



# Unannounced Follow-up Care Inspection Report 14 March 2019



## Laganvale Care Home

**Type of Service: Nursing Home**  
**Address: 37 Laganvale Mews, Moira BT67 0RE**  
**Tel No: 028 9261 9899**  
**Inspector: Dermot Walsh**

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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 provider 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 nursing home registered to provide nursing care for up to 72 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Shily Paul
<b>Person in charge at the time of inspection:</b> Shily Paul	<b>Date manager registered:</b> 7 November 2007
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 72  A maximum of 36 patients in categories NH-I and NH-PH and a maximum of 36 patients in category NH-DE.

### 4.0 Inspection summary

An unannounced inspection took place on 14 March 2019 from 09.30 to 16.45.

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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- governance
- nutrition

Patients described living in the home in positive terms. Patients' comments can be found in Section 6.3. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	*2

\*The total number of areas for improvement includes one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Shily Paul, registered 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.

## 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 17 and 18 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with nine patients, two patients' representatives and nine staff. A poster was displayed at a staff area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and their visitors were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the manager with 'Have we missed you' cards which were then placed in a prominent position to allow residents, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for week commencing 4 March 2019
- accident analysis records
- a selection of governance audits
- three patients' care records
- three patients' daily care charts in relation to food and fluid intake charts

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 17 and 18 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 17 and 18 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (I) <b>Stated:</b> Second time	The registered person shall ensure that hoists are stored safely when not in use so as they do not pose as a potential hazard to patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of the environment evidenced that hoists in the home were stored safely.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that doors leading to stairwells in the home are not blocked at any time to allow for safe access and egress.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> All stairwells and fire exits in the home were free from clutter and obstruction.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Chemicals were not observed accessible to patients in any part of the home.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that wet floors in the home are signed at all times to prevent a slip hazard.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Appropriate signage was in use in the home to warn of wet floors where relevant.</p>	<b>Met</b>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the identified rooms in the home are reviewed/repared/refurbished as appropriate to ensure that they may be cleaned effectively.</p> <p>A copy of the refurbishment plan, including timescales, should be submitted with the returned QIP.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Works had commenced on the identified rooms as part of the refurbishment plan.</p>	<b>Met</b>

<b>Area for improvement 2</b> <b>Ref:</b> Standard 41 Criteria (1)  <b>Stated:</b> First time	The registered person shall review the staffing arrangements in the home, including deployment, to ensure that at all times the assessed needs of patients are met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager, staff and patients and a review of the duty rota evidenced that staffing arrangements were appropriate on the day of inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 46 Criteria (2)  <b>Stated:</b> First time	The registered person shall ensure that a system is in place to ensure that all wheelchairs in the home are regularly decontaminated, as required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and a random review of five wheelchairs within the home evidenced that this area for improvement has now been met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person shall ensure that the flooring on the communal identified room is repaired/replaced as appropriate.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Work had not commenced on the identified room, however, there was evidence that the work had been planned within the refurbishment programme.  This area for improvement will be carried forward for review at the next care inspection.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person shall ensure that pressure damage risk assessments are completed on patients' admission to the home and reviewed accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three patients' care records evidenced that pressure damage risk assessments had been completed.	

## 6.3 Inspection findings

### Staffing

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review. A review of the staffing rota for week commencing 4 March 2019 confirmed that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff.

Consultation with nine patients and nine staff confirmed that they were satisfied that the staffing levels in the home met their needs. Patients spoke positively about staff and the attention staff paid to them. Two patients' representatives consulted during the inspection also spoke positively in relation to the care which staff provided. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff in the dementia unit advised that one of the lounge areas was supervised, with staff present. The lounge was observed to be unsupervised on two occasions during the inspection. Staff explained that they had to leave the lounge to assist patients with daily needs, hence the lounge was unsupervised during these periods. Supervisory arrangements were discussed with the registered manager. An area for improvement was identified to ensure that the existing supervisory arrangements were sufficient to meet the safety needs of patients at all times, for example, patients at risk of falls.

Staff stated that they worked well together as a team; each staff member knew their role, function and responsibilities. Comments from staff included, "It's very good; we have a good team".

