



Unannounced Care Inspection Report

30 June 2019



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

Inspector: James Lavery

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 with 22 places that provides care and accommodation for residents who are older in age. This residential care home is separate to but situated on the same site as Bannview Nursing Home.

3.0 Service details

Organisation/Registered Provider: Amore (Warrenpoint) Limited Responsible Individual: Nicola Cooper	Registered Manager: Cherith Rogers 27 July 2018
Person in charge at the time of inspection: Upon arrival – Senior care assistant Karen McKnight. The registered manager then arrived in to the home at approximately 13.25.	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.	Total number of residents in the residential care home on the day of this inspection: 22

4.0 Inspection summary

An unannounced inspection took place on 30 June 2019 from 12.30 hours to 16.30 hours.

The inspection assessed progress with all 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 the cleanliness of the environment, staff training, falls management and engaging with the multi-professional team. Further areas of good practice were also noted in relation to the culture and ethos of the home, staff communication with residents, staff management and quality assuring resident care.

No area requiring improvement were identified.

Residents described living in the home in very positive terms. One resident commented to the inspector “The staff treat us well ... whenever you need the staffs help they’re there.” Another resident stated “The staff are very good ... you can talk to them.”

Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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 Cherith Rogers, Manager, and Roberta Wilson, Quality Improvement Lead, 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 inspection dated 19 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 February 2019. No further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined and/or discussed which included:

- two residents' care records including relevant supplementary wound care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA

- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 outstanding areas for improvement from previous inspection(s)

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

There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

We discussed staffing levels within the home with both the senior care assistant and manager. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of residents were met. We asked residents about staffing levels and no-one expressed any concerns. Several residents spoke positively about the home to the inspector, including comments such as:

- “I love it here. The nurse told me, this is my home.”
- “Life is super here ... good food ... plenty of variety.”
- “No worries at all.”

The way in which staff are supported in their roles was also considered. Discussion with both the manager and staff provided us with assurance that staff were effectively supported by the manager through informal conversation and a process of bi-annual supervision and annual appraisal. Staff who were spoken with expressed a high level of satisfaction with the support they received from the manager. When asked what it was like to work within the home, one staff member told the inspector “It’s really nice to work in ... the staff in the unit all pull together.”

Discussion with the manager provided further assurance that notifiable incidents are reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care to residents. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated they felt that their mandatory training provided them with the skills and knowledge to effectively care for residents within the home.

Upon arrival to the home, the atmosphere was calm and relaxed throughout. The majority of residents were observed enjoying their lunch within the dining room – this is discussed further in section 6.5. Residents' bedrooms and communal lounges were neat, clean and welcoming in appearance. The entrance to the home is via the main entrance of Bannview Nursing Home. While a keypad was in place at the doorway which provided access to the residential home, the doorway remained open allowing residents to come and go as they preferred.

Upon review of the environment, it was noted that one storage area was poorly maintained. This was discussed with the manager who confirmed following the inspection that the area had been appropriately tidied and would now be reviewed on a regular basis as part of her review of the environment. While the main dining area was generally maintained in good decorative order, one wall within the dining room required some refurbishment. It was confirmed with the manager following the inspection that the identified area would be refurbished by 10 July 2019. This will be reviewed at the next care inspection.

Staff were observed adhering to infection, prevention and control (IPC) best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to residents' needs. However, it was noted that some disposable gloves and aprons were left unattended at three points along corridor handrails. The need for more wall mounted dispensers for such Personal Protective Equipment (PPE) at useful locations for staff was discussed with the manager who agreed to action this following the inspection. It was also agreed that the manager would replace one resident's bedroom table, which was significantly worn, and ensure that interior signage is compliant with IPC standards at all times.

We looked at compliance with Control of Substances Hazardous to Health (COSHH) regulations. We noted that there were three areas in which domestic/activities materials were inadequately stored. This was brought to the attention of staff who removed them immediately. The manager agreed to regularly monitor adherence to COSHH regulations to ensure ongoing compliance. The need to ensure that residents' topical medications are stored securely at all times was also stressed.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The manner in which the safety and well-being of residents is managed was reviewed. The management of adult safeguarding within the home was discussed with the manager who confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents. One completed staff questionnaire was received following the inspection within specified timescales; the respondent stated that they were very satisfied that residents were safe within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the cleanliness of the environment and staff training.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We discussed the quality of communication between staff. Staff stated that there was a handover meeting at the beginning of each shift at which they were able to discuss and review the ongoing needs of residents. The manager also told us that all Heads of department within the home meet daily to review care delivery throughout the home.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the manager. Staff spoke positively about working within the home.

