

# Unannounced Care Inspection Report 4 February 2021



## Lecale Lodge

**Type of Service: Residential Care Home**  
**Address: 26 Strangford Road, Downpatrick, BT30 6SL**  
**Tel No: 028 4461 6487**  
**Inspector: Linda Parkes**

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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 residential care for up to 15 residents. The service is also in the same building as Lecale Lodge registered Nursing Care Home. Rita Denvir is the acting manager for both services.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Rita Denvir - acting manager – no application required.
<b>Person in charge at the time of inspection:</b> Rita Denvir	<b>Number of registered places:</b> 15  A maximum of 11 residents in category RC-MP/MP(E) and a maximum of 4 residents in category RC-I.
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 14

### 4.0 Inspection summary

An unannounced inspection took place on 4 February 2021 from 12.05 to 18.15. 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 assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- the internal environment/infection prevention and control (IPC) practices
- staffing and care delivery
- residents' care records
- governance and management.

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
<b>Total number of areas for improvement</b>	*2	0

\*The total number of areas for improvement includes one regulation which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Rita Denvir, 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.

## 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 returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with four residents, a small group of residents in the lounge, the manager and five staff. 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 on-line. No staff responses were received within the timescale specified. The inspector provided the manager with "Tell us cards" which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for the period 25 January 2021 to 7 February 2021
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- a selection of quality assurance audits
- compliment records
- four residents' activity records

- two residents' care records
- two residents' weight records
- RQIA registration certificate.

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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 15 January 2020.

Areas for improvement from the last inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall review the process for the administration of medicines to ensure that staff witness the administration. Records of administration should be completed following administration.	<b>Carried forward to the next care inspection</b>
	<b>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.</b>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27 <b>Stated:</b> Second time	The registered person shall ensure the grounds are safe, well maintained and remain suitable for their stated purpose.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager advised that remedial work of the grounds and pathways had been undertaken in August 2020 and that the gardener ensures the grounds are maintained weekly. Observation of the grounds evidenced they were safe, well maintained and suitable for their stated purpose.	

## 6.2 Inspection findings

### 6.2.1 The internal environment/infection prevention and control practices

Upon arrival to the home the inspector underwent a temperature and symptom check. The manager advised that all staff have a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home have their temperature checked twice daily in compliance with current COVID-19 regional guidance.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods was used to promote orientation, for instance, there were clocks and photographs throughout the home to remind residents of the date, time and place.

A resident spoken with advised that the washing machine, tumble dryer and the dishwasher in the kitchen of the unit, were out of order. This was discussed with the manager who advised that she was aware of the matter. Correspondence received on 10 February 2021 from the manager confirmed that replacements for these items had been purchased.

It was noted that new bins were required in two identified bathrooms. This was discussed with the manager who advised she would address the matter. Correspondence received on 10 February 2021 from the manager confirmed that two new bins have been purchased for these identified parts of the home.

On inspection of the unit it was observed that the caution wet floor signs were not displayed in the lounge or in an identified bathroom, after the floors in these areas had been mopped and were still drying. It was noted that no such signs were available on the unit. This was discussed with a staff member given the potential slip hazard for residents and staff. The staff member immediately sourced signs from another unit in the home and put them in place. This was discussed with the manager and an area for improvement under regulation was identified.

Pull cords in bathrooms throughout the home were seen to be appropriately covered and could be easily cleaned in keeping with infection prevention and control best practice.

The majority of information displayed in the home was laminated and could be wiped clean in order to comply with infection prevention and control best practice; we highlighted one notice on the manager's door which was not laminated and the manager removed it immediately.

We observed that personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

## 6.2.2 Staffing and care delivery

A review of the staff duty rota from 25 January 2021 to 7 February 2021 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. The rota also clearly indicated who the person in charge of the home was in the absence of the manager. Rotas confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support care staff. No concerns regarding staffing levels were raised by residents or staff in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Lecale Lodge. We also sought the opinion of residents and their representatives on staffing via questionnaires. Seven questionnaires were returned within the timescale specified. They did not indicate if the questionnaire was completed by the resident or their representative. All questionnaires returned indicated they were very satisfied that care was effective, staff were kind and that the home was well managed.

