



Unannounced Care Inspection Report 11 February 2019



Lisnisky Residential Home

Type of Service: Residential Care Home

Address: 16 Lisnisky Lane, Portadown, Craigavon 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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 14 persons in the categories of care cited on the home's certificate of registration and detailed in Section 3.0 of this report. The residential care home is situated on the same site as Lisnisky nursing home.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager: Jolly Joseph
Person in charge at the time of inspection: Jolly Joseph	Date manager registered: 9 May 2018
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 registered places: 14

4.0 Inspection summary

An unannounced care inspection took place on 11 February 2019 from 10.20 to 14.35.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection. This inspection also examined how the catering arrangements supported the delivery of safe, effective and compassionate care and the quality of the dining experience for residents. It also examined fire safety.

Evidence of good practice was found in relation to staff knowledge of the individual dietary needs and preferences of residents and how this was used to provide a positive dining experience.

No areas requiring improvement were identified.

Residents spoke positively about the care in the home and the attention paid to them by staff. They said that staff looked after them extremely well, they liked the food and that they had no complaints.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jolly Joseph, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 30 October 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, nine residents, two care staff, the cook and a kitchen assistant. No visiting professionals and no residents' representatives were present.

A total of 10 questionnaires was provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives or staff within the agreed timescale.

A lay assessor was present in Lisnisky Care Home, the adjacent nursing facility, on the day after this inspection. The lay assessor had the opportunity to speak with three residents regarding their experiences of living in the residential home. Comments received are included within this report. The lay assessor commented, "The staff appear very respectful to the residents and interact easily with them".

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

- Staff duty rota
- Three residents' care files
- Audits of the home's environment
- Cleaning schedules of all rooms and areas within the home
- Annual Quality Review report
- Reports of visits by the registered provider
- Fire safety risk assessment

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities

Areas for improvements identified at the last care inspection were reviewed and 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 inspection dated 30 October 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 October 2018

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 27. – (2) (d) Stated: First time	The registered person shall ensure that all areas identified in relation to the cleanliness of the home are addressed.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the premises confirmed that all areas identified in relation to the cleanliness of the home were addressed.	
Area for improvement 2 Ref: Regulation 13. – (1) (a) Stated: First time	The registered person shall ensure that a system of robust managerial oversight of environmental issues is put in place.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of cleaning schedules, environmental audits and the reports of the visit by the registered provider confirmed that a system of robust managerial oversight of	

	environmental issues was put in place.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the working hours of the registered manager are noted on the staff duty rota.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that the working hours of the registered manager were noted on the staff duty rota.	

6.3 Inspection findings

Catering arrangements and the quality of the dining experience for residents

Inspection of the catering kitchen which served the residential and the nursing homes found that it was spacious, clean, well equipped and well maintained. The cook described the arrangements in place for ordering and storing food.

Inspection of care records identified that records were kept of meals eaten by individual residents if concerns were present and that a suitable risk monitoring tool was used, where appropriate. Weights were monitored and there was liaison with residents’ GPs, dieticians and/or Speech and Language Therapists (SALT) etc.

Discussion with care and catering staff established that none of the residents in the home currently used textured diets or thickened fluids. Staff were able to describe, however, how dietician/SALT recommendations for therapeutic diets would be followed, if required. Where residents were on a fluid restriction, all fluids were measured and recorded. Discussion with care staff identified that all residents were independent with feeding but that individual assistance would be provided to residents, if necessary. This supported the delivery of safe care.

The menu was displayed on the wall of the dining room and on each table. The menu was presented in small print which may be difficult for residents to read. This was discussed with the registered manager who later confirmed that the menus were redesigned in a larger print format.

The menu showed that there were choices available at each mealtime. Residents and staff reported that there were suitable alternatives provided if residents did not want the choices offered. There were six times during each day when meals and snacks were served. Staff reported that hot meals were provided at both lunch and dinner daily, except on Sundays when the evening meal was soup and sandwiches, and residents liked this arrangement. Additional snacks were provided on request.

