



Unannounced Inspection Report 15 January 2020



Lecale Lodge

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

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 Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered to provide care for up to 15 residents with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager: See below
Person in charge at the time of inspection: Ms Paula Smyth, Manager	Date manager registered: Ms Paula Mary Smyth , registration pending
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	Number of registered places: 15

4.0 Inspection summary

An unannounced inspection took place on 15 January 2020 from 10.20 to 14.25.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections and 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 staffing, meeting resident's needs and ensuring residents were provided with activities that they enjoyed.

One new area for improvement in relation to the administration of medicine process was identified. An area for improvement with regards to the exterior of the home was stated for a second time.

Residents said that they enjoyed living in the home.

Comments received from residents, people who visit them and professionals and staff during 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 patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*1

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Paula Smyth, Manager, and Ms Lorraine Kirkpatrick, Regional 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 11 July 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 July 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

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.

No questionnaires were received by RQIA within the time specified (two weeks) for completion.

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

- personal medication records and medication administration records
- care plans in relation to distressed reactions and pain
- the management of medicines on admission, medication changes and antibiotics
- care plan audits
- records of staff supervision in relation to care planning

Areas for improvement identified at the last care and medicines management inspections were reviewed and the assessment of compliance recorded as met, partially met or not met.

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 the most recent care and medicines management inspections dated 5 April 2018 & 11 July 2019

Areas for improvement from the most recent medicines management inspection dated 5 April 2018

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall review and revise the management of distressed reactions as detailed in the report.	Met
	Action taken as confirmed during the inspection: We reviewed the management of distressed reactions for two residents. Care plans and protocols were in place. The reason for and outcome of administration was recorded. The medicines were administered infrequently.	

Areas for improvement from the most recent care inspection dated 11 July 2019		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	<p>The registered person shall ensure staff are trained for their roles and responsibilities.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was in relation to training on writing care plans.</p> <p>Care staff received individual supervisions on writing and updating care plans following the care inspection. Records were available for inspection.</p> <p>Further training on care planning and updating records on the home's computerised system is planned for 22 January 2020.</p>	
Area for improvement 2 Ref: Standard 27 Stated: First time	<p>The registered person shall ensure the grounds are safe, well maintained and remain suitable for their stated purpose.</p>	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was in relation to the main driveway and paved footpath leading to the steps.</p> <p>The manager advised that the driveway and footpath are brushed and maintained weekly. Trees have also been cut back.</p> <p>The paved footpath is still uneven and presents a trip hazard. This had been referred to the home's estate team but a date for the necessary works has not been confirmed.</p> <p>RQIA was informed (via email 7 February 2020) that following the inspection a contractor assessed the steps and the paved footpath. Management are currently waiting on the costing for the proposed works and will implement as soon as possible thereafter.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	

Area for improvement 3 Ref: Standard 6.2 Stated: First time	The registered person shall ensure each resident has an individual and up to date comprehensive care plan.	Met
	Action taken as confirmed during the inspection: The care plans reviewed at the inspection were comprehensive and up to date. The manager completed care plan audits each month. She advised that any necessary actions were addressed immediately. Records of the audits were available for inspection.	

6.2 Inspection findings

6.3 Is care safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

On arrival at the home we were greeted by the manager. We spoke with staff who advised that they felt that there were enough staff to meet the needs of the residents and this was evidenced during the inspection. The residents we spoke with said that they felt well looked after in the home. Residents’ needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be warm and fresh smelling. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by residents. Some areas were in need of redecoration; the manager advised that there is a programme of redecoration in place. A Parker bath and a padded chair which had been decommissioned were observed in the shower rooms. The manager advised that a request for removal had been sent and that it would be followed up. We observed Christmas decorations stored in the sluice; these were removed during the inspection.

Residents advised that they were happy with their bedrooms. Residents use the toilets independently. We saw that two toilets needed to be cleaned. The domestic assistant was making her way around the home. This was discussed with the manager and regional manager who agreed to remind staff to check the cleanliness of the bathrooms regularly.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. Daily and weekly audits on the management and administration of medicines were completed. There was evidence that medicines were administered as prescribed.

