



Unannounced Care Inspection Report 11 July 2019



Lecale Lodge

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

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 15 residents.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager and date registered: Paula Mary Smyth Registration pending
Person in charge at the time of inspection: Aine Devine	Number of registered places: 15 A maximum of 11 residents in category RC-MP/MP(E) and a maximum of 4 residents in category RC-I.
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	Total number of residents in the residential care home on the day of this inspection: 13

4.0 Inspection summary

An unannounced inspection took place on 11 July 2019 from 09.00 hours to 15.30 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress 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 identified staff training, supervision, and residents' involvement.

Areas requiring improvement were identified in relation to staff training in relation to care records, the driveway and footpath leading up to the home and care records.

Residents described living in the home as being in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions 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, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Anie Devin, Deputy 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 13 July 2018

No further actions were required to be taken following the most recent inspection on 13 July 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received. For example serious adverse incidents.

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.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

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

- staff duty rotas from 1 July 2019 to 14 July 2019
- staff training schedule and training records
- two staff recruitment and induction records
- staff competency and capability records
- supervision schedule
- two residents' records of care
- complaint records

- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of monthly monitoring reports
- 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 outstanding areas for improvement from previous inspection(s)

There were no areas for improvement identified 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 deputy 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.

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 activities.

We looked at records to make sure that staff were properly recruited and that all pre-employment checks had been made. We saw evidence that all staff were properly vetted and suitable to work with the residents in the home.

We spoke with staff who told us that they had a good induction to working in the home. New staff were supervised by senior staff, they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

Staff also told us that they got regular supervision and this happened more often when they were new to the home. We saw records which confirmed staff had received supervision and a schedule was in place.

All senior care staff had an assessment of their competency and capability completed by the registered manager to ensure that they can take charge of the home when she is not on duty. The registered manager reviewed this every year to ensure that it was always current. She would also review it if the member of staff was returning from a long term absence.

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. In discussion with the registered manager and care staff it was highlighted that care staff required further training in care records.

The staff were able to describe how residents in the home were protected from abuse or harm. Staff 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.

We walked around the home and saw that it was in good decorative state. There were a number of areas which had been redecorated and some residents had their bedroom carpets replaced. The deputy manager advised that the home has an improvement plan in place to continue changing residents' rooms. We looked in the bedrooms of some residents, with their permission. Bedrooms were personalised and there were no malodours. A resident told us: "It's very good here...there are always cleaners around and they keep the place very clean. My room is very comfortable and I get a great night's sleep."

There were communal lounges for the use of residents and a bistro area where residents can make their own tea and coffee, they can also do their own laundry. A number of residents advised us that there the use of the bistro area in the evening was disturbing their sleep. This was shared with the deputy manager who advised that she was aware of the issues and an action plan was in place to resolve the matter. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

We observed the external grounds and discussed them with the deputy manager, regarding the main driveway leading up to the home and the footpath. Both were observed to be in poor repair and may pose a health and safety risk. They were identified as areas for improvement.

It is important that where choice and control are restricted due to people's understanding, restrictions are carried out sensitively and comply with legislation. This is so that people feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of people's abilities and level of decision making. The staff told us that they make sure that residents living in Lecale Lodge enjoy as much freedom as possible whilst remaining safe.

The staff 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.

The deputy manager described how hand hygiene audits were carried out regularly to make sure that staff used good hand hygiene practice. Audits were reviewed and all outcomes were recorded.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, supervision and appraisal, and infection prevention and control.

Areas for improvement

The following areas were identified for improvement in relation to staff training and the driveway and footpath leading up to the home .

	Regulations	Standards
Total number of areas for improvement	0	2

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.

The deputy manger described a robust assessment and admissions process before residents could be admitted to Lecale Lodge. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. The person in charge described how there was good working relationships between professionals and how this contributed to good care planning and risk management.

The deputy manager told us about falls management in the home and we were assured that the procedure and practice was good. The registered manager completes an audit of accidents or incidents in the home each month which includes falls. This looks for any patterns or trends and considers actions to reduce the likelihood of further falls happening. The person in charge told us that staff were aware of how they could get professional advice from medical or trust staff.

Staff 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.

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. We saw that there were care plans risk assessments in place however it was identified that care plans and risk assessments had not been accurately recorded to reflect the needs of the residents. This was identified as an area of improvement. Daily records had been kept detailing the care provided to residents. .

We also saw how a care review was completed for residents their families, care staff and staff from the Trust each year. The registered manager kept a record of care reviews and when they needed to take place.

