

Inspection Report

11 March 2024



Lecale Lodge

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Ann's Care Homes Limited</p> <p>Responsible Individual: Mrs Charmaine Hamilton</p>	<p>Registered Manager: Miss Louise Mackle</p> <p>Date registered: 8 June 2023</p>
<p>Person in charge at the time of inspection: Miss Louise Mackle – registered manager</p>	<p>Number of registered places: 15</p> <p>1 named resident in category RC-I. RQIA must be notified when the named resident is no longer accommodated and the bed will revert to categories MP or MP (E).</p>
<p>Categories of care: Residential Care (RC) 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: 15</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered residential care home which provides health and social care for up to 15 residents. The home is on part of the first floor of the building. Residents have access to a communal lounge, dining rooms and a garden.</p> <p>There is a nursing home which occupies the ground and part of the first floor of the building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 11 March 2024, from 9.45am to 3.10pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas requiring improvement were identified and details are included in the main body of the report and the Quality Improvement Plan (QIP) in section 6.0.

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.

The findings of this report will provide the management team 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 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 the manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with residents and staff individually and in small groups about their experience of living and working in Lecale Lodge.

Residents were complimentary about the care given by staff, the meals provided each day and the activities which they were able to take part in. Residents raised no concerns about staffing levels in the home and were satisfied with the cleanliness and décor of the home.

Staff were complimentary about the manager and the support she provided on a daily basis.

Staff also said there were taking part in training and on discussion were knowledgeable about resident preferences and likes. Staff raised concerns about staffing levels in the home at night. This was brought to the attention of the manager for her review and action.

One partially completed resident questionnaire was received and indicated they had no concerns and preferred their own space.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

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

Areas for improvement from the last inspection on 9 December 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that residents are protected from hazards to their health.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

Area for improvement 3 Ref: Regulation 30 Stated: First time	The registered person shall ensure that appropriate notifications are submitted to RQIA without delay.	Not met
	Action taken as confirmed during the inspection: This area for improvement has not been met and has been stated for a second time. This is discussed further in section 5.2.5.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training included manual handling, infection prevention and control and fire safety. Records showed that there was poor compliance with staff training in managing distressed behaviours. An area for improvement was identified.

Staff also confirmed that they had received an induction for their roles and responsibilities when they started their job.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said there was good team work and that they felt well supported in their role, however they were not satisfied that the staffing levels at night were sufficient and the rota identified that staff from the nursing home were providing cover in the residential home intermittently during this time. An area for improvement was identified.

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.

Residents spoken with confirmed that staff responded to their needs and did not express any concerns about the level of support provided.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routines, wishes and preferences. A handover sheet was provided to staff at the beginning of each shift with detailed information of residents' care requirements.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness. Staff were respectful, understanding and sensitive to residents' needs.

At times some residents may be required to use equipment that can be considered to be restrictive, such as locked doors. It was established that safe systems were in place to manage this aspect of care.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs in relation to skin care.

There was evidence that the risk of falls had been assessed and measures were in place to prevent this where required.

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.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Some residents advised that they did not always receive the meal they had ordered. This was discussed with the manager who advised she was aware of this and was taking action to address this by monitoring the meals when served. This will be reviewed at the next inspection.

There was evidence that residents' needs in relation to nutrition were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed the importance of ensuring residents received the right diet.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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.

Care records were regularly reviewed and updated to ensure they continued to meet the residents' needs, however, the reviews or care records were not person centred and detailed. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on 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.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that whilst mainly well maintained and tidy, some areas including an armchair, a bathroom and soap dispensers required cleaning or maintenance. An area for improvement was identified.

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

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Review of records showed that residents participated in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff which included shopping, games, exercise, outings, arts and crafts and beauty pamper.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Residents and staff said that they were limited in their ability to dry washing in the unit as a dryer had not been provided. This was discussed with the manager who agreed to address this.

5.2.5 Management and Governance Arrangements

There has been a change of manager in the home since the last inspection. Miss Louise Mackle has become the registered manager in this home since 8 June 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents, however, IPC and environment audits for both the nursing home and residential care home were not recorded separately. An area for improvement was identified. Additionally, restrictive practice audits were not inclusive of all practices. This was discussed with the manager who agreed to amalgamate these records in one audit.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Review of these records identified that not all accidents and incidents were notified to RQIA. This area for improvement has been stated for a second time.

There was a system in place to manage complaints. Complaints were noted to have been documented appropriately.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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 not always followed up in a timely manner. An area for improvement was identified.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
Total number of Areas for Improvement	2*	5

* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with, Miss Louise Mackle, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 30</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (11 March 2024)</p>	<p>The registered person shall ensure that appropriate notifications are submitted to RQIA without delay.</p> <p>Ref: 5.1 and 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Discussion held with the Inspector on the day in relation to notifications not sent, these were pertaining to PRN medication for behaviour. Going forward the Home Manger will ensure that all notifications are completed in line with the RQIA guidance for Residential Care Homes.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (11 March 2024)</p>	<p>The registered person shall ensure any actions identified as a result of the monthly monitoring visits are followed up in a timely manner.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Areas identified in the Regulation 29 reports are continually under review and the Home Manager will continue to address in a timely manner or agree an alternative time frame with the Regional Manager.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2024</p>	<p>The registered person shall ensure staff are trained for their roles and responsibilities. This is in relation to training in management of distressed behaviours.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: An E Learning training module has now been allocated to all staff. This is completed 3 yearly.</p>

	All staff are now compliant with this training.
Area for improvement 2 Ref: Standard 25 Stated: First time To be completed by: With immediate effect (11 March 2024)	The registered person shall ensure that the number and ratio of staff on duty at all times meet the care needs of residents. Ref: 5.2.1
	Response by registered person detailing the actions taken: The staffing ratio is under continual review in line with the dependency and needs of the residents. The staffing has been increased to two staff on night duty.
Area for improvement 3 Ref: Standard 6 Stated: First time To be completed by: 30 April 2024	The registered person shall ensure that each resident has individual care plans in place for all care needs which are reviewed and update in a person centred way. Ref: 5.2.2
	Response by registered person detailing the actions taken: Staff are aware that reviews require to be person centred for each resident. This will be reviewed by the Home Manager/Deputy Manager during care file audits.
Area for improvement 4 Ref: Standard 27 Stated: First time To be completed by: With immediate effect (11 March 2024)	The registered person shall ensure the premises are clean and remain suitable for their purpose. This is in relation to an armchair, a bathroom and soap dispensers. Ref: 5.2.3
	Response by registered person detailing the actions taken: The armchair has been replaced in the bedroom, and the dispenser cleaned. The bathroom was deep cleaned. Discussions held with domestic staff, and this will be monitored by the Home Manager through walk arounds and Infection Control audits.
Area for improvement 5 Ref: Standard 20.10 Stated: First time	The registered person shall ensure working practices are regularly audited and records are separate from the adjoining nursing home. Ref: 5.2.5

To be completed by: With immediate effect (11 March 2024)	Response by registered person detailing the actions taken: The Infection Control Audit for the Residential Home is now completed seperately from the Nursing Home.
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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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