



Unannounced Care Inspection Report 8 June 2020



Laganvale Care Home

Type of Service: Nursing Home
Address: 37 Laganvale Mews, Moira BT67 0RE
Tel No: 02892619899
Inspectors: Bronagh Duggan & Julie Palmer

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 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 persons.

3.0 Service details

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| Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston | Registered Manager and date registered: Jisua Jacob – acting |
| Person in charge at the time of inspection: Jisua Jacob | Number of registered places: 72 A maximum of 36 patients in categories NH-I and NH-PH and a maximum of 36 patients in category NH-DE |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment | Number of patients accommodated in the nursing home on the day of this inspection: 60 |

4.0 Inspection summary

An unannounced inspection took place on 8 June 2020 from 09.45 to 16.20. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA received information on 25 May 2020 which raised concerns in relation to the quality of care provided in the home. In response to this information RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

“Tell us” information cards and questionnaires were left in the home for completion by patients and / or representatives. In addition, information was provided for staff on how to access an online questionnaire regarding working in the home.

The following areas were examined during the inspection:

- staffing
- infection prevent and control procedures (IPC) and personal protective equipment (PPE)
- care delivery
- care records

- environment
- 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.

4.0 Inspection outcome

| | Regulations | Standards |
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| Total number of areas for improvement | 1 | *5 |

*Two areas for improvement identified during the previous inspection have been partially met and are stated for a second time. These related to care records and action plans from audits. Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jisua Jacob, manager, as part of the inspection process. Judy Derby, regional support manager, was also present for feedback at the conclusion of the inspection. 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.

The following records were examined during the inspection:

- staff duty rota
- six care records
- sample of audits
- notifications of accidents and incidents
- sample of monthly monitoring reports
- training records
- complaints
- cleaning records
- certificate of registration.

Areas for improvement 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 areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 16 and 17 December 2019.

| Areas for improvement from the last care inspection | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| <p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> | <p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is in relation to ensuring the following:</p> <ul style="list-style-type: none"> • that staff to adhere to hand washing in keeping with best practice guidance at all times • that robust environmental cleaning schedules are implemented and monitored • that equipment is effectively decontaminated if soiled | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>During discussion the manager advised supervision regarding handwashing, infection prevention and control and decontamination was provided for all staff. In addition, audits were completed regarding handwashing and use of personal protective equipment. Cleaning schedules were in place regarding the cleaning of the home and also included touch points. Equipment was viewed during the inspection; this was generally clean. See main body of report.</p> | |

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| <p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Review of care records showed that relevant records in relation to wound management were being maintained including tissue viability recommendations, care plans and wound assessments.</p> | | |
| <p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p> | | <p>Validation of compliance</p> |
| <p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that the malodours in the identified areas are managed appropriately. This is in relation to the identified area in this report.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Inspection of the home showed new floor covering had been laid in the communal lounge areas. The home was clean and fresh smelling throughout, no malodours were identified.</p> | | |
| <p>Area for improvement 2</p> <p>Ref: Standard 5</p> <p>Stated: Second time</p> | <p>The registered person shall ensure when lap belts are in use there is appropriate documentation in place to evidence consultation with Trust personnel and are reflected in the daily evaluation of care.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager confirmed there were no lap belts currently in use for patients in the home. The manager advised the use of restraint was discussed with staff and any use would be discussed with the multidisciplinary team and records updated accordingly.</p> | | |
| <p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> | <p>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: fluid balance charts, bowel monitoring and</p> | |

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| | repositioning records. | Partially met |
| | Action taken as confirmed during the inspection: Review of care records showed fluid balance and repositioning records were up to date; however, bowel monitoring records were not fully completed. This area for improvement has been partially met and has been stated for a second time. | |
| Area for improvement 4 Ref: Standard 4 Stated: First time | The registered person shall ensure that the care a patient receives in regard to their enteral feeding is reflected fully in the daily and monthly evaluation of care. | Met |
| | Action taken as confirmed during the inspection: Review of one care record showed the care a patient received in relation to enteral feeding was reflected in the daily and monthly evaluation of care. | |
| Area for improvement 5 Ref: Standard 35 Stated: First 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. | Partially met |
| | Action taken as confirmed during the inspection: Review of a sample of auditing records showed, although some included action plans, audits relating to monthly wound analysis did not include an identified action plan. This issue was discussed with the manager. Additional detail should also have been included in the monthly monitoring reports relating to the completion of action plans. The area for improvement has been partially met and has been stated for a second time. | |
| Area for improvement 6 Ref: Standard 39 Stated: First time | The registered person shall ensure there are systems in place to monitor the effectiveness of training received by staff and that such training is embedded into practice. This in relation to IPC practices and hand washing. | Met |

