

Inspection Report

Name of Service: Lecale Lodge
Provider: Ann's Care Homes
Date of Inspection: 24 October 2024

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

1.0 Service information

Organisation/Registered Provider:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Miss Louise Mackle
Service Profile:	
<p>Lecale Lodge is a registered residential care home which provides health and social care for up to 15 residents living with mental health conditions, over and under the age of 65 and for one resident who is frail elderly. The home is on the first floor of the building. Residents have access to a communal lounge, dining rooms and a garden.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 24 October 2024, from 9.20 am to 3.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 11 March 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection seven areas for improvement from the previous care inspection on 11 March 2024 were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are kind and caring", "staff are always there when you need them" and "the staff are very good to me".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Fourteen questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if 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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Birthdays and annual holidays were celebrated and activities included trips to the local cinema, shopping, attendance at local day centres, coffee outings and religious services. A pictorial activity board was available for residents and their representatives to view, this included what staff were on duty, daily/weekly activities and the weather.

Staff demonstrated an understanding of resident's preferences and wishes and how to provide support for residents to participate in group activities or to engage in activities such as a walk alone, time spent relaxing in their bedroom listening to music, watching TV or having visits with friends and family.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Care staff recorded regular evaluations about the delivery of care. However; these evaluations lacked detail in relation to the level of support provided to residents regarding their emotional health and well-being. An area for improvement has been identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely. The home had been nicely decorated with Halloween decorations for residents to enjoy.

It was evident that work to upgrade the décor in the home was ongoing, on the day of inspection communal parts of the home were being painted. However, there was work still required in relation to damage to woodwork throughout the home for example; door frames and skirting. The manager shared the homes maintenance schedule with RQIA following the inspection which provided assurances that identified work had been planned.

A review of the shower room in the home identified that resident's personal hygiene products such as deodorant and shampoo were not being stored appropriately for personal use. This had also been highlighted in the monthly monitoring visit reports by the registered provider. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Louise Mackle has been the Registered Manager in this home since 8 June 2023.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor incidents and accidents in the home. However, there was one incident that had occurred in the home that was not reported to RQIA as required and the relevant adult safeguarding records had also not been completed. This was discussed with the manager and a retrospective notification was completed and shared with RQIA. The manager confirmed in writing to RQIA that the relevant adult safeguarding records had also been completed, including decision making rational. An area for improvement has been identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Louise Mackle, 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 Minimum Standards (version 1.1 Aug 2021)	
<p>Area for improvement 1</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2025</p>	<p>The Registered Person shall review how progress records are completed to ensure the residents records are meaningful and person centred. Care staff must be provided with guidance in relation to the completion of these records, in order to ensure a full account of the support provided to residents has been recorded.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken: Discussed with staff in relation to notes being more person centered and to be a true reflection on the residents day. They have been advised to remove the care plan numbers and complete the notes as a story of their day and any redirection required. Notes are kept under review by manager and deputy manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2024</p>	<p>The Registered Person shall ensure individual residents toiletries are managed and stored appropriately.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: Residents are encouraged that after they use the bathroom to take all items back out with them again and store them in their bedrooms. Staff also reminded that although residents are independent they need to double check the bathroom after each use and ensure that all items are removed. This is monitored through walkabouts and spot checks. This will be monitored during monitoring visits.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 16.4</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2024</p>	<p>The Registered Person shall ensure that any all suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies, including RQIA, in accordance with procedures and legislation.</p> <p>Ref: 3.3.5</p>

Response by registered person detailing the actions taken:

The named incident had been reviewed on our incident report following discussion with trust staff. Following the inspection a phone call was made with APGT who didn't feel it was a safeguarding concern, care manager was in agreement. However I should have notified RQIA of the event and I will do in the future.

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



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