Observation of the controlled drug record book evidenced that two staff were involved in the administration of controlled drugs. Staff advised that a registered nurse from the adjacent nursing home witnessed all administrations. This was discussed with the manager and regional manager and it was agreed that this practice would stop immediately and that care assistants would be trained to witness the administration of controlled drugs. Due to these assurances an area for improvement was not made, however, it will be followed up at the next inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and the standard of maintenance of the personal medication records and medication administration records.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. The manager advised that antibiotics and newly prescribed medicines were received into the home without delay and this was evidenced for one resident during the inspection. The need to ensure that antibiotics were commenced without delay was reiterated with the senior carer.

We reviewed the midday meal in the dining room. Tables had been laid appropriately for the meal. The pictorial menu offered a choice of meal for lunch and alternatives were also available. Food was served from a heated trolley when residents were ready to eat their meals. The food served appeared nutritious and appetising. Staff were observed chatting with residents when assisting with meals. Some residents preferred to have their food in their bedrooms and this was facilitated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents and staff and the encouragement provided by staff to ensure that residents received a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

We observed the administration of medicines to a small number of residents over lunchtime. We saw that staff did not remain with one resident to ensure that the medicine was taken. In addition, we observed a tablet on a resident’s bedside table. The records of administration had been signed to indicate that the staff had administered the medicines. When staff are responsible for administering medicines they must remain with the resident until the medicine has been taken. An area for improvement was identified. The manager advised that she would review the possibility of assisting some residents to self-administer their medicines.

Of the questionnaires that were issued, none were returned within the timeframe (two weeks) specified for inclusion in this report.

We spoke with five residents during the inspection. All were complimentary regarding the care provided and staff. Residents said:

- “I am happy here. The staff are very good. I have a nice room. I like to eat in my room and that is ok.”
- “I have no complaints about the care or the food. There are plenty of staff. I like to stay in my room. I am not bored.”
- “I am happy here.”
- “It is nice here. You can have coffee whenever you want.”
- “It is fine here. I like my own company and they give me privacy.”

Staff spoke with residents in a manner that was sensitive and understanding of their needs.

A range of activities was provided in the home. Residents were watching a documentary on the morning of the inspection and a quiz was planned for the afternoon. Staff advised that some residents go out regularly in addition to the planned monthly outings. Residents had attended a pantomime the week before the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to ensuring that residents were provided with activities that they enjoyed.

Areas for improvement

One area for improvement was identified in relation to administration of medicines.

	Regulations	Standards
Total number of areas for improvement	1	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.

There was evidence that medication incidents had been investigated to identify and implement any learning to prevent a recurrence. The manager advised that there were robust auditing processes and that staff knew how to identify and report incidents.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The manager advised that staff had completed Level 2 training.

Staff spoken with advised that they felt that residents were well cared for in the home and that they were aware of how to report any concerns regarding resident care. Staff said:

- “The home is well run. The staffing is appropriate for the residents’ needs. We can go to the manager if there are issues.”
- “I enjoy working here; the residents are well cared for. There are enough staff and Paula (manager) is easy to talk to.”
- “I have time to do activities with the residents. Some refuse so I try to do one-to-one. We have an outing at least once a month.”

We spoke with one visiting professional who visits the home each month. They advised that staff were knowledgeable regarding residents’ needs and that records were always ready for their visits.

Areas of good practice

There were examples of good practice found in relation to quality improvement, meeting residents’ needs and maintaining good working relationships.

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 Ms Paula Smyth, Manager, and Ms Lorraine Kirkpatrick, Regional 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 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 via the Web Portal for assessment by the inspector.

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 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 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: 6.4</p>
	<p>Response by registered person detailing the actions taken: The Home Manager has reviewed the process for the administration of medicines ensuring that staff witness the administration. All care staff are currently being trained to be competent witnesses. Records to evidence this are kept in the Home.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 27</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure the grounds are safe, well maintained and remain suitable for their stated purpose.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Remedial work has now been approved for the steps and path leading from the Home. This work is due to commence shortly.</p>

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



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