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| | <p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed individual supervisions were completed with staff members regarding IPC. Observations of staff practice and audits were also completed regarding IPC practice and use of PPE.</p> | |
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6.2 Inspection findings

Staffing

We arrived at the home at 09:45 and were met by the nurse in charge. Discussion with the manager confirmed the planned daily staffing levels for the home. Staff duty rotas for the period of 8 June 2020 until 21 June 2020 were reviewed. The rota reflected staff on duty during inspection.

We met with staff during the inspection and discussed their experiences of working in the home. Staff were aware of reporting arrangements in the home and who to speak with if they had any concerns. Staff confirmed the recent changes to management arrangements provided a sense of stability within the home. Observations of staff practice showed they were kind and courteous to patients and responded promptly to call bells or requests for assistance. Staff spoken with confirmed there was good team working. Staff showed they were aware of the individual needs of patients. Staff explained the handover procedure including how they each complete written patient handover information on a daily basis.

Some staff shared that at times the staffing levels can feel stretched depending on the needs of patients in the home. One patient also shared their view that they thought the home could sometimes do with more staff. During the inspection staffing levels appeared satisfactory though there were a number of bed vacancies on the day with numbers capped at less than usual due to the Covid 19 situation. The general issue of staffing was discussed with the manager who confirmed staffing levels were reviewed regularly in relation to the changing needs, numbers and dependencies of patients. The need to review staffing levels within the home, bearing in mind the feedback from staff and patients, was discussed with the manager. An area for improvement was identified.

Comments from staff included:

- “There is always a good handover.”
- “I feel safe working here, I have enough PPE.”
- “I can ask anyone for help and advice.”
- “Teamwork is good and we are well supported.”
- “The team works well, staffing sometimes can be stretched...with high dependencies.”

Infection prevention and control and Personal Protective Equipment

Upon arrival to the home inspectors' temperatures were taken and they were asked if they had been displaying any symptoms associated with Covid 19; the information was recorded accordingly. The manager confirmed all patients and staff had temperatures taken and

recorded twice daily. All visitors, though limited due to visiting restrictions, were also tested upon arrival at the home. PPE supplies and hand sanitization were readily available in the front reception area of the home for visitors and staff to access as needed and at identified locations throughout the home. Discussions with staff confirmed they felt safe doing their work and there was a good supply of PPE available at all times. Staff were observed using PPE in accordance with the current guidance. Supplies were observed being restocked during the day. The manager advised all staff had received individual supervision regarding the use of face masks and donning and doffing of PPE.

During a walk around the home it was found to be clean, warm and tidy. There were no malodours detected. Communal areas including lounges, dining areas, bathrooms and corridors were viewed, a sample of bedrooms were also observed. These were found to be well maintained. Some residue was noted on a sample of bedside tables. This was discussed with the manager as was the benefit of adding this area to written cleaning schedules to ensure regular checks were made of these areas. Walk ways were free from obstruction and fire exits were kept clear.

Care delivery

We observed staff practice in the home; interactions with patients were warm and kind they showed a good knowledge and understanding of patients' individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some patients were observed relaxing in their bedrooms while others were in communal sitting rooms at a social distance. Patients appeared comfortable; staff were available throughout the day to meet their needs. One patient was observed sitting in a specialist chair in which they appeared poorly balanced; this issue was discussed with the nurse in charge and later with the manager. The need to ensure the completion of a thorough risk assessment regarding the use of the chair with input from appropriate allied health professionals was discussed. An area for improvement was identified.

Comments from patients included:

- "They look after me well."
- "I get everything I need."
- "It's good, everyone is pleasant, could maybe do with a few more staff."