Review of residents' care records evidenced effective engagement by staff with various members of the multi-professional team, such as GPs, tissue viability nurses (TVN) and speech and language therapists (SALT). The care records also evidenced that staff regularly communicated with relatives' families or representatives and also used a range of risk assessments to help inform the care being provided. One resident's relative enthusiastically told the inspector "Every member of staff is approachable ... staff are more like friends."

We considered the provision of wound care to residents. As such, the care records for one resident who required ongoing wound care were reviewed. Staff stated that the resident was regularly attended to by the local district nursing team who provided wound care. However, discussion with the resident and staff in addition to review of current care plans, highlighted that the resident's pain was not being proactively managed by staff. We also found that there was no specific care plan in place relating to wound care. These findings were discussed with the manager who confirmed following the inspection that care plans for wound care were now in place. The manager further confirmed that pain risk assessments had been completed for all

residents, as needed, with associated care plans in place. As a further measure of assurance, the manager has now included both wound care delivery and pain management to her monthly review of care documentation in addition to undertaking and recording spot checks on a weekly basis.

The care of those residents who were assessed as being at a risk of falling was also reviewed. It was positive to note that a range of detailed and person centred risk assessments and care plans were in place. It was also good to see that following one occasion when the resident had fallen, staff had managed the situation in a timely and comprehensive manner. Documentation relating to falls management was maintained by staff to a very high standard. This is commended. Staff who were spoken with demonstrated an accurate and effective awareness of the home's 'falls pathway' which directed how they should manage this risk.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to falls management and engaging with the multi-professional team.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We observed staff interactions with residents throughout the inspection. Staff were noted to engage with residents in a warm, friendly and spontaneous manner. Staff also demonstrated a good awareness of various residents' individual interests and preferences which helped to promote a sense of homeliness and person centred care.

When we discussed the culture and ethos of the home with both residents and staff, feedback was particularly positive. One resident told the inspector "It's the best home ever ... I'm spoilt!"

Staff possessed good awareness of the need to promote the human rights of residents such as maintaining their independence and dignity. This approach to holistic care was noted to be embedded into practice with staff providing residents with personal care in a respectful and appropriate manner. Staff were likewise observed encouraging residents to attempt aspects of daily life, such as walking, in as independent a manner as possible.

The majority of residents were seated in the main dining room whenever we arrived. The dining room was arranged in an attractive manner which gave residents a pleasant view of the exterior grounds. Tables were set to a high standard and staff were observed serving residents in a polite but efficient way. Residents were clearly relaxed in one another's company which contributed to an enjoyable dining experience. The lunch being served was tastefully

presented; on the day of the inspection. The lunch menu options which were available consisted of:

Main courses:

Roast beef & Yorkshire pudding
Pork stroganoff
Mashed or baked potatoes
Bruised celery
Cauliflower cheese

Desserts:

Lemon meringue pie & custard
Ice Cream
Yoghurts
Jelly & fruit

The majority of residents who were spoken with stated that they were very satisfied with the range and quality of food provided. Comments included:

- “The food is good here ... they get me what I like.”
- “The food’s so good you’d eat too much.”

The manager stated that while residents’ relatives’ meetings had been attempted in the past, these were typically poorly attended. In response to this, the manager stated that coffee afternoons for residents and their relatives would be recommenced from July 2019 onwards in an attempt to increase engagement with residents’ families. Such innovation in relation to involving residents and their families in the life of the home is commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and staff communication with residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Feedback from staff and the manager provided us with assurance that they had a good awareness of their roles and responsibilities. This also evidenced that there was a clear organisational structure within the home. The manager stated that the management structure of the homes is comprised of the registered manager and deputy manager (who both oversee the nursing & residential services); a team leader; senior care assistant staff and care assistants.

The home’s categories of care were reviewed with the manager and it was confirmed that the home was operating within its registered categories of care.

We spoke to residents to see if they were aware of the home's complaints procedure and if they were confident that home's management would address any concerns raised by them appropriately – no concerns were raised. It was also confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

The manner in which the manager regularly reviews and quality assures care delivery was discussed. The manager advised that she regularly audits various aspects of care delivery/service provision such as the internal environment and the use of restrictive practices. In addition, monthly quality monitoring reports were noted to be completed in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for residents, their representatives, staff and Trust representatives.

Review of the internal environment did highlight one area in which residents' care records which were no longer in use were insecurely stored. This was highlighted to the manager who confirmed following the inspection that these records were stored in a locked archive area. The need to ensure that residents' care records are stored securely at all times was stressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff management and quality assuring resident care.

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.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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