

Inspection Report

25 August 2022



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 Responsible Individual: Ms Amanda Mitchell	Registered Manager: Mrs Laura Sands – application pending
Person in charge at the time of inspection: Mrs Laura Sands	Number of registered places: 22
Categories of care: RC-I	Number of residents accommodated in the residential care home on the day of this inspection: 22
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. Residents' bedrooms, the communal lounge and dining room are located on the ground floor.</p> <p>A Nursing Home which is under a separate registration, occupies the ground floor and first floor of the building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 25 August 2022 at 10:10 am to 4:30 pm by the care inspector.

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

Evidence of good practice was found in relation to care delivery, care plans and maintaining good working relationships.

One area for improvement has been identified in relation to the display of scheduled activities.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were observed to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served by staff in an unhurried, relaxed manner and residents said that living in the home was a good experience.

Comments received from residents and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 and 'Tell Us' cards 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.

The findings of the inspection were discussed with Mrs Laura Sands, manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with six residents individually, small groups of residents in the dining room, a residents' relative and seven staff.

Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received five completed questionnaires. One returned questionnaire was received from a resident and one was from a residents' relative. Three questionnaires did not indicate if they had been completed by a resident or their representative. All returned questionnaires indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

Comments recorded included:

- “Very pleased with care. Staff are very kind and caring”
- “Excellent care.”
- “Exemplary care at all times. Wonderful caring staff.”

A staff member spoken with commented:

“I love it here and had a good induction. We have a good supportive staff team.”

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

“I cannot thank you enough for the care and attention to detail you and your staff gave to Mum. You have a wonderful team who care for your residents like they are your own.”

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 14 December 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (4) Stated: First time	The registered person shall ensure that the visits undertaken on behalf of the registered provider accurately reflects the current situation in the residential home.	Met
	Action taken as confirmed during the inspection: Review of visits undertaken on behalf of the registered provider evidenced that completed reports accurately reflect the current situation in the residential home.	

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 25.6 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the duty rota evidenced that the manager's hours are recorded and when agency staff are on duty in the home; the name of the agency has been recorded.	
Area for improvement 2 Ref: Standard 23.3 Stated: First time	The registered person shall ensure that staff training is completed in Deprivation of Liberty Safeguards and First Aid.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of staff training, evidenced staff have completed training regarding Deprivation of Liberty Safeguards and First Aid.	
Area for improvement 3 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that the daily menu is on display for residents.	Met
	Action taken as confirmed during the inspection: The daily menu was observed to be displayed in the dining room so that residents and their representatives know what is available at each mealtime.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The manager advised that a system was in place which facilitates regular review of resident dependency so as to inform staffing arrangements within the home. The resident dependency tool was noted to be completed recently on 22 August 2022.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory and there were enough staff on duty to meet the residents' needs. The manager told us that staff recruitment is underway and that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

A review of records confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2021/2022 evidenced that staff had attended training regarding coronavirus awareness, moving and handling, dementia awareness, first aid, Deprivation of Liberty Safeguards (DoLS), adult safeguarding, infection prevention and control (IPC) and fire safety.

Staff told us 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.

A resident spoken with said: "Staff are very good to me. They know their job well."

5.2.2 Care Delivery and Record Keeping

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.

Review of care records regarding mobility, falls, oxygen therapy, nutrition and weight evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Care records reviewed for the use of pressure relieving mattresses showed they were set correctly in accordance with the residents' weight.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

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.

Supplementary charts in relation to daily care and nutritional intake were reviewed and were observed to be well maintained.

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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed by the SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents were offered a selection of drinks, fruit, cake and biscuits from the mid-morning tea trolley.

We observed the serving of the lunchtime meal in the dining room and noted that this mealtime provided residents with an opportunity to socialise together. Staff wore aprons and the daily menu was displayed in the dining room showing residents what is available at each mealtime. A choice of meal and drinks was offered and staff had made an effort to ensure residents were comfortable throughout lunch. The food was attractively presented and smelled appetising and staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. Residents said they enjoyed lunch.

It was noted that a door was missing from a cupboard in the dining room. This was discussed with the manager who advised she would address the matter.

Correspondence from the manager on 30 August 2022 confirmed the cupboard door has been replaced.

A residents' relative spoken with said: "Mum has settled in quickly and her room is comfortable and clean. If she uses the call bell for assistance staff come to her promptly. Mum has no issues with the food as the cook came to see her to discuss food likes and dislikes."

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout. Review of the daily bathroom cleaning schedule confirmed that tasks had been documented and signed by staff on completion. Equipment such as walking aids were seen to be clean and well maintained.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. The carpet in the corridor was noted to be badly stained. This was discussed with Mrs Cherith Rogers, Regional Manager, during the inspection, who provided an action plan of home improvements and advised arrangements have been made to replace carpets in the home as deep cleaning is ineffective. The planned start date of floor refurbishment is September 2022. This will be reviewed at the next inspection.

The treatment room, sluice room, the cleaner's store were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of the time in their room and staff were observed supporting residents to make these choices.

Discussion with residents and staff evidenced that arrangements were in place to meet their social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities, such as worship services, board games, gentle keep fit and music events. Residents told us they were offered the choice of whether to join in or not and advised that they sometimes declined to take part in activities as they like to plan their own time. The activity therapist was observed in the lounge with a group of residents singing familiar songs and completing word searches. A resident spoken with commented: "I love it here. The staff are fabulous and there is always something going on to keep us entertained."

Review of records of residents who participate in activities evidenced that they were well documented. However, an activity schedule was unavailable to view to advise residents of forthcoming events. This was discussed with the manager and an area of improvement was identified.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change of registered provider and management arrangements of the home. Discussion with staff, residents and their representatives evidenced that the manager's working patterns supported effective engagement with residents, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Ms Mary Stevenson, Regional Manager, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff told us they were confident that they could report concerns about residents' safety and poor practice. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

It was established that the manager had a system for maintaining competency/capability assessments for staff left in charge of the residential unit. We reviewed a selection of staff competency/capability assessments and found them to be satisfactory.

Review of staff supervision evidenced that it had commenced for 2022. The manager advised supervision is ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

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 and their care manager and appropriate action had been taken.

The home was visited each month 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 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. These are available for review by residents, their representatives, the Trust and RQIA.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls and infection prevention and control (IPC) practices, including hand hygiene.

The manager advised no complaints had been raised this year and that systems were in place to ensure that complaints were managed appropriately. Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

The manager advised that resident and staff meetings were held on a regular basis.

Correspondence from the manager on 30 August 2022 confirmed that a relatives meeting and a staff meeting has been arranged for September 2022.

Residents and staff spoken with commented positively about the manager and described her as supportive and approachable.

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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Laura Sands, 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 Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: Immediate action required	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. Ref: 5.2.4
	Response by registered person detailing the actions taken: The activities schedule is displayed on the wall in the unit. This is reviewed by the home manager regularly. It is reviewed by RAM during monthly monitoring visits.

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



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