



Unannounced Care Inspection Report

23 July 2020



Lisnisky Residential Home

Type of Service: Residential Care Home
Address: 16 Lisnisky Lane, Portadown, BT63 5RB
Tel no: 028 3833 9153
Inspector: Laura O'Hanlon

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 residential care home registered to provide care for up to 14 residents.

3.0 Service details

Organisation/Registered Provider: Ann's Homecare Ltd Responsible Individual: Charmaine Hamilton	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.	Number of residents accommodated in the residential home on the day of this inspection: 14

4.0 Inspection summary

An unannounced inspection took place on 23 July 2020 from 10.00 to 19.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they felt safe in the home and that they were well cared for.

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	0

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jolly Joseph, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or no longer applicable.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 10 September 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 (1) Stated: First time	The registered person shall ensure that all accidents, incidents and notifiable events are notified to RQIA in line with current guidance.	Not met
	Action taken as confirmed during the inspection: A review of the reports of accidents and incidents identified an incident where RQIA were not notified. This area for improvement has not been met and is stated for a second time.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that plans are put in place to improve the general decorative condition of the home in a timely manner.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that plans were in place to improve the décor of the home. It was noted that some redecoration work was already completed. However, due to the current pandemic, this ongoing work was suspended. There are plans in place to recommence this once current pandemic restrictions are appropriately relaxed,	

Area for improvement 2 Ref: Standard 6.2 Stated: First time	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.	No longer applicable.
	Action taken as confirmed during the inspection: This area for improvement related specifically to one resident who no longer lives in the home.	

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all work together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "I have just started working here. There is very good care provided here. There is sufficient staff on duty and there is good teamwork among the staff. The staff are very familiar with the residents' needs and are good to them."
- There is sufficient staff on duty. There is good teamwork and everyone knows what they are doing each day. The care provided here is very good because the staff know the residents well."

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence.

We reviewed the minutes of staff meetings which confirmed that a staff meeting was convened on 18 June 2020. Records of those in attendance were maintained.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The manager advised that additional training was also provided for staff, if required.

6.2.2 Infection prevention and control procedures

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed.

One of the domestic staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff. We observed that staff used PPE according to the current guidance.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “I feel very safe in here. The staff are kind to me, this is a good home.”
- “This home is first class. There is good service; all you have to do is push that red button and the staff will come to you quickly. The food is first class; I have nothing to complain about.”
- “The staff are very respectful and they have a good attitude. “
- “I am very happy in here; we are well treated.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted residents to make phone calls with their families in order to reassure relatives. Arrangements were now in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home.

We observed residents engaged in activities. During the inspection the residents were making ‘mocktails.’ These drinks were then shared out among the residents. A number of residents were watching television in their own bedrooms. The residents also talked about the animals and fowl which were in the grounds of the home. The residents shared about how much they enjoyed watching this.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. Staff were helpful, attentive and demonstrated their knowledge of residents’ dietary preferences.

6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.5 Environment

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

Some redecoration work was already completed within the home. However, due to the current pandemic this work was suspended. We observed a small area where the flooring in one bathroom was in need of repair. The manager was informed of this and stated that this was a priority within the ongoing refurbishment plan.

6.2.6 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable. One comment from staff was: "There are good systems here. The manager is very approachable."

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred and medical attention was sought. However, RQIA were not notified of this incident in keeping with regulation. This area for improvement was stated for the second time.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visits dated 20 April 2020, 29 May 2020 and 17 June 2020 were reviewed. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action. Advice was given to ensure that matters identified within the action plan are addressed in a timely manner and not restated in these actions plans.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

One area for improvement was stated for the second time in relation to the notification of incidents to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided. One area for improvement was stated for a second time.

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, 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 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

<p>Area for improvement 1</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 10 September 2019</p>	<p>The registered person shall ensure that all accidents, incidents and notifiable events are notified to RQIA in line with current guidance.</p> <p>Ref: 6.1 & 6.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Supervisions have been completed with all Senior Care staff to ensure their understanding of processes and protocols relating to RQIA notifications, as per current guidelines.</p> <p>Registered Manager will ensure reporting of all accidents/Incidents (witnessed or un witnessed) in line with RQIA guidelines.</p>

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



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