Discussion with staff evidenced that they were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork in the home.

### Areas for improvement

An area for improvement was identified in relation to the supervision of patients within an identified room.

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



## The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Chemicals were not observed accessible to patients in any area within the home. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Compliance with infection prevention and control measures was well maintained.

A programme of refurbishment was in progress. Rooms identified at the previous care inspection requiring refurbishment had been identified within the refurbishment plan. The registered manager also confirmed that additional storage would be created as part of the plan. The corridors in the home and doors had been repainted as well as the main dining room. Rooms where work was being conducted were clearly signed.

### Areas of good practice

An area of good practice observed was in relation to the refurbishment improvements being made to the home.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## Governance

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care records, complaints and compliments. Monthly hand hygiene audits were conducted and action plans were evidenced following a review of infection prevention and control audits. Falls occurring in the home were reviewed and analysed monthly for patterns and trends. Online care record audits included review of nutritional needs, choking risk and weight loss.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives and Trust representatives on request.

### Areas of good practice

An area of good practice was identified in relation to the consistent completion of audit activity.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

## Nutrition

We reviewed three patients' care records with a focus on nutrition. Nutritional requirements were assessed on admission and patients' eating and drinking care plans were developed reflective of their nutritional assessments. A monthly nutritional screening tool was completed. In addition, oral assessments and risk of choking assessments were also conducted monthly. Discussion with kitchen staff confirmed that the dietary information that they maintained accurately matched the three patients' dietary requirements. There was evidence in the patients' care records that referrals had been made appropriately to other healthcare professionals, as required, such as the dietician and/or speech and language therapist. Patients' care plans had been updated to reflect the recommended changes and communicated well to staff. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained and that these records had been recorded well.

The serving of lunch was observed in the dining room on the ground floor. A pictorial menu was on display on the wall of the dining room. Patients were seated around tables which had been appropriately set for the meal or they were seated in their preferred dining area. Food was served directly from the kitchen which was situated alongside the dining room. Food was covered when transferred from the dining room to the patients' preferred dining area. The food was served when patients were ready to eat or to be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner where required. Staff wore the appropriate aprons when serving or assisting with meals. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. The mealtime was well supervised.

## Areas of good practice

An area of good practice was identified in relation to the communication between staff in regards to residents' nutritional dietary requirements.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

## Consultation

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Laganvale was a positive experience. Ten patient questionnaires were left for completion. One was returned within the timeframe indicating that they were very satisfied the home was delivering safe, effective and compassionate care and that the home was well led.

Patient comments to the inspector included:

- “I’m happy here. The girls are very nice.”
- “You get good care here.”
- “It’s dead on here.”
- “I am very happy here and very comfortable.”
- “This is a great home. Staff are very nice.”
- “I have had the best care going. Very good staff.”

Two patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. None were returned within the timeframe.

Some patient representatives’ comments made during the inspection included:

- “I am very happy with the care here. The staff are very nice.”
- “The girls are quite good. There is always someone around if you need them.”

One questionnaire was returned which did not indicate if it was from a patient or a patient representative. The respondent indicated that they were very satisfied with the care provision in the home and felt that the home was well led.

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Comments from nine staff consulted during the inspection included:

- “It is good. I like it here. Enjoy working here.”
- “I like working here.”
- “It’s good.”
- “It’s alright, can be frustrating at times.”
- “It can be tough work.”
- “It’s fine. Mostly good.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

**Areas of good practice**

An area of good practice was identified in relation to the delivery of compassionate care resulting in patients’ appreciation of staff

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shily Paul, registered 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 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 DHSSPS 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.

<b>Quality Improvement Plan</b>	
<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>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2018	<p>The registered person shall ensure that the flooring on the communal identified room is repaired/replaced as appropriate.</p> <p>Ref: 6.2</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2019	<p>The registered person shall review the supervision arrangements within lounges in the home to ensure that patients are appropriately supervised.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Residents who are at high risk of falls are sitting in a lounge supervised by a staff member at all times. When the Care Assistants are busy carrying out personal care, one of the nurses will be allocated to supervise the residents.</p>

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



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