

Inspection Report

14 December 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

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

<p>Organisation/Registered Provider: Amore (Warrenpoint) Limited</p> <p>Responsible Individual: Miss Sarah Perez</p>	<p>Registered Manager: Ms Jolene Craig – Acting Manager</p>
<p>Person in charge at the time of inspection: Ms Jolene Craig</p>	<p>Number of registered places: 22</p> <p>There shall be a maximum of 1 named resident in category RC-MP (E).</p>
<p>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.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 20</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 22 residents. Each resident has their own bedroom and residents also have access to communal areas with secure outside spaces.</p> <p>There is a nursing home, which is under a separate registration, located on the ground and first floors and the manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 14 December 2021 from 10.05 am to 5.45 pm. The inspection was carried out by a care inspector. An inspection to the nursing home was completed by a care inspector at the same time.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and free from malodour and bedrooms were tastefully personalised. Staffing arrangements were found to be safe and adjusted if required. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles by the manager.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Lisnaree Care Home.

Areas requiring improvement were identified in relation to reports of the visits by the registered provider, the staff duty roster, staff training and the residents' menu.

RQIA were assured that the delivery of care and services provided in Lisnaree Care Home was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the management team 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 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 patients, 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

We met with 14 residents, one relative and four staff either individually or in small groups.

Residents told us that they felt safe and well cared for. They described the staff as being respectful, helpful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that the care delivery was to a high standard and that there were lots of activities available in the home. Comments included: "It's a lovely place; the food is good and if I want anything all I have to do is use the buzzer and the staff come to me quickly." "I feel safe and well cared for and the staff are very attentive."

Staff spoke positively about working in the home and advised there was good team work within the home. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role. Comments included: "This is a great place to work; we all work well together; there is good teamwork and we all help each other out."

We met with one relative during the inspection who commended the care delivery in the home. They commented "This is a great place; they are so well cared for. The staff make this place; they are so attentive. There is good communication from the staff and they keep me informed."

No completed questionnaires or responses to the on-line staff survey were received following the inspection.

5.0 The inspection

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

The last inspection to Lisnaree Care Home was undertaken on 09 March 2021 by a care inspector; no areas for improvement were identified.

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.

Following review of records relating to staff registration with the Northern Ireland Social Care Council (NISCC) we were unable to verify that all staff were appropriately registered. This was discussed with the manager during the inspection who was aware of this issue and said they were in the process of updating the records relating to NISCC registration. Following the inspection the manager confirmed that the identified staff were either appropriately registered or in the process of registering with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. There was evidence in place to verify that staff received regular supervision and appraisal. In addition staff received training in a range of topics including moving and handling, fire safety and adult safeguarding. However we noted that staff compliance with first aid training was poor and there was no evidence of training in deprivation of liberty safeguards. This was discussed with the manager and identified as an area for improvement.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. However we noted that the manager hours were not recorded and when agency staff were on duty in the home; the name of the agency was not consistently recorded on the duty rota. This was identified as an area for improvement.

Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the manager was approachable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that they felt safe in the home and that staff were always available and were kind to them. One comment made was "I feel very safe in here".

5.2.2 Care Delivery and Record Keeping

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. This was good practice.

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care. We observed residents able to walk around freely and light music was playing in the background.

Examination of records and discussion with the manager and staff 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. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the residents' nutritional needs and provided assistance and support as needed.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff. Meals were covered during transportation to residents who chose to have their lunch in their bedrooms. We noted that there was no menu on display for residents. This was identified an area for improvement.

Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. 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 pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. 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 high standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed on 28 September 2021. The manager confirmed following the inspection that any areas for improvement identified within this assessment were addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Patients

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place which mostly involved one to one time with residents or in small groups. We observed some residents engaged in puzzles, while others were reading their daily paper and watching television. The residents' talked about the musical entertainment which had taken place in the home on the previous night.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Two residents made the following comments; "I am so happy in here and so well cared for" and "I love it here; it's a great place."

5.2.5 Management and Governance Arrangements

There was a change in the management arrangements since the last inspection, an acting manager was in post; Ms Jolene Craig. A new manager had been recruited and was due to commence employment in January 2022.

Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices. Staff commented positively about the manager and described her as approachable and accessible.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports available were for October and November 2021. Some of the information within this report referred to the nursing home and did not accurately reflect the situation in the residential home. This was identified as an area for improvement.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Jolene Craig, manager, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 (4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the visits undertaken on behalf of the registered provider accurately reflects the current situation in the residential home. Ref: 5.2.5 Response by registered person detailing the actions taken: The registered person will ensure that the visits undertaken on behalf of the registered provider accurately reflect the current situation in the residential home at the time of reporting.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the manager's hours are recorded and when agency staff are on duty in the home; the name of the agency should be recorded on the duty rota. Ref: 5.2.1 Response by registered person detailing the actions taken: The duty rota has been amended to reflect the Home Manager's hours and the name of the agency staff and agency provider.
Area for improvement 2 Ref: Standard 23.3 Stated: First time To be completed by: 31 January 2022	The registered person shall ensure that staff training is completed in Deprivation of Liberty Safeguards and First Aid. Ref: 5.2.1 Response by registered person detailing the actions taken: Training on Deprivation of Liberty is covered as part of the e-learning programme, further training is being sourced online by the Home Manager in conjunction with the Trust training programmes.
Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: 31 December 2021	The registered person shall ensure that the daily menu is on display for residents. Ref: 5.2.2 Response by registered person detailing the actions taken: The Daily menus are on display in the dining areas and the choice available. This will be monitored through the daily manager quality walkrounds.

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



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