



Unannounced Care Inspection Report

31 October 2019



Lisgarel

Type of Service: Residential Care Home
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 registered residential care home which provides care for up to 40 residents.

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Anthony Baxter Stevens | Registered Manager and date registered: Andrew David Jamison 17 August 2015 |
| Person in charge at the time of inspection: Deborah Gillespie, deputy manager | Number of registered places: 40 The home is approved to provide care on a day basis only to 4 persons. |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category | Total number of residents in the residential care home on the day of this inspection: 31 |

4.0 Inspection summary

An unannounced inspection took place on 31 October 2019 from 09.55 to 16.00 hours.

The inspection 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 staffing, staff training, supervision and appraisal, adult safeguarding and care records. Good practice was also found in relation to communication, the dignity and privacy afforded to residents and maintaining good working relationships.

Five areas requiring improvement were identified. Two areas, relating to the home's environment and the annual quality report, were required to comply with the Regulations. Three areas, in respect of infection prevention and control, the annual resident satisfaction survey and staff meetings, were required to comply with the Standards.

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

Comments received from residents 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, and enhance practice and residents' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 3 |

Details of the Quality Improvement Plan (QIP) were discussed with 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.

4.2 Action/enforcement taken following the most recent inspection dated 18 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 18 April 2019. No further actions were required to be taken following the most recent inspection on 18 April 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, notifications of accidents and incidents and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, 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 residents 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.

Two questionnaires were returned from residents or their relatives. Both respondents indicated that they were satisfied or very satisfied with the quality of care and services within Lisgarel. No questionnaires were returned by staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 27 October to 16 November 2019
- staff training schedule and training records
- four residents' records of care
- compliment records

- governance audits/records
- accident/incident records from September and October 2019
- reports of visits by the registered provider from May to September 2019
- RQIA registration certificate

The findings of the inspection were provided to the registered manager who was present to receive feedback at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 18 April 2019

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The people who live in this home that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff, laundry, kitchen and domestic staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

The deputy manager advised that no new staff had been recruited since the last care inspection; the trust made sure that all staff were properly recruited and that all pre-employment checks had been made.

Staff induction, supervision and appraisal

We spoke with staff who told us that they had a good induction to working in the home and that they got regular supervision. We saw that the manager had a system in place for planning supervisions and annual appraisals with staff.

Staff training and registration with professional body

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to the highest standards of conduct and practice.

Safeguarding residents from harm

The deputy manager was able to describe how residents in the home were protected from abuse or harm. Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The deputy manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was kept warm and there were no malodours. Bedrooms and communal areas were kept clean, but we did see that there was some staining on the underside of some toilet frames and beneath the dispensers for toilet tissue and hand towels. Action was required to ensure compliance with the Standards in regard to the cleanliness of bathrooms.

There were communal lounges and a dining room for the use of residents along with space for activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair. We saw that bedrooms contained a variety of personal effects belonging to residents. Residents told us that they liked their rooms and felt they had their own space and privacy.

We noted that the carpets in the hallways throughout the building were soiled and torn in places. Tears had been covered with tape. The manager advised although there was a plan to refurbish the home, no exact date had been given for the commencement of this work. The carpets were regularly and thoroughly cleaned but stains remained. Action was required to ensure compliance with the Regulations in regard to the premises.

Restrictions

The deputy manager told us that residents living in Lisgarel enjoyed as much freedom as possible whilst remaining safe; residents were free to leave the building if they wished. The deputy manager advised that management staff had attended training in the Mental Capacity Act which was due to come into force in Northern Ireland in December 2019 and that care staff were in the process of completing training.

For residents who may be at risk of falling, pressure alarm mats were used to alert staff if residents had left their beds or seats. One resident used a seat pressure pad which operated in the same way and some other residents used bed rails. When we looked at care records for residents we saw that any restrictions were documented.

Infection prevention and control (IPC)

The deputy manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, supervision and appraisal and adult safeguarding.

Areas for improvement

Two areas were identified for improvement. These were in relation to the cleaning arrangements for bathrooms and to the replacement of carpets.

| | Regulations | Standards |
|--|-------------|-----------|
| Total numb of areas for improvement | 1 | 1 |

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The deputy manager described a robust assessment and admissions process before residents could be admitted to Lisgarel. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. The deputy manager described

how there was good working relationships between professionals and how this contributed to the residents getting the correct levels of care.

The deputy manager told us about falls management in the home and we were assured that the procedure and practice was good. The manager completed an audit of accidents or incidents in the home each month which included falls. This looked for any patterns or trends and considered actions to reduce the likelihood of further falls. The manager and staff were aware of how they could get professional advice from medical or trust staff, where necessary.