Cards of thanks to the staff were displayed in the home. Comments recorded included:

- "Thank you all for the role you played in her care. We will remember ... with affection."
- "Thank you for looking after ... Your care and kindness meant a lot to her."

The menu for the day was displayed on a notice board in the dining room in a suitable format; however, it was noted that it had not been updated recently since 2 February 2021 and did not reflect the meal choices currently available. We discussed this with a member of staff who immediately updated the notice board and advised that the daily menu is discussed with residents each day so that they can choose what they would like. The manager advised that the menu board had not been updated as the planned menu had been revised on a temporary basis, due to remedial flooring work that has been arranged to be carried out in the kitchen within the next few weeks. The new flooring and display of the daily menu will be reviewed at the next care inspection.

Two residents spoken with commented:

- "The staff's good and so is the food. They will get me something else if I don't like what's on the menu. I've no concerns."
- "I'm ok and have no concerns. The manager and staff are good."

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The weekly activity planner was displayed on the notice board in the unit, advising residents of planned activities. Review of four residents' activity records from 26 January 2021 to 1 February 2021 evidenced that they were well recorded and that residents had participated in a variety of activities to include board games, a quiz, bingo, making pictures and hearts for Valentine's Day and going for walks with staff.

The manager advised that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident's condition and any



changes noted by staff in regard to their wellbeing. She advised that there was effective teamwork and that staff members know their role, function and responsibilities. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. The manager stated that the regional operational safeguarding policy and procedures were embedded into practice.

### **6.2.3 Residents' care records**

Review of two residents' care records regarding falls, mobility, the use of a prosthesis, personal hygiene, oral hygiene, nutrition and choking risk, evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of each resident. Appropriate risk assessments and evaluations had also been completed.

Weight records for two residents from 2 December 2020 to 1 February 2021 were reviewed and a system was observed to be in place to monitor residents' weight loss and weight gain.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, GPs, speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

### **6.2.4 Governance and management**

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately of this change. The certificate of registration issued by RQIA was appropriately displayed in the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

The manager confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council. Review of NISCC registration records which were maintained by the manager confirmed that these were up to date.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2020 evidenced that staff had attended training regarding infection prevention and control, the use of personal protective equipment and fire safety.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans and IPC practices including hand hygiene.

We reviewed accidents/incidents records from 2 August 2020 to 30 September 2020 and noted that these had been completed correctly; it was also noted that statutory notifications had been submitted to RQIA for this period, where necessary.

Monthly quality monitoring visits by the responsible individual were reviewed. A selection of these records from 25 November 2020 to 21 December 2020 evidenced that each month's action plan was reviewed as part of the subsequent monthly visit to ensure that identified actions had been completed.



The manager advised that systems were in place to ensure that complaints were managed appropriately and that no complaints had been raised in recent months.

Residents and staff spoken with confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of PPE, the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was also found regarding adult safeguarding, care records, management of accidents/incidents and communication between residents, staff and other professionals.

### Areas for improvement

One new area of improvement was identified regarding the health and welfare of residents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and compliance with the use of PPE. It was also noted that effective infection prevention and control measures were in place throughout the home. One new area of improvement was identified regarding the health and welfare of residents and one area for improvement was carried forward to be reviewed at the next inspection.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rita Denvir, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of inspection.</p>	<p>The registered person shall review the process for the administration of medicines to ensure that staff witness the administration. Records of administration should be completed following administration.</p> <p>Ref: 6.1 &amp; 6.3</p>
	<p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of inspection.</p>	<p>The registered person shall ensure in relation to health and welfare, that wet floors in the home are signed at all times in order to prevent a slip hazard.</p> <p>Ref: Section 6.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The wet floor sign was placed on the floor immediately when identified.</p> <p>Issue discussed with all domestic staff.</p> <p>A review of signs was conducted to ensure an ample supply in the Home.</p> <p>Use of signs will be monitored by the Home Manager during daily walk aorunds of the units.</p>

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



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