

Inspection Report

11 January 2022



Lecale Lodge

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| <p>Organisation/Registered Provider: Ann's Care Homes Limited</p> <p>Responsible Individual: Ms Charmaine Hamilton</p> | <p>Registered Manager: Ms Aine Devine – acting manager</p> |
| <p>Person in charge at the time of inspection: Ms Aine Devine</p> | <p>Number of registered places: 15</p> <p>A maximum of 11 residents in category RC-MP/MP(E) and a maximum of 4 residents in category RC-I.</p> |
| <p>Categories of care: 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</p> | <p>Number of residents accommodated in the residential care home on the day of this inspection: 13</p> |
| <p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 15 residents. The residential unit is on the first floor of the building. Residents have access to the communal lounge, the dining room and the garden.</p> <p>There is a Nursing Home which occupies the ground and first floor and the manager for this home manages both services.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 11 January 2022 at 12:20 am to 5:05 pm by the care inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and 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 care delivery and maintaining good working relationships.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Aine Devine, Manager.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The teatime meal was served to residents by staff in an unhurried, relaxed manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Aine Devine, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with two residents individually, small groups of residents in the dining room and lounge and three staff. Visitors were unavailable to consult with. Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received seven completed resident questionnaires. All returned questionnaires indicated that they were satisfied or very satisfied that the care provided was safe, effective, compassionate and well led. No resident representative or staff questionnaires were received within the timescale specified.

The following comment was recorded:

“Very good. Well looked after.”

Two staff members spoken with commented:

“Aine, the manager is very good, approachable and supportive to staff. I would go to her if I had any concerns and would be confident that she would sort them out.”

“We have a good strong team on the unit and the manager is supportive. I have no concerns. All’s grand.”

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

“Thank you for all your kindness to ... much appreciated.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Lecale Lodge residential care home was undertaken on 23 April 2021 by a pharmacist inspector; no areas for improvement were identified. Areas for improvement from previous inspections were recorded as met.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member

commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

Review of a selection of records for senior staff in charge of the unit showed that staff medication competency assessments for 2021 had been completed. It was noted that senior in charge, competency and capability assessments were last completed in November and December 2020. This was discussed with the manager who advised that arrangements have been made to address this.

Correspondence from the manager on 27 January 2022 confirmed that senior in charge, competency and capability assessments have commenced and that good progress has been made.

Staff supervision and appraisals were discussed with the manager. Records showed that supervisions and appraisals had been completed for 2021. The provision of staff supervision and appraisal for 2022 was discussed with the manager who advised that the staff supervision and appraisal matrix was currently being updated and that arrangements have been made to commence staff supervisions.

Correspondence from the manager on 27 January 2022 confirmed that staff supervision had commenced for 2022 and that good progress has been made.

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 2021 evidenced that staff had attended training regarding adult safeguarding, the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS), first aid, infection prevention and control (IPC) and fire safety.

Deprivation of liberty safeguards (DoLS) and restrictive practices were discussed. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff told us they were confident that they could report concerns about resident's safety and poor practice.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

The manager advised that staff meetings were held on a regular basis and that a schedule for staff meetings for 2022 was currently being planned with the next meeting arranged for January 2022.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

A resident spoken with said: "I have no complaints. The staff are very good and there's always someone about if you need them."

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Review of care records regarding mobility and risk of falls evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner and offered personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the teatime dining experience for residents in the dining room and noted that this meal time provided residents with an opportunity to socialise together. Staff had made an effort to ensure residents were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids for those on specialised diets and how to provide personalised care to residents who needed varying degrees of assistance with eating and drinking. Staff assisted residents in an unhurried manner. Residents said that they enjoyed the food.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Review of a selection of records for January 2022, evidenced that the daily cleaning schedule had been completed to assure the quality of care and services in relation to infection prevention and control measures.

In the dining room, a cupboard door was not fitted securely in place, making it difficult to close. This was brought to the attention of the manager who arranged for it to be fixed immediately by the maintenance man. It was observed that some furniture and the top of an identified vanity unit was worn and required to be replaced. This was discussed with the manager who advised that a refurbishment action plan for the unit is in place to address these matters. This will be reviewed at the next inspection.

The sluice room was observed to be locked appropriately in order to keep patients safe from potential harm.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The fire alarm was tested during the inspection and corridors and fire exits were clear from clutter and obstruction.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of their time in their room and staff were observed supporting residents to make these choices.

There was a range of activities provided for residents by the activity therapist. Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities, such as name a song, armchair aerobics and creative art and crafts.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

A resident spoken with said: "I'm well cared for, well fed and warm. What more would I care for? I have no concerns. The staff are very good. You have the choice of attending the activities and they will invite you to whatever's going on."

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change in management arrangements. Ms Aine Devine, has been the manager of this home since 22 November 2021. RQIA were notified appropriately.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Ms Lorraine Thompson, Regional Manager, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and appropriate action had been taken.

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 complaints and infection prevention and control (IPC) practices, including hand hygiene.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Aine Devine, Manager.



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