The deputy manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were reviewed regularly to make sure that they were accurate and up to date.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records; for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

Activities

Staff told us about the range of activities available and how they worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection we saw that residents were engaged in a floor game and a quiz. Residents told us there had been a Halloween party and they had participated in painting pumpkins to decorate the dining room. Residents said that they enjoyed the activities on offer and that there was enough to keep them occupied, if they wanted to join in.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place regularly. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

We spoke with the manager who advised that those residents who came to Lisgarel for respite care or for recovery after being in hospital were asked for their views on the quality of the care and the services provided by the home. There was, however, no such satisfaction survey completed by residents and their family members. Action was required to ensure compliance with the Standards in regard to an annual satisfaction survey.

Residents made the following comments:

- "It's great here. I like it. The food is great and I get plenty of it. I couldn't be in a better place."
- "I like it here well enough. The girls (staff) are good to me."
- "It's good here. The staff are very pleasant and the physiotherapist comes to see me, they are good at getting me up and going again."

A social work student on placement in Lisgarel said, "I think the care here is very good. The staff are very patient, approachable and attentive to the residents. There's plenty of staff, especially in the mornings and evenings when residents need more help. My role here entails getting feedback from the residents who come here for recovery after leaving hospital and they always tell me how well they have been looked after in Lisgarel and how they are all very happy here. The staff are very good about identifying if peoples' needs are changing or if they aren't suitable for residential care – they let us know so that the correct level of care is arranged. The manager is very good and makes sure that everything runs very smoothly."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the dignity and privacy afforded to residents.

Areas for improvement

One area was identified for improvement. This was in relation to an annual satisfaction survey.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager and the deputy manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The manager also spent time completing managerial tasks to make sure he was satisfied that the home ran well. The manager completed audits of areas such as accidents and incidents, hand hygiene and IPC and looked for any ways in which these areas could be improved. The manager made sure that staff were properly supported to do their jobs through providing regular supervision, appraisal and training. The manager made sure, too, that all of the systems were in place to ensure the safety of the home, for example, that all fire checks are completed.

We looked at the latest fire risk assessment for the home dated March 2019 and saw that two recommendations had been made but had not been signed by the manager as having been addressed. The manager later provided written confirmation that one recommendation had been addressed and there were firm plans to action the second recommendation.

Complaints and Compliments

The manager dealt with any complaints raised by residents or their family members; no complaints had been received since the last care inspection. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. A selection of recent compliments was as follows:

- “Thank you so much for the care given to our wee (relative). I know that the final months of her life were made easier knowing that she had such lovely faces around her. Thank you to

you both (manager and deputy manager) and all the wonderful staff, carers, kitchen staff and cleaners, you are all so much appreciated.”

- “I really appreciate the care, concern and attention I have been given during my time here. Many thanks indeed. If I was ever to go into care full time, I would choose Lisgarel.”
- “Thank you very much for the great care you have taken of (my relative). He was always very happy in the home and spoke often of the great care he received.”
- “(My relative) was extremely well looked after in Lisgarel and the staff were like friends to both him and us. The highest compliment that can be paid to the staff there is that (he) came to consider Lisgarel as ‘home’...Throughout the difficult times...all the staff at Lisgarel were friendly and helpful, and we were always happy that he was being well looked after.”

Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in falls prevention and the management of complaints.

Communication

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. He also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

When we looked at the minutes of staff meetings we saw that there had been only two staff meetings for senior care and for care assistants. We also saw that there was no prepared agenda for these meetings, no signing in sheet for staff attendance and no system to ensure that the minutes of staff meetings were shared with any staff not present. Action was required to ensure compliance with the Standards in relation to staff team meetings.

Visits by the registered provider

The home was visited by a representative of the registered provider each month and aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits between May and September 2019. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Annual quality report

The manager advised that an annual report of the quality of the services provided in the home had not been prepared by senior trust management. Action was required to ensure compliance with the Regulations in respect of an annual quality report.

Areas of good practice

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

Areas for improvement

Two areas were identified for improvement. These were in relation to staff meetings and the annual quality report.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 1 |

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, registered 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 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.

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: 6.3</p> <p>Response by registered person detailing the actions taken: The replacement of carpets is included in a business case which will be completed as soon as funding becomes available in the New financial Year.</p> |
| Area for improvement 2 Ref: Regulation 17 Stated: First time To be completed by: 31 January 2019 | <p>The registered person shall ensure that the quality of services is evaluated annually and report is prepared.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The annual quality report will be prepared as agreed</p> |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 4 November 2019 | <p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: These areas have been detailed on the daily cleaning schedule for the bathrooms..</p> |
| Area for improvement 2 Ref: Standards 1.6 and 1.7 Stated: First time To be completed by: 31 December 2019 | <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>Ref: 6.5</p> |

| | |
|---|---|
| | <p>Response by registered person detailing the actions taken: This report was overdue and will now be actioned.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 29 November 2019</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>Response by registered person detailing the actions taken: Staff meetings will be typed up and shared in the format suggested.</p> |

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



The **Regulation and
Quality Improvement
Authority**

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care