



# Unannounced Care Inspection Report

## 11 March 2021



## Laganvale Care Home

Type of Service: Nursing Home (NH)

Address: 37 Laganvale Mews, Moira, BT67 0RE

Tel No: 028 9261 9899

Inspector: Mandy Ellis

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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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 72 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four seasons HealthCare  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Edel Treanor  Acting Manager
<b>Person in charge at the time of inspection:</b> Edel Treanor	<b>Number of registered places:</b> 72
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. DE – Dementia	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 44

### 4.0 Inspection summary

An unannounced inspection took place on 11 March 2021 from 09.30 to 17.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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 following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Edel Treanor, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with eight patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and their relatives/ representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We provided the manager with 'Tell us cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 8 to 21 March 2021
- the home's registration certificate
- three patients' care records
- seven patients' supplementary care charts in regard to repositioning
- seven patients' supplementary care charts in regard to food and fluid intake
- five patients' supplementary care charts in regard to bowel management
- two staff recruitment files
- the fire risk assessment
- a sample of governance audits/records
- a sample of monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from previous inspection(s)**

The most recent inspection of the home was an unannounced care inspection undertaken on 08 June 2020.

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 31(2) (e)  <b>Stated:</b> First time	The registered person shall ensure they give notice in writing to RQIA of the proposed absence of the registered manager and arrangements which have been made for the running of the nursing home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There have been several management changes since the last care inspection. RQIA was informed timely of these changes.	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time	The registered person shall ensure that contemporaneous nursing records are kept of all nursing interventions and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should have effective oversight of the supplementary care records of patients, specifically bowel monitoring – (as stated in section 6.1 improvement was noted in fluid balance and repositioning records that were identified during the previous inspection).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Food and fluid intake and repositioning records were examined and were recorded appropriately. Bowel monitoring records were generally recorded accurately. This is further discussed in section 6.2.4.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time	The registered person shall ensure that action plans are developed to address the shortfalls identified within auditing records and that these action plans are reviewed to ensure completion.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The governance audits reviewed included the development, review and completion of action plans to address identified deficits as necessary.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review staffing levels to ensure at all times the staff on duty meet the assessed nursing care, social and recreational needs of all residents; taking into account the size and layout of the home, the Statement of Purpose and fire safety requirements.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and review of the duty rota did not identify any staffing issues or concerns.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a comprehensive risk assessment is in place with appropriate allied health professional input in relation to the use of the specific chair for the identified resident.</p> <p><b>Action taken as confirmed during the inspection:</b> The identified patient has had a reassessment of their seating and is in receipt of a new chair. A comprehensive risk assessment was available for the new chair.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the needs assessment for the identified individual is reviewed and updated accordingly.</p> <p><b>Action taken as confirmed during the inspection:</b> The identified patients' needs have been reassessed during a care review in September 2020.</p>	<p><b>Met</b></p>

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 8 to 21 March 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

We spoke with eight members of staff who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current Covid 19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management. Staff also told us the following:

- "I really like it here."
- "The manager is excellent and so approachable."
- "I love it."
- "Teamwork is great."
- "Covid was tough, but we all pulled together."

### 6.2.2 Personal Protective Equipment

Signage had been erected at the entrance to the home to reflect the current guidance on Covid 19. The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were observed using PPE appropriately.

### 6.2.3 Infection Prevention and Control and the internal environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

The home had a refurbishment plan in place and we discussed with the manager, how plans would progress with the lifting of Covid 19 restrictions.



## 6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- “They are all good (the staff).”
- “It’s ok here.”
- “I can’t complain.”

The home had received numerous cards of support throughout the current pandemic. The following are examples of some of the comments recorded in the cards:

- “Just to say a big thank you to everyone for all the care and attention.”
- “Thank you all much sincerely for the love, kindness and care given to ....”

We saw patients enjoying their lunch in the lounges of the home or their bedrooms. We saw the staff attend to the patients’ needs in a caring manner and that staff wore the appropriate PPE. Patients were offered their meal of choice and a selection of drinks. The food served looked and smelt appetising.

Review of three patients’ care records evidenced individualised, comprehensive care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients’ needs.

Seven supplementary care records were reviewed in relation to both food and fluid intake and repositioning. The charts reviewed were accurately recorded.

Five supplementary care records were reviewed in relation to bowel monitoring. The records evidenced that staff monitored the patients’ bowel habits daily. The registered nurse also had oversight of the bowel pattern of patients and documented this in the daily progress notes. However, it was not clearly documented in two of the records that the patient was self-caring; which led to confusion around the accuracy of the recording. This was discussed with the manager who agreed to address the deficits to ensure the documentation relating to those patients who were self-caring was clearly maintained and accurate. This will be reviewed on a future inspection.

## 6.2.5 Governance and management arrangements

Management arrangements had changed since the previous inspection and RQIA had been appropriately notified. The registration certificate was not reflective of these changes however; the manager confirmed the updated registration certificate arrived in the post the day after the inspection.

Discussion with the manager and review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits reviewed included hand hygiene, PPE compliance, wound care, care records, infection control and environmental audits.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately.

A review of accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

An up to date fire risk assessment was available in the home. Fire drill records were reviewed and fire drills were done regularly. The name of the staff on duty when the drill was carried out was documented; however correction fluid had been used to make amendments to the documentation. This was discussed with the manager and an area for improvement was identified.

**Areas of good practice**

Areas of good practice were identified in relation to care delivery, teamwork, staff interaction with patients and governance audits.

**Areas for improvement**

One new area for improvement was identified in regard to record keeping.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.3 Conclusion**

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. The environment was clean and tidy and staff wore PPE in line with the guidance. One new area for improvement was identified and is outlined in the body of the report and in section 7.2.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Edel Treanor, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 37.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>This relates specifically to the use of correction fluid in records retained.</p>
	<p><b>Response by registered person detailing the actions taken:</b> Staff meetings were held and feedback was shared with staff. The use of correction fluid was discussed and all staff advised that this should not be used on official documentation. Home Manager will continue to monitor this.</p>

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



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