



Unannounced Care Inspection Report 10 September 2019



Lisnisky Residential Home

Type of Service: Residential Care Home
Address: 16 Lisnisky Lane, Portadown BT63 5RB
Tel no: 028 3833 9153
Inspector: Alice McTavish

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 14 residents.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Jolly Joseph 9 May 2018
Person in charge at the time of inspection: Jolly Joseph	Number of registered places: 14
Categories of care: Residential Care (RC) I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	Total number of residents in the residential care home on the day of this inspection: 14

4.0 Inspection summary

An unannounced inspection took place on 10 September 2019 from 09.35 hours to 17.40 hours.

The inspection 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 staffing, staff recruitment, induction and training, adult safeguarding, record keeping, audits and reviews, the privacy and dignity afforded to residents, governance arrangements and maintaining good working relationships.

Areas requiring improvement were identified. These were in relation to the home's environment, care plans and notifications of accidents, incidents and reportable events.

Residents described living in the home in positive terms. Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents 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 residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Jolly Joseph, registered 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 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 February 2019. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous estates and medicines management inspections, registration information 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 returned to RQIA.

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

- staff duty rotas from 9 to 22 September 2019
- staff training schedule and training records
- one staff recruitment and induction record
- three residents' records of care
- complaint records
- compliment records
- governance audits/records

- accident/incident records from February to September 2019
- reports of visits by the registered provider from January to August 2019
- 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 areas for improvement from the last care inspection dated 11 February 2019

There were no areas for improvements made 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 people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff, an activities co-ordinator, laundry, kitchen, domestic and administrative staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

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 a range of activities.

We looked at a staff file to make sure that staff were properly recruited and that all pre-employment checks had been made. We found that there was a system in place to ensure all staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We saw a completed staff induction record and found this to be comprehensive. We spoke with staff who told us that they got regular supervision. We saw that the manager had a system in place for planning supervisions and annual appraisals with staff.

We noted that the schedule showed the dates for the planned and the actual supervision meetings; it was not always clear that the supervision had taken place. We also saw records which indicated that staff may have had supervision in small groups. We discussed with the manager that all staff must have individual formal supervision at least twice annually which needs to be signed and dated by each party. The manager gave assurance that all staff were due to have at least two supervisions within the calendar year. This area will be examined in greater detail in the next care inspection.

All senior care staff had an assessment of their competency and capability to ensure that they could take charge of the home when the manager was not on duty. The manager reported that she reviewed this every year to ensure that it was always current. This represents good practice.

Staff training and registration with professional body

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.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to NISCC standards of conduct and practice. We looked at the records kept by the manager of staff registrations and saw that these were checked on a monthly basis.

Safeguarding residents from harm

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff who we spoke with 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 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.

Environment

We walked around the home and saw that it was kept clean and warm. We looked in the bedrooms of some residents, with their permission, and found that they contained residents' personal belongings. There were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy.

There was a communal lounge and dining room for the use of residents and a large activities room to provide space for entertainment and meetings. We saw that all fire exits were free from obstruction and the furniture in bedrooms and communal areas was in good repair.

Whilst the home was found to be comfortable, we saw that the general decorative condition of the home was in decline, with damaged woodwork and plasterwork. This was identified as area for improvement to comply with the Standards.

Infection prevention and control (IPC)

The manager 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

One area for improvement was identified. This was in relation to the home’s environment.

	Regulations	Standards
Total numb of areas for improvement	0	1

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.

Management of risks relating to residents

The manager described a robust assessment and admissions process before residents could be admitted to Lisnisky. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. The manager described how there was good working relationships between professionals and staff in the home and how this was used to ensure effective care for residents.

The manager told us about falls management in the home and we were assured that the procedure and practice was good. The manager completed an audit of accidents or incidents in the home each month which included falls. This looked for any patterns or trends and

considered actions to reduce the likelihood of further falls happening. The manager and staff were aware of how they could get professional advice from medical or trust staff.

The manager 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.

Care records

The care records for residents were maintained on an electronic system and 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.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. Staff advised that a care review was completed with the resident, their family, care staff and staff from the Trust each year. We saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

We looked at the care records for residents who did not speak English; there was detailed guidance in place for communication between residents and staff and this was good practice. We saw, however, that the care plan for the management of pain did not make any reference to how staff could identify when residents experienced pain and how essential communication could be achieved. This was identified as an area for improvement to comply with the Standards.