Inspection of the care records of three residents identified that the personal food choices and preferences were noted and that risk assessments were completed, where appropriate. Care staff described how residents were weighed monthly and some residents showed minor fluctuations in weight lost or gained. If there were concerns about weight loss, records were maintained of meals and drinks taken. Should a high calorie diet be needed, this could be supplied by the kitchen in the form of smoothies, milkshakes and cream added to meals.

Observation of the lunch service identified that the dining room provided an attractive environment in which to eat. Tables were nicely laid with good quality crockery, cutlery and glassware. Two staff were available to serve meals to the residents. This was done in an orderly but relaxed manner.

Meals were brought to the dining room in a heated trolley which ensured that food and plates were presented at the correct temperature. The meal portion sizes were appropriate for residents and meals were attractively presented. Additional servings of food and gravy were available. When residents had finished their meals, the plates were removed from the table before being scraped and returned to the kitchen.

Care staff described how residents were asked daily about their choice of main meal for the following day and this was recorded and sent to the kitchen. If residents changed their minds about their choice, another meal was readily supplied.

Care staff reported that most residents had a preference for taking breakfast in the dining room but that residents could choose to take meals in their own rooms. This supported the delivery of effective care.

Care staff described how residents were consulted about their individual food choices and preferences on admission to the home. This was recorded and shared with the staff in the kitchen. Discussion with the cook, staff and residents confirmed that menus were provided for special occasions, Easter, Christmas, Halloween, etc. The cook was kept informed of the birthdays of residents and a cake was baked and presented to the resident with candles. Kitchen staff reported that hot drinks and biscuits were available to visitors to the home in the main reception area of the building. Visitors also approached the kitchen staff directly for drinks and this was readily accommodated by staff.

Care staff reported that they could access the kitchen during the night to make drinks and snacks for residents who might be unwell or unable to sleep. This supported the delivery of compassionate care.

Fire safety

The home had an up to date fire risk assessment in place dated 20 June 2018 and all recommendations had been actioned or were being addressed.

A review of fire safety records identified that the fire alarm system was tested weekly. Fire-fighting equipment and means of escape were checked weekly and emergency lighting was checked monthly. All systems and equipment were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

It was noted that there was an odour of smoke in the corridor outside the home's smoking room; the odour was less noticeable as the day progressed. This was discussed with the registered

manager who later advised that she had liaised with the estates manager regarding the ventilation and air purifying system in this room.

Residents spoken with during the inspection made the following comments:

- “We are spoilt here! We get everything we need and want. The staff are very good to us all.”
- “I know that if I rang my buzzer, the staff would come to me quickly if I needed anything. That would happen at night too. The girls (staff) are lovely, very kind and nothing is too much trouble for them.”
- “I love it here. I get to go out to the shops and to Church. I use a taxi to get out and about. The food is lovely and the staff are always cleaning. My room is great, very comfortable.”
- “I couldn’t be in a better place. I have no complaints at all, but I know I could go to the staff or to Jolly (manager) about anything.”
- “The staff are very good to me. The food is great.”
- “I’m happy here and everyone treats me well.”

Residents who spoke with the lay assessor made the following comments:

- “They (staff) are all very good to me and the food is good. My bed is comfortable and I am able to get out with my daughter.”
- “I quite like it here and the staff are very good, they are helpful if I need them, but I don’t know them all by name. I am able to go out on trips and to church. I’m not into joining in the activities but I love seeing the dogs on Fridays. The staff are kind and patient with me and the food is good enough.”
- “They (staff) are all very good, even the night staff and I couldn’t say a (bad) word about them. I like the activities, I get out to church every Sunday and I made flowers for Valentine’s Day. We go on bus trips to the shopping centre, to Newcastle, I go everywhere and I get my hair done every Tuesday.”

Areas of good practice

Good practice was identified in relation to the management of residents who were on a fluid restriction and to warm, supportive interactions between staff and residents during mealtimes.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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