confirmed that following the death of a resident other residents are informed in a sensitive manner. Residents and staff have the opportunity to pay their respects and are provided with support if needed. Staff confirmed that there was a supportive ethos with the management of the home in helping staff to deal with dying and death.

Areas for Improvement

We identified one area for improvement in relation to this standard. Overall this standard was assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

We inspected six care records which reflected that an individualised assessment and plan of care was in place regarding continence management. The acting manager confirmed to us that these are reviewed regularly. All issues of assessed need are referred to district nursing services. We made a recommendation that care plans relating to more complex continence needs including catheter and stoma care should include greater detail regarding their management.

We observed adequate supplies of aprons, gloves and hand washing dispensers throughout the home. No malodours were identified.

Is Care Effective? (Quality of Management)

The home had a policy in place regarding the management of continence. Resident's individual needs are reviewed regularly. Identified issues of assessed need are reported to the district nursing services for advice and support.

Staff completed training in infection control in 2015 and continence management in 2012. We made a recommendation that staff training on continence management is updated. This training should incorporate the management of more complex continence products including catheter and stoma care considering the number of residents in the home with these specific care needs.

Is Care Compassionate? (Quality of Care)

In our discreet observations of care practices we found that residents were treated with dignity, care and respect when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

We identified two areas for improvement in relation to this theme. Overall, this theme was found to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	2
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5.5 Additional Areas Examined

5.5.1 Residents Views

We spoke with 10 residents individually and others in groups. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments from residents included:

"Staff go beyond their call of duty"

"We are treated as individuals"

"100% satisfied"

5.5.2 Relatives / representatives views

We met with four visiting relatives / representatives who shared their experience of visiting the home.

Comments received included:

"This is a great home, staff are friendly and welcoming"

"There is a good range of things for residents to do"

"Staff are very approachable, nothing is too much bother"

"Staff keep me fully informed about care provided"

5.5.3 Visiting Professional Views

We spoke with one visiting professional in the home on the day of the inspection. They gave very positive comments regarding the quality of care provided. They also stated that the staff were good at providing feedback when required.

5.5.4 Statement of Purpose and Residents Guide

We reviewed the home's Statement of purpose and Residents guide. We noted that these did not reflect the change of manager. We discussed this with the acting manager and advised that the documents should be updated pending registration to reflect the managerial change to the home.

5.5.5 Fire Safety

Fire safety training including fire safety drills were maintained on an up to date basis.

An up to date Fire Safety Risk Assessment was in place. At the time of this inspection we observed no obvious risks within the environment in terms of fire safety.

6. Quality Improvement Plan

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

The registered persons 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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be Completed by: 25 August 2015</p>	<p>The acting manager should ensure resident's wishes in the event of their death are obtained through a process of consultation and or care review.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Residents wishes in the event of their death are already discussed at annual reviews. This will be highlighted again with the staff concerned and more detail documented.</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be Completed by: 11 August 2015</p>	<p>The acting manager should ensure that care plans relating to more complex continence needs including catheter and stoma care should include greater detail regarding their management.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Greater detail will be included in care plans relating to more complex continence needs.</p>
<p>Recommendation 3</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p> <p>To be Completed by: 25 August 2015</p>	<p>The acting manager should ensure that staff training on continence management is updated. This training should incorporate the management of more complex continence products including catheter and stoma care.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Continence training for staff will be updated and will cover catheter care, stoma care training is done as required as would be unusual for us to have a resident with a stoma,.</p>
<p>Recommendation 4</p> <p>Ref: Standard 10.1</p> <p>Stated: Second time</p> <p>To be Completed by: 25 August 2015</p>	<p>The need to notify RQIA on each occasion restraint is used should be included within the homes policy and procedure relating to the managing challenging behaviour and the use of restraint.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Restraint is not normally used within this unit. The policy relating to managing challenging behaviour has been amended to include the need to notify RQIA if a situation requiring restraint to be used should occur.</p>
<p>Recommendation 5</p> <p>Ref: Standard 10.1</p> <p>Stated: Second time</p> <p>To be Completed by:</p>	<p>All care staff should complete training relating to managing behaviours on an annual basis in keeping with RQIA Guidance on Mandatory Training 2012.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Trust has recently embraced the rollout of RESPECT training in dealing with challenging behaviours. This training is being rolled out to</p>

25 August 2015	residential units in the current year.		
Recommendation 5 Ref: Standard 13.4 Stated: Second time To be Completed by: 25 August 2015	The programme of activities display should be made larger and more visually stimulating to facilitate a greater awareness of what activities are available on a daily basis within the home.		
	Response by Registered Person(s) Detailing the Actions Taken: A new activity board has been ordered and will accommodate additional display information in relation to activities.		
Registered Manager Completing QIP	Andrew Jamison	Date Completed	24/7/2015
Registered Person Approving QIP	Dr Tony Stevens Una Cunning	Date Approved	05.08.15
RQIA Inspector Assessing Response	Bronagh Duggan	Date Approved	14/8/15

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address

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