The dining experience

We could see that the dining room was spacious, clean and bright. There was a menu on display on each table setting out the choice of two hot dishes on the lunch and dinner menus.

Care staff were able to describe in detail the dietary needs and preferences of residents; staff told us that there was a good variety of dishes available each day and there were always alternatives available. The kitchen could be accessed by staff when the catering staff are not on duty so that residents who want drinks or snacks in the evenings or during the night can have these.

The residents we spoke with said that they enjoyed the food in the home. One resident said, "The food is good and we get plenty of it. It is the sort of food that I like. There's a menu on the table every day so I can choose what I want. There's plenty of tea and drinks during the day too. We are very well looked after."

Areas of good practice

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

Areas for improvement

One area was identified for improvement. This was in relation to care planning for residents, taking into account specific communication needs.

	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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

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. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

Activities

Staff told us about the wide range of activities available and how the activities co-ordinators worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection we saw that residents were engaged in arts and crafts, word search games and choir practice in preparation for the Christmas carol service. A programme of available activities was displayed.

The activities co-ordinator described how an additional co-ordinator was being recruited and this would allow for more planned activities at the weekends. The activities co-ordinator had recently met with a group of relatives to obtain ideas for new activities that could be arranged for residents.

Residents told us that they enjoyed the activities on offer and that they had enough to keep them occupied and stimulated.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place regularly and that there was also a separate meeting for family members. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

The manager advised that an annual satisfaction survey was being completed by residents, their family members and staff to obtain their views on the care, services and facilities in the home. This will be reviewed during the next care inspection.

Residents made the following comments:

- “I have no complaints, the staff are very good to us all.”
- “My room is very comfortable...I am able to get a good night’s sleep. It’s better here than living on your own, especially nowadays. I like knowing that there’s staff around all the time. I don’t need much help with anything, but I know the girls (staff) are around if I need them.”
- “The girls trimmed and filed my nails and put polish on them. It makes me feel good.”
- “The staff are very attentive and come immediately if we use our call bells or need anything. It’s very comfortable here...we enjoy having the company and doing the activities.”
- I am able to go out every Sunday to church and out to buy clothes in the shopping centre.”
- “I like most of the food but there’s some things I don’t like...but the staff get me something else. I like to keep control over what I do and how I do it and I can do that here.”

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 residents and their relatives and taking account of the views of residents.

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 said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The manager described how she spends time completing a range of tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents, hand hygiene and IPC and looks for any ways in which these areas can be improved.

The manager also makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The manager makes sure, too, that all of

the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

Complaints and Compliments

The manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning.

Some compliments included:

- “To my Angels of Mercy. God bless you all, you are all very special people.”
- “To Jolly. Thank you...I really enjoyed my time in the care home and truly appreciate everything.”

Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were largely satisfactory; we found that one incident was not reported to RQIA. This was identified as an area for improvement to comply with the Regulations.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in the management of distressed reactions, allergen awareness and pressure ulcer care.

Communication

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and this could be used in the home for the benefit of residents.

Visits by the registered provider

The home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits between January and August 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

One area was identified for improvement. This was in relation to the reporting of incidents.

	Regulations	Standards
Total number of areas for improvement	1	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 Jolly Joseph, registered 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 (1) Stated: First time To be completed by: 10 September 2019	The registered person shall ensure that all accidents, incidents and notifiable events are notified to RQIA in line with current guidance. Ref: 6.6 Response by registered person detailing the actions taken: The Registered Manager has completed a supervision with senior care staff on the scope of notification. Registered Manager will monitor compliance.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 31 December 2019	The registered person shall ensure that plans are put in place to improve the general decorative condition of the home in a timely manner. Ref: 6.3 Response by registered person detailing the actions taken: Registered Manager will complete an environmental audit and prioritise areas of painting with maintenance person.
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 18 October 2019	The registered person shall ensure that care plans for the management of pain makes reference to how staff can identify when residents experience pain and how essential communication can be achieved for those residents who do not speak English. Ref: 6.4 Response by registered person detailing the actions taken: The identified issue has been resolved. Registered Manager has completed supervision with Senior Care Assistants and explained the importance of care plans prescribing the management of pain and evaluations should be meaningful in how staff have identified when a resident is in pain and how it has been addressed.

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



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