

Inspection Report

3 & 4 October 2023



Laganvale Care Home

Type of service: Nursing Home
Address: 37 Laganvale Mews, Moira, BT67 0RE
Telephone number: 028 9261 9899

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Ann's Care Homes Limited</p> <p>Responsible Individual: Mrs Charmaine Hamilton</p>	<p>Registered Manager: Mrs Mayvelyn Talag</p>
<p>Person in charge at the time of inspection: Mrs Mayvelyn Talag</p>	<p>Number of registered places: 72</p> <p>A maximum of 36 patients in categories NH-I and NH-PH and a maximum of 36 patients in category NH-DE.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 58</p>
<p>Brief description of the accommodation/how the service operates: Laganvale Care Home is a registered Nursing Home which provides nursing care for up to 72 patients. The home is divided into two units over two floors. The unit downstairs provides care for patients living with dementia and the first floor provides general nursing care. Patients have access to communal lounges, dining rooms and a garden space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 3 October 2023 from 9.55 am to 5.00 pm and 4 October 2023 from 9.30 am to 3.00 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the management with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was 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 the care inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, and a range of information about the service was reviewed to help us plan the inspection.

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.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work. A range of documents and records were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Due to the nature of dementia not all patients were able to tell us how they found life in the home. Patients who were less able to communicate were seen to be content in their surroundings and in their interactions with staff. Patients who could express their views spoke positively about life in the home. Comments made by patients included "it's good" and "the food is good"

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, and managerial support.

Two questionnaire responses were received and expressed a high level of satisfaction with the care and services provided by the home; comments included were shared with the management. No feedback was received from the staff online survey.

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 31082022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the management of thickening agents to ensure: <ul style="list-style-type: none"> care plans are updated in a timely manner records of prescribing are maintained records of administration by care assistants are maintained 	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records for the receipt, administration and disposal of controlled drugs are maintained in a bound controlled drug record book.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the management of medicines on admission to ensure that dosage regimes are confirmed in writing and medicines are available for administration.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement Ref: Regulation 14 (2) Stated: First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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 patients. Discussion with staff and a review of relevant records confirmed that staff completed an induction prior to working with patients.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

A system was in place to ensure staff completed their mandatory training and compliance was robustly monitored by the manager. Discussion with staff confirmed they were satisfied with the range of training offered.

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

Staff should have the opportunity to attend supervision and appraisal sessions to review their role and enhance their professional development. There was evidence that a system was in place to ensure staff had the opportunity to undertake supervision, and discussion with the manager confirmed that a plan was in development to undertake appraisals with staff. This will be reviewed at a future inspection.

Staff were seen to attend to patients' needs in a timely manner, and patients' were offered choices throughout the day. Patients told us that they were satisfied with the delivery of care, attentiveness and support received from staff.

5.2.2 Care Delivery and Record Keeping

Staff confirmed they attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences. Review of the handover record, evidenced inconsistencies for care needs relating to identified patients. This was discussed with the management for immediate review; an area for improvement was identified.

Patients' 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 patients' needs, however, it was noted that some risk assessments had not been completed in a timely manner. Discussion with management confirmed that the home is in the process of transferring care records to an electronic platform. A review of records noted inconsistencies with the reviewing of records and a risk that records were not being reviewed as required. A clear, time-bound management plan for the transferring of records from a paper base to the electronic platform is required; this was identified as an area for improvement.

Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff were observed to be prompt in recognising patients' needs, early signs of distress and also non-verbal cues especially in those patients who had difficulty in making their wishes known.

Staff were seen to respect patient's privacy, they knocked on doors before entering bedrooms and bathrooms and offered personal care discreetly.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position as required, and care plans were in place to direct care for the prevention of pressure ulcers. Patients were being assisted by staff to change their position regularly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner and where required, staff engaged with patients' on a one to one basis to assist them with their meal.

Meals served in the dining room was an opportunity for patients to socialise and the atmosphere was supportive and paced appropriately for the level of need. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. A menu was available to inform patients of the meal and choice available, and patients spoke positively in relation to the quality of the meals provided.

Some patients preferred to have their meal in their own room and this was readily accommodated with support provided as required. Staff confirmed how they were made aware of patients who required a modified diet and observation established that patients received their meals as prescribed.

Staff maintained a record of what patients had to eat and drink, where required. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. Patients had access to televisions and/or music in their own rooms and also in communal rooms.

Corridors and fire exits were observed to free of clutter and obstruction, however corridors and communal areas lacked clear signage and points of interest to assist the orientation of patients in the dementia unit. A number of areas throughout the home were observed to require decor updating. This was discussed with management who advised that plans were in place to undertake a review of the environment and to enhance the patient experience in the dementia unit. Given this assurance, an area for improvement was not identified at this time, however this will be reviewed at a future inspection.

It was observed that a number of rooms were not being used as set out in the homes statement of purpose. The importance of rooms being used for the purpose that they are registered for was discussed with management; an area for improvement was identified.

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 personal protective equipment (PPE) had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Environmental infection prevention and control audits had been conducted and the manager confirmed they undertake regular walk round's and spot checks.

5.2.4 Quality of Life for Patients

Staff took time to chat to patients as they were going about the daily routine; they asked patients how they were, if they would like a drink and if they needed anything. The atmosphere throughout the home was warm, welcoming and friendly.

An activity wall planner was visible that detailed the range of activities offered within Laganvale, for example, music sessions. Discussion with management and staff confirmed that an activity co-ordinator was available to provide activities for patients and they were actively recruiting for another member of the activity team to further enhance the activity provision within Laganvale. This will be reviewed at a future inspection.

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals.

Patients were observed enjoying listening to music, reading books and watching TV.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Mayvelyn Talag has been managing the home since November 2022.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

Review of accident/incident records evidenced that RQIA had not been appropriately notified in all cases, this was discussed with the management, retrospective notifications were requested and an area for improvement was made.

A review of records evidenced that a system was in place to manage complaints.

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. A sample of reports were reviewed and identified that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	5*	2

* the total number of areas for improvement includes three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (17 November 2021)	The registered person shall review the management of thickening agents to ensure: <ul style="list-style-type: none"> • care plans are updated in a timely manner • records of prescribing are maintained • records of administration by care assistants are maintained
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (17 November 2021)	The registered person shall ensure that records for the receipt, administration and disposal of controlled drugs are maintained in a bound controlled drug record book.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (17 November 2021)	The registered person shall review the management of medicines on admission to ensure that dosage regimes are confirmed in writing and medicines are available for administration.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 4 Ref: Regulation 32 (h) Stated: First time To be completed by: Immediate and ongoing	The registered person shall review the use of the identified rooms and if necessary submit a variation to registration to RQIA. Ref: 5.2.3
	Response by registered person detailing the actions taken: Variation has been submitted to RQIA to temporarily change the use of 1 x bedroom in FE unit and 1 x bedroom in DCU to temporary storage.

<p>Area for Improvement 5</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all notifiable events, including accidents and incidents, are reported to RQIA in a timely manner.</p> <p>Ref: 5.2.5</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 37.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the handover record is routinely reviewed and updated to ensure it is reflective of the patients' current needs.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Handover records on both floors have been reviewed and information updated. Nurse in Charge to monitor and update daily at the end of each shift. Handover forms to be attached to shift report for HM to monitor daily.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that a clear, time bound management plan for the transferring of records from a paper base to the electronic platform is developed.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Action plan is in place and additional supernumerary hours have been put in place to facilitate the transfer.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

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

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