

Inspection Report

31 August 2022



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: Ms Jisha Jacob– not registered</p>
<p>Person in charge at the time of inspection: Ms Jisha Jacob</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: 50</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 31 August 2022 from 10.00 am to 4.30 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.

The home was clean and tidy with a homely atmosphere. Staff members were attentive to the needs of patients' and carried out their work in a compassionate manner.

Patients' spoken with said that living in the home was a good experience. Patients' unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement from the previous care inspection were reviewed and one new area requiring improvement was identified. Please see the Quality Improvement Plan (QIP) for further details.

RQIA were assured that the delivery of care and service provided in Laganvale Care Home was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of the care and services in Laganvale Care 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, 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 the manager, 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

A number of patients spoke positively about the care that they received. Patients told us that they felt well cared for and that staff were very helpful and kind. One patient said, "The staff are good and I'm very happy and love my room", whilst another said "I'm very happy here". Patients also commented positively on the food and their interactions with staff.

Due to the nature of dementia some patients found it difficult to share their thoughts on their life within the home. However all of the patients were well presented, smiled when spoken with, and appeared relaxed in the company of staff.

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

No feedback was received from the questionnaires or online staff survey as detailed in section 3.0

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 17 November 2021		
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 taken as confirmed during the 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 taken as confirmed during the 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.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the 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.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement had been met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure supplementary care records are accurately and contemporaneously maintained to ensure:</p> <ul style="list-style-type: none"> • the type of mattress and correct setting is documented correctly on the patients repositioning booklets • the fluid intake by patients is reconciled daily. <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement had been met.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of recruitment records confirmed that these procedures were in accordance with legislation and standards.

Staff confirmed they were provided with an induction programme to support them in the tasks associated with their role and duties. There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing for staff and the manager confirmed that training was kept under review.

Review of records provided assurances that a system was in place to ensure all relevant staff were registered with the Nursing and Midwifery Council (NMC). There was also a system in place to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC).

The duty rotas accurately reflected the staff working in the home over a 24 hour period and identified the person in charge when the manager was not on duty.

Observations confirmed that patients' needs were met by the staff on duty. Patients told us that they were satisfied with the delivery of care, attentiveness and support received from staff.

Staff members were seen to attend to patients' needs in a timely manner, and patients' were offered choices throughout the day.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

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 skilled in communicating with the patients and to treat them with patience and understanding.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position as required. It was observed that, where required, there were care plans in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use as directed.

Wound care records reviewed had been maintained. An initial wound assessment was completed where any breaks to patients' skin were noted. A body map identified the location of the wound and photograph of the wound was taken. A detailed wound care plan was developed to direct the care of the wound and to monitor the progress of the care delivery.

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.

Lunch 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.

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 nutritional needs. Some patients preferred to have their meal in their own room and this was readily accommodated with support provided as required.

Staff maintained a record of what patients had to eat and drink, as necessary. Staff consulted were aware of the importance of ensuring patients were well hydrated and were able to identify signs of dehydration. Patients spoke positively in relation to the quality of the meals provided.

It was noted that a menu was not displayed in a meaningful manner; this was discussed with the manager who confirmed that this was under review. This will be reviewed at a future care inspection.

Care records were generally well maintained regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual preferences were reflected throughout the records.

Daily records were kept of how each patient spent their day and the care and support provided by staff. A discussion with the Manager confirmed that patient care records are held confidentially and securely.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and inviting; communal areas were suitably furnished and pleasantly decorated.

The home was observed to be clean, tidy and had no malodours; patients and staff said the home was cleaned regularly.

Patients' bedrooms were personalised with items important to them reflecting their individuality.

Corridors and fire exits were observed to be clear of clutter and obstruction. Two identified rooms were found to be unlocked, which contained hazards which could be potentially harmful to patients. This was discussed with management for immediate action and 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.

5.2.4 Quality of Life for Patients

Staff offered patients choices throughout the day. Staff members were observed to be attentive to patients and to take time to ask them, for example, where they wanted to sit and if they wanted to go to the dining room at lunchtime.

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. There was opportunity for patients to participate in activities and patients spoke positively about the activities offered.

Staff recognised the importance of maintaining good communication with families; visiting arrangements were in place, with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection Ms Jisha Jacob has been the acting manager since 5 July 2022.

Staff members 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.

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 patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. Discussion with the manager confirmed that complaints were seen as an opportunity for the team to learn and improve.

The home was visited each month by a representative of the registered provider to consult with patients, 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 patients, 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.

	Regulations	Standards
Total number of Areas for Improvement	4*	0

* The total number of areas for improvement includes three that have been carried forward for review at next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jisha Jacob, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for Improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (17 November 2021)</p>	<p>The registered person shall review the management of thickening agents to ensure:</p> <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 <p>Ref: 5.1</p> <p>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.</p>
<p>Area for Improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (17 November 2021)</p>	<p>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.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (17 November 2021)</p>	<p>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.</p> <p>Ref: 5.1</p> <p>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.</p>

<p>Area for improvement</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: All doors not suitable for patient access are locked and will be monitored as part of the walk arounds by HM and RN's. Any issues to be reported immediately</p>
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