We observed residents in the dining room from a discreet distance when they were taking their lunch. The dining room was spacious, clean and bright. There was a menu on display in dining area. There was a choice of two hot dishes on the lunch menu and residents were given the options.

The lunch service was relaxed but well organised. The residents said that they enjoyed the food in the home. A resident said, “The food here is lovely and we get plenty to eat and drink.” Staff told us that meals were brought upstairs on a heated trolley. The meals for any resident who needed a textured or modified diet were prepared by the kitchen staff and staff had been given training in the correct consistencies of foods and fluids. Staff could also refer to the written recommendations from Speech and Language Therapists for individual residents.

Areas of good practice

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

Areas for improvement

One area was identified for improvement in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

During the inspection staff interactions with residents were observed to be compassionate with detailed knowledge of residents’ choices, likes, dislikes and preferences and assessed needs. There was a pleasant happy atmosphere within the home, with residents conversing with staff and each other in a pleasant manner.

Residents appeared relaxed and content in the home. Staff were observed to respond promptly to their requests for assistance. One resident said “the staff are kind, and (The home) is very clean, I can’t complain.”

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. For example; where they liked to sit each day, how their furniture and memorabilia was displayed within their bedrooms, their choice of clothes to wear each day.

Care records reviewed outlined residents preferred activities and daily routines; such as preferred times for getting up and going to bed, food likes and dislikes. Staff said that these were flexible and that resident choice was always a priority.

The deputy manager advised a full time activities therapist was employed and they provided activities programme which was displayed on a notice board. The activities included arts and crafts, musical singalongs, shopping trips and going out for tea and coffee. Staff said activities were based on residents past hobbies and interests and they were consulted about their preferences when activities were being planned. A selection of materials and resources were available for use during activity sessions.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home; for example, residents can attend their preferred place of worship if they so wish.

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.

We were advised by residents that they were listened to, valued and communicated with in an appropriate manner. We were further advised by residents that their opinions were taken into account in all matters affecting them.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were supported both inside the home and in the local community to maintain a good quality of life. One resident commented, "The staff are all so helpful, There is good communication between the staff and my family. This is just like a big family."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 described the manager as supportive and approachable. The deputy manager described how the focus of care in the home was to support the residents as best as possible.

The deputy manager confirmed there were a number of managerial audits completed in the home on a regular basis including, environmental audits, care records, accidents and incidents and complaints. The deputy manager advised any areas for improvement identified as a result of the audits were actioned appropriately. The registered manager maintains oversight in the home of staff supervision, annual appraisals and staff training to ensure staff are equipped to do their jobs. The deputy manager confirmed that systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

We reviewed the system in place to deal with complaints raised by residents, their family members or others. Residents told us that they knew how to make a complaint and staff shared that they would not hesitate to raise issues with the manager, if needed.

We reviewed the system in place for notifying next of kin, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. Records reviewed were found to be reported appropriately.

There was a training matrix in place which showed completion of mandatory training and other additional training related to resident's needs. 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.

The deputy manager advised there were regular staff meetings the last meeting was held 7 March 2019 and that information was shared with the staff team about any issues arising. Records available in the home confirmed this.

The home was visited by the registered provider's representative and all monthly monitoring reports had completed since last inspection. The records of these visits confirmed that all aspects of the running of the home were reviewed, analysed and evaluated. The reports showed evidence of engagement with residents, and staff to get their views on the care in the home; as well as reviewing complaints and information relating to accidents and incidents, safeguarding, the environment and a selection of records maintained in the home. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Comments made by staff during the inspection were:

- “There is good support from management. If you had a problem you could go to the registered manager.”
- “The managers’ door is always open.”

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Aine Devine, Deputy 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 11 December 2019	<p>The registered person shall ensure staff are trained for their roles and responsibilities. Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager will arrange for training to be provided for carers in relation to care records within the timescales requested by the inspector.</p>
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 2019	<p>The registered person shall ensure the grounds are safe, well maintained and remain suitable for their stated purpose. Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This issue has been raised with Four Seasons Healthcare estates department and will be taken forward within the timescales requested by the inspector .</p>
Area for improvement 3 Ref: Standard 6..2 Stated: First time To be completed by: 19 July 2019	<p>The registered person shall ensure each resident has an individual and up to date comprehensive care plan. Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All care plans have since been reviewed and updated following the inspection to ensure that they are up to date and comprehensive. The Registered Manager will complete a care traca at least weekly to ensure that they are being well maintained.</p>

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



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