



Unannounced Care Inspection Report 9 March 2021



Lisnaree Care Home

Type of Service: Residential Care Home

**Address: c/o Bannview House Care Home, 23 Bannview
Road, Banbridge, BT32 3RL**

Tel No: 028 4066 0110

Inspectors: Alice McTavish and Philip Lowry

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 residential care for up to 22 residents.

3.0 Service details

Organisation/Registered Provider: Amore (Warrenpoint) Limited Responsible Individual: Nicola Cooper	Registered Manager: Samantha Russell, registration pending
Person in charge at the time of inspection: Samantha Russell	Number of registered places: 22 There shall be a maximum of 1 named resident in category RC-MP (E).
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.	Number of residents accommodated in the residential home on the day of this inspection: 22

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 9 March 2021 from 10.00 to 17.10 hours. The inspection sought to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they enjoyed living in Lisnaree, that staff took good care of them and they especially enjoyed looking after and feeding the hens, ducks and geese in the garden.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Samantha Russell, Manager, and Tracey Henry, Regional Director, who was present during the latter part of the inspection. The findings can be found in the main body of the report.

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:

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

During the inspection the inspector met with seven residents, two care staff, the cook and the maintenance man. Five questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. No feedback was received by RQIA.

The following records were examined during the inspection:

- staff duty rotas
- staff training
- staff supervision and appraisal schedules
- a selection of quality assurance audits
- daily checklist for senior care staff
- daily handover sheets
- complaints/compliments
- incidents and accidents
- three residents' care records
- fire risk assessment and fire safety records
- reports of the visits by the registered provider

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 30 June 2019. There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Infection Prevention and Control practices including the use of Personal Protective Equipment

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks completed.

Care staff told us 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 saw that domestic staff were present and carrying out cleaning duties.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply at the entrance to the home. We noted that there were no other hand sanitiser dispensers along the corridors, hence making it time consuming for staff to access this. We discussed this with the manager who agreed to have additional dispensers placed at convenient locations throughout the home. We later received written confirmation that this was completed.

We observed that staff carried out hand hygiene at appropriate times. We spoke with staff about how residents had their hands cleaned before taking meals. Staff advised that residents were encouraged to wash their hands at mealtimes and that the handles of any walking aids were cleaned by staff daily.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms and en-suite bathrooms, wheelchair accessible bathrooms, the lounge and the dining room.

The Regional Director reported that there was an ongoing programme of refurbishment in place in the home. We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were found to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

We noted that one table in the lounge was damaged and could not therefore be thoroughly cleaned. The manager gave assurances that this table would be immediately removed and replaced. We later received written confirmation that this was completed.

The home had a fire risk assessment dated 2 December 2019 and was due for review in December 2020; the review had not been possible due to the ongoing Covid-19 pandemic. We spoke with the maintenance man and reviewed the recently completed Health and Safety Audit. RQIA later received written confirmation that the fire risk assessor had confirmed that the Fire Risk Assessment completed in December 2019 remained valid. This information was shared with the RQIA estates inspector.

We reviewed the records of fire checks and saw that these were completed regularly.

6.2.3 Staffing arrangements

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.

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.

We saw that the manager had a system in place to provide staff with regular supervision; staff met with their line managers on alternate months. This exceeds the minimum standards and represents good practice. Staff also received an annual appraisal.

We found that staff competency and capability assessments were not completed for all staff left in charge of the home when the manager was not on duty. The manager agreed to complete these for all outstanding staff. We later received written confirmation that this was completed.

We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We saw that additional training was also provided for staff, if required.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well presented and nicely dressed.

It was evident that staff knew the residents well; staff spoke to residents 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:

- “All is well here, they (staff) look after us well...I like to save up the crusts of bread and feed them to the birds.”
- “This is a good spot...I get three big meals a day...I don't bother with asking what's on the menu, for I like everything they make for me. There's always plenty of tea and snacks throughout the day. My only worry is that I will put on too much weight! I have a lovely big room and it's very handy having my own bathroom. I know that the girls (staff) check on me during the night and that makes me feel safe. The staff treat us all very well...there are activities arranged but we don't have to join in if we don't want to...the place is very clean – they are always cleaning.”
- “I enjoyed my lunch, it was very appetising.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. Care staff assisted residents to make phone calls or use video calls with their families. The home was also obtaining more electronic tablets so that residents could maintain contact with families. Arrangements were in place to facilitate relatives visiting their loved ones at the home and window visits also continued when residents and families preferred this.

Care Partner arrangements were in place for those residents who would benefit from this. We saw that there was a care plan and risk assessment completed for the Care Partner who had received instruction in the use of PPE and was included in the routine Covid-19 testing.

The manager communicated with residents' families regularly by email to provide a general update on events in the home.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. The dining room was bright with tables attractively laid. There was a variety of drinks available and a choice of meals offered. The food was attractively presented, smelled appetising and portions were generous.

Some residents chose to take their meal in their own room; staff advised us that all residents who preferred to do this were not at risk of choking and were safe to do so. We saw that staff were helpful and attentive to residents. Where any resident needed some assistance with their meal, staff sat beside the resident and provided the support in a way that preserved the resident's dignity.

We spoke with the chef who was knowledgeable about the individual choices and preferences of residents. The chef described how any resident who wanted a meal not on the menu could have this, although it might result in a short wait. The chef also showed us how staff could make drinks and snacks for residents during the evening or overnight, if necessary.

6.2.5 Care records

We reviewed the care records of three residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence

that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

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.

We saw that if a resident sustained a fall, there was a team safety huddle soon afterwards to examine and analyse the event and to plan for how future falls could be prevented. This represented good practice.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and deputy manager and described them as supportive, approachable and always available for guidance.

There was a system of audits which covered a range of areas such as accidents and incidents, falls, hand hygiene and IPC. The audits were completed monthly and this helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

Discussion with the manager provided assurance that complaints were managed appropriately and were viewed as an opportunity to learn and improve. We also saw that numerous compliments were received by staff. Some examples of compliments are as follows:

- "I just wanted to thank you all for your hard work and dedication. I'm sure, under the circumstances, work is extremely hard and difficult for you day after day and yet you all continue to give the best of care to our loved ones. From the bottom of my heart, thank you all."
- "Thanks you for everything you have done for (our relative), we all appreciate it."
- "Thank you for all the kindness and care through this very difficult time. I appreciate the comfort given to (my relative) in her last days."
- "Just to say a massive thank you to all the staff who are providing such wonderful care to all your wonderful residents! Your selflessness and generosity does not go unnoticed!"

We looked at the records of the visits by the registered provider and saw that these were completed in detail; where action plans were put in place, these were followed up to ensure that the actions were correctly addressed. We noted, however, that the template used for the reports did not provide for the signature and date that the manager received and reviewed the report. This was brought to the attention of the Regional Director who agreed to have this included. This area will be examined during future inspections.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, the cleanliness of the home, the dining experience for residents, staff adherence to the current PPE guidance and to the systems to ensure good management and governance.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance. We were assured that the care provided in Lisnaree was safe, effective, compassionate and well led.

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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