



# Unannounced Care Inspection Report

## 29 January 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: Kylie Connor**

[www.rqia.org.uk](http://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.

## 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

<b>Organisation/Registered Provider:</b> Amore (Warrenpoint) Limited  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager:</b> Cherith Rogers
<b>Person in charge at the time of inspection:</b> Gareth Williams, Team Leader until the arrival of Cherith Rogers, registered manager at 11.45	<b>Date manager registered:</b> 27 July 2018
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category	<b>Number of registered places:</b> 22

### 4.0 Inspection summary

An unannounced care inspection took place on 29 January 2019 from 10.45 to 15.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

Lisnaree Residential Care Home was first registered on 27 July 2018. The inspection assessed progress with any areas for improvement identified since the pre-registration inspection undertaken on 27 July 2018. The inspection 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 all areas of safe, effective, compassionate and well led. Training, infection prevention and control, communication between residents, staff and other interested parties and activity provision were well managed. The home are commended that no areas requiring improvement were identified during the inspection within any domain.

Residents said that they had good relations with staff, that they liked the food and enjoyed the range of activities in the home. The lay assessor reported that all residents spoken with indicated that overall they were very satisfied with their lifestyle in the home.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Cherith Rogers, registered manager and Gareth Williams, team leader, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: pre-registration report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, team leader and two care staff and the maintenance officer. The inspector greeted all residents and spoke individually to two residents.

A lay assessor was present during the inspection to speak with residents regarding their experiences of living in the home. The lay assessor spoke with three residents individually and to six residents in a group.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two 'Have we missed you?' cards were placed in the foyer, inviting feedback from relatives and visitors. Five questionnaires were received and whilst two indicated that it had been completed by a resident and two by a residents' representative, one questionnaire did not indicate who had completed it.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Visitor book
- Induction record for one new staff
- Staff training audit dated January 2019
- One staff personnel file
- One resident's care records
- The falls pathway and one months' falls analysis record
- Minutes of the most recent staff meeting dated 12 December 2018
- Minutes of resident meetings
- Resident newsletter for January 2019
- Audit of training compliance
- Daily cleaning records for January 2019
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

The findings of the inspection were provided to the registered manager and team leader at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 27 July 2018

The most recent inspection of the home was an announced pre-registration care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 27 July 2018

There were no areas for improvement made as a result of the pre-registration inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota for the day of the inspection confirmed that it accurately reflected the staff working within the home.

A review of one completed induction record and discussion with the registered manager evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with the registered manager and staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. An audit of staff training was reviewed during the inspection.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

Discussion with the registered manager and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. One staff personnel file reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body, where applicable. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Discussion with the registered manager and staff confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager and review of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. Discussion took place in regard to the home's current category of care registration and the registered manager advised that a variation application would be made in respect of an addition of a category of care, if necessary. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, and pressure alarm mats. In discussion with the team leader and review of one care record it was confirmed that restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with staff confirmed that they had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.



Discussion with the registered manager confirmed that IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the home's policy and procedures. The outbreak had been reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

Discussion with the registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. A falls pathway and a sample of one month's falls analysis were reviewed during the inspection.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The team leader reported that decoration programme was in place as required and advised that in recent months lamps had been replaced and some new armchairs had been ordered. Discussion with the registered manager and maintenance staff confirmed that a number of ceiling light fittings were scheduled to be replaced. Following the inspection, the registered manager confirmed that this work had been completed.

Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly, for example fire safety.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 15 August 2018 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

A staff member spoken with during the inspection made the following comments:

- "Training is a hundred percent (completed) and sickness levels are nearly zero and they (staff) stay (low staff turnover)." (staff)
- "The outbreak was managed well and we contained it quite well." (staff)

Five questionnaires were received from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and infection prevention and control.

## Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with the General Data Protection Regulation (GDPR).

A review of one care record confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments in regard to nutrition and falls were reviewed and updated on a regular basis or as changes occurred. The life story record had not been completed and this was brought to the attention of the team leader for follow up. Assurances were given that this would be completed with the aid of the resident and family.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

Discussion with staff confirmed that a varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The lay assessor observed the dining experience for residents situated in one of the two dining rooms. This dining room was described by staff as the quiet dining room as residents did not want any background music played during the meal-times. Staff were attentive to residents who were observed to be enjoying their meal. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required.



Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records were planned once changes to the format of files was completed. The registered manager reported that a regular audit was undertaken of staff registration with the Northern Ireland Social Care Council (NISCC) and discussed at supervision.

Discussion with the registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports and latest resident newsletter were on display or available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff spoken with during the inspection made the following comments:

- "The teamwork is really good, we work together to help each other."
- "They (the team leader and the registered manager) do listen and the team leader is very approachable, he's a brilliant team leader."
- "Communication is very good between staff and we pass on everything at handovers."
- "We have a good team of district nurses coming in and out."
- "The food is okay, I eat it myself. It's a good menu and portions suit each resident."

Five questionnaires were received from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other interested parties.

### Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

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

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The team leader advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was maintained.

Discussion with staff and the team leader confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Observation of practice and discussion with staff and residents confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and visits by the registered provider.

Discussion with staff and residents and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example on the day of the inspection a number of residents took part in a baking activity. Staff spoke of how residents love to sing. All residents were invited and given the choice of participating or not. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, the lay assessor positively reported that in recognition that many residents come from a farming background or have come from a rural locality, the home keeps chickens and ducks. Residents have an uninterrupted view of these animals from a living room.

A resident and staff spoken with during the inspection made the following comments:

- "Everybody (the staff) is so nice. There is always something going on. The food is lovely. They make lovely meals." (resident)
- "We get the board games, books (to undertake activities) and we have sing-songs and they love to hear the hymns." (staff)
- "All residents get good care. They are very well looked after." (staff)

Five questionnaires were received from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Two residents' representatives made the following comments:

- 'Excellent care given to my mother. Staff are wonderful.'
- 'Staff are great with my father. Good support. Very well done.'

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, meals and activities provided in the home.

## Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 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**

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff. The registered manager advised that verbal compliments received are recorded as part of daily 'flash meetings.'

A review of accident and incident records confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The inspector provided confirmation to the team leader and registered manager that incidents in regard to when an emergency ambulance attends the home or when a resident is admitted to hospital should be reported to RQIA. Assurances were provided that this would be undertaken. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The registered manager advised that there was a system to share learning from a range of sources including incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, the registered manager advised that training in mental health was being arranged for staff.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Five questionnaires were received from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

### **Areas for improvement**

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

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care