Care records

Six care records were reviewed including an assessment of need, life history, risk assessments, care plans and daily evaluation records. Care needs assessments and risk assessments were reviewed and updated on a regular basis or as changes occurred. However, it was noted from one of the records reviewed the needs assessment had not been reviewed in fourteen months. This issue was discussed with the nurse in charge and manager. An area for improvement was identified.

Wound care records were detailed and included all relevant information and evidenced that regular review and evaluation was undertaken.

Governance and management arrangements

The manager outlined the management arrangements within the home and explained how there was a period of induction to support the transition of being a new manager in the home. The manager confirmed she felt well supported by the local regional manager during this process. The need to ensure a notification of absence and information relating to the new management arrangements was shared with RQIA was discussed as part of the inspection. At the time of issuing this report information had still not been forwarded formally regarding the management changes in the home. An area for improvement was made. The manager advised that she completed a daily walk around the home to ensure accessibility for staff and patients. In addition the manager advised that arrangements were in place to ensure daily flash meetings with all heads of department within the home to ensure effective communication.

We reviewed a selection of audits which were completed on a regular basis including complaints, PPE, hand hygiene, monthly accidents analysis and monthly wound analysis. Action plans were evident in the majority of audits that were completed; however, there was no action plan completed relating to the monthly wound analysis. The monthly monitoring report for May 2020 was also reviewed; this did not show when and by whom actions were completed. This issue was discussed with the manager. Completion of audit action plans was identified as an area for improvement during the previous inspection. Although some improvements were made, there was still room for further improvement in this area. The area for improvement has been partially met and has been stated for a second time in the QIP appended to this report.

Review of staff training records showed staff training in moving and handling was maintained on an up to date basis. There was a complaints procedure in place; a monthly complaints analysis was completed to highlight any patterns or trends. The certificate of registration was displayed. Staff spoken with confirmed they were aware of how to report any issue or concerns if they had any to the manager and or senior management team.

Areas of good practice

Areas of good practice included infection prevention and control procedures, use of PPE, staff interactions with patients, completion of regular audits, detailed wound care plans, and accessibility of the manager.

Areas for improvement

Four new areas for improvement were identified. These related to reviewing staffing levels, ensuring the needs assessment for an identified resident is reviewed and updated, ensuring a risk assessment is completed in relation to the use of the specific chair for an identified resident, and ensuring a notification of absence is forwarded to RQIA regarding the management situation in the home.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 3 |

6.3 Conclusion

The majority of areas for improvement identified during the previous inspection were identified as being met. Two areas for improvement have been stated for a second time. Regarding issues raised on 25 May 2020 around the quality of care delivered in the home, the information given was not substantiated. Arrangements were in place to support the new manager who confirmed there was ongoing support being provided through induction and by senior management.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jisua Jacob, 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 | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 31. (2) (e) Stated: First time To be completed by: 24 June 2020 | <p>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.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Home Manager Jisha Jacob has submitted all documents for registration with RQIA. Awaiting certificate being processed</p> |
| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
| Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 8 July 2020 | <p>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).</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Discussed with the nursing staff that supplementary charts for residents should be checked on a daily basis and the total must be recorded in 24 hour report. Also bowel charts to be monitored on a regular basis to identify any concerns with elimination needs. Staff encouraged to use diary to ensure compliance. Supervision ongoing with all nursing, CHAP and carers for completion of food and fluid charts. HM to oversee completion and monitor compliance and management of these areas</p> |
| Area for improvement 2 Ref: Standard 35 Stated: Second time To be completed by: 8 July 2020 | <p>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.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Action will be cascaded to staff as needed for action and outcomes to be actioned. Signature sheet evidence of staff understanding. HM to monitor completion and effectiveness</p> |

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| <p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 22 July 2020</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>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Staffing levels are assessed on a monthly basis or as required if any changes to needs of residents. CHESS assessment updated on a monthly basis or as required to ensure adequate staffing levels</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 22 June 2020</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>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Nursing staff have completed OT referral for identified resident on 10.06.2020, awaiting input.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 8 July 2020</p> | <p>The registered person shall ensure the needs assessment for the identified individual is reviewed and updated accordingly.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Care files are evaluated on a monthly basis. Named staff nurse to submit care file audit monthly. HM will monitor files regularly to ensure completion to required standard.</p> |

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



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