

Inspection Report

10 August 2023



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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited	Registered Manager: Mrs Laura Sands
Responsible Individual: Ms Amanda Mitchell	Date registered: 6 January 2023
Person in charge at the time of inspection: Gareth Williams, Team Leader	Number of registered places: 22
Categories of care: Residential Care (RC): I – old age not falling within any other category	Number of residents accommodated in the residential care home on the day of this inspection: 21
Brief description of the accommodation/how the service operates: <p>This home is a registered Residential Care Home which provides health and social care for up to 22 residents. Accommodation is provided in single bedrooms and all residents have access to communal spaces and a garden.</p> <p>There is a Nursing Home which occupies the first and second floors and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 August 2023 from 09.30am to 2pm, by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be welcoming, clean and free from odours. Bedrooms were personalised and reflected items which were important to the residents.

Residents advised that they were safe and well cared for in the home. It was evident that staff promoted the dignity and well-being of residents, observed through their interactions and communication.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Three new areas requiring improvement were identified during this inspection. This is discussed in the main body of the report and detailed in the quality improvement plan.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents spoke positively about staff and their experience of living in the home. Residents talked about the staff being "so good" and this was a "great place." Residents described the staff as being approachable and helpful. The residents praised the food provision in the home saying that it was "nice." Residents stated that they felt safe in the home. Compassionate interactions were observed between staff and the residents.

Staff reported that there was a good staff team in Lisnaree Care Home and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when required. Staff spoken with stated that the care provided to residents was important to them and was of a good standard.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 4 May 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 13.4 Stated: First time	The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall review the management of medicines prescribed for distressed reactions to ensure that: <ul style="list-style-type: none"> • a care plan is in place to direct care • the reason for and outcome of administration is recorded • regular administration is referred to the residents' GP for review Ref: 5.2.1	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication with the manager. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on a daily basis.

It was noted that the duty rota did not consistently record the grades of staff on duty in the home. Confirmation was provided following the inspection to advise that the grades of all staff will be recorded on the duty rota going forward.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. Staff advised that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoken with reported staff were responsive to their needs and did not express any concerns in seeking support from staff reporting, "It's great in here" and "I feel very safe."

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Residents were well presented, clean, neat and tidy.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Examination of records confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff were observed complying with speech and language recommendations providing direct supervision and support where this was an assessed need. It was noted that residents' needs in relation to nutrition and the dining experience were being met.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

Overall the home was found to be warm, clean and well maintained to a good standard. Resident bedrooms were found to contain items which were important to them.

Minor areas which required attention were observed during the inspection for example one bedroom carpet was stained, an area required repainting following repairs and one bedside table required replacement. Confirmation was provided following the inspection to advise that these matters were addressed.

It was observed that the carpet in the main corridor was well worn, stained and in need of replacement. This was identified as an area for improvement.

It was observed that residents were able to walk around freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

It was noted that that fire exits and corridors were clear and free from obstruction. Review of the fire risk assessment confirmed that this was completed on 11 October 2022. Following discussion during the inspection it was confirmed that the actions outlined in this assessment had been completed; however, they were not signed off as actioned by the manager. This was identified as an area for improvement.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Some residents were being supported to participate in armchair activities, while others were assisted to complete word searches. For those residents who did not undertake these activities, they listened to music of their choice. Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to watch television or engage in their own preferred activities.

Residents were observed sitting in the lounge watching television and interacting with one another and staff. A number of the residents were looking forward to a planned garden party.

One resident stated, "there's lots to do" when discussing opportunities for activities and interaction.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was a system in place to monitor and report accidents and incidents that happened in the home.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the registered provider to consult with residents, their relatives and staff and to examine the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. However, it

was noted that the action plan within these reports was not actioned in a timely manner and was being carried forward on a monthly basis. This was identified as an area for improvement.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	0	4*

* the total number of areas for improvement includes one area which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Cherith Rogers and Karen Agnew, Regional Area Managers, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: Immediate and ongoing (4 May 2023)	The registered person shall review the management of medicines prescribed for distressed reactions to ensure that: <ul style="list-style-type: none"> • a care plan is in place to direct care • the reason for and outcome of administration is recorded • regular administration is referred to the residents' GP for review Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 10 November 2023	The registered person shall ensure that the carpet in the main hallway is replaced. Ref: 5.2.3
	Response by registered person detailing the actions taken: Flooring refurbishment plan is in place. Estates have confirmed replacement flooring to the corridor will be completed by the end of November.

<p>Area for improvement 3</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (10 August 2023)</p>	<p>The registered person shall ensure that any actions outlined within this fire risk assessment are signed off as addressed, when completed.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (10 August 2023)</p>	<p>The registered person shall ensure that that issues identified during the monthly monitoring visits should be reviewed and actioned in a timely manner, each report should contain specific detail of each monthly visit.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: All actions identified in the FRA have been signed off. The fire risk assessment was not signed on the day of inspection due to outstanding certificates that were required from the contractors . These are now received and in place.</p> <p>Response by registered person detailing the actions taken: All monthly monitoring visits are now reviewed by the home manager and actioned in a timely manner.</p>

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