

# Unannounced Care Inspection Report 23 March 2018



## Laganvale Care Home

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

[www.rqia.org.uk](http://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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is 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(s):</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> 07/11/2007
<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 comprising:  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 23 March 2018 from 10.00 to 17.00 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Up until 7 February 2018, Laganvale Dementia Unit on the ground floor and Laganvale General Nursing Unit on the first floor within the home had been registered with RQIA under two separate registrations and each registered service had been inspected separately. From 7 February 2018, both units within Laganvale were registered under one single registration and are now inspected together.

Evidence of good practice was found in relation to staffing arrangements, recruitment practice, monitoring registration status of staff, the home's general environment, record keeping, teamwork, communication between staff, governance risk management, maintaining good working relationships and in relation to the culture and ethos of the home in relation to dignity and privacy.

An area for improvement under regulation in relation to the storage of hoists and an area for improvement under standards in relation to the refurbishment of identified rooms have been carried forward for review at the next care inspection.

Patients were positive in their feedback of the care provided in the home. Patient comments can be reviewed in section 6.6. 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>	*1	*1

\*The total number of areas for improvement includes one under regulation and one under standards which have been carried forward for review at the next care inspection.

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 dated 9 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 January 2018. There were no further actions 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.

A lay assessor, Marian Thompson, was present during the inspection and their comments are included within this report.

During the inspection the inspector and lay assessor met with eight patients and two patients' representatives. The inspector met with six staff. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire.

A poster indicating that the inspection was taking place was displayed at the reception of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for week commencing 12 March 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment file
- five patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 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 9 January 2018.**

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

**6.2 Review of areas for improvement from the last care inspection dated 29 August 2017 (Laganvale General Nursing Unit) & 30 August 2017 (Laganvale Dementia Unit)**

<b>Areas for improvement from the last care inspection (Laganvale General Nursing Unit)</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 27 (4) (I) <b>Stated:</b> First 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>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b>  <b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>  See section 6.4 for further information.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 <b>Stated:</b> First time	The registered person shall ensure that when a patient is assessed as requiring a fall out mattress that this is documented within the patient's care records and evidenced within the patient's care plan.	
	<b>Action taken as confirmed during the inspection:</b> A review of one patient's care records evidenced the continued need for the use of a fall out mattress was documented within the patient's assessments and care plan.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 12 (1) (a) (b) <b>Stated:</b> First time	The registered person shall ensure that recommendations from other health professionals are documented; adhered to and care provided evidenced within the patients' care records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two patients' care records evidenced that the recommendations from other health professionals had been documented appropriately.	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	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.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b>  <b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>  See section 6.4 for further information.	

<b>Areas for improvement from the last care inspection (Laganvale Dementia Unit)</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 21 (b)  <b>Stated:</b> First time	The registered person shall ensure that a reference is obtained from any applicant's current or most recent employer prior to commencing employment in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of a personnel file for a staff member recently recruited evidenced that this area for improvement is now met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (l)  <b>Stated:</b> First 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>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b>  <b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>  See section 6.4 for further information.	



<p><b>Area for improvement 3</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> <p><b>Action taken as confirmed during the inspection:</b> Wet floor signs had been appropriately deployed within the home to signify the hazard.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that recommendations from other health professionals, such as tissue viability nurses, are documented; adhered to and care provided evidenced within the patients' care records.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of two patients' care records evidenced that the recommendations from other health professionals had been documented well.</p>	<b>Met</b>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that appropriate actions are taken when a patient presents with a significant weight loss.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of two patients' care records evidenced that the appropriate actions had been conducted in response to nutritional screening.</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 39 Criteria (7)</p> <p><b>Stated:</b> Third and final time</p>	<p>The registered person should ensure that basic life support training currently provided through electronic learning is reviewed to ensure the effectiveness of such training.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed the arrangements in place to ensure the effectiveness of this training.</p>	<b>Met</b>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person should ensure that patients are repositioned as directed within their individualised care plans and were repositioning did not occur/was not possible; the reason for this is recorded.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> A review of repositioning records for three patients confirmed that the repositioning had been carried out in accordance with the patient’s care plan.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First 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><b>Carried forward to the next care inspection</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p><b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>See section 6.4 for further information.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the routine administration of medications during mealtimes is reviewed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Relevant medications only were administered during the patients’ lunchtime meal.</p>		

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Discussion with patients, patients' representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of one staff's recruitment records evidenced that enhanced Access NI checks were sought received and reviewed prior to staff commencing work and records were maintained. Appropriate references had also been obtained prior to the staff member commencing employment. An area for improvement made in this regard at the previous inspection has now been met.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Three staff consulted expressed dissatisfaction that the majority of training was through electronic learning. Staff were of the opinion that they would 'benefit from additional face to face training'. This information was passed to the registered manager for their review and action as appropriate. The registered manager confirmed that additional face to face training had recently been conducted on the management of distressed reactions, activity engagement, resident experience and communication.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Accident records had been maintained appropriately.

A review of the home's environment was undertaken and included observations of an identified selection of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Discussion with the registered manager and the regional manager confirmed that a refurbishment plan was under review by senior management within Four Seasons Health Care and had included storage arrangements. This will be reviewed at a subsequent care inspection.

Staff consulted confirmed that two of the four hoists in use in the home had been removed from service. Staff were of the opinion that this impeded on the timely intervention of patient moving and handling within the home. This was discussed with the registered manager who confirmed that the hoists had been appropriately taken out of operational service on 23 February 2018 following an examination in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER). Information sent to RQIA following the inspection confirmed that the two hoists which had been removed from service could not be repaired and that two new hoists had been ordered on 26 March 2018 and delivered to the home on 4 April 2018. It was concerning to note the delay in time from the LOLER examination to the ordering of new hoists.

The smell of cigarette smoke was detected in the home during a review of the environment. This was due to the location of an agreed smoking area external to the home. This was discussed with the registered manager who agreed to review and action this arrangement as appropriate.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, monitoring registration status of staff and the home's general environment.

### **Areas for improvement**

No new areas for improvement were identified during the inspection.

An area for improvement identified under regulation in relation to the storage of hoists and an area for improvement identified under standards in relation to the refurbishment of identified rooms have been carried forward for review at the next care inspection.

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

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Review of five patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. It was encouraging to observe that when a patient was assessed as having weight loss, a specific weight loss care plan had been developed to address this. An area for improvement made at the previous inspection in relation to the management of weight loss has now been met. Analysis of weight loss or weight gain was conducted and reviewed on a monthly basis in the home.

Supplementary care charts such as bowel management, reposition and food and fluid intake records evidenced that these records were maintained in accordance with best practice guidance, care standards and legislation.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that sufficient information was handed over in order to meet the needs/changing needs of patients in their care.

Staff also confirmed that there was effective teamwork and that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, tissue viability nurses, speech and language therapists and dieticians. Patient care records evidenced recommendations made by other health professionals had been adhered to and records had been updated to reflect the change.

Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

There was information available to staff, patients, representatives in relation to advocacy services.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, teamwork and communication.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with eight patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the dining room on the first floor. Lunch commenced at 12:35 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served when patients were ready to eat or be assisted with their meals. Patients were afforded the choice of their preferred dining area. Food was covered when transferred from the dining room. The food served appeared nutritious and appetising. The portion size was 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. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors when required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. The mealtime was well supervised.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. A quality of life feedback system was in place at the entrance to the home. The registered manager confirmed that they would aim to achieve feedback from patients, staff, visiting professionals and patient representatives.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Six staff members were consulted to determine their views on the quality of care within Laganvale.

Some staff comments were as follows:

- "I am very happy here."
- "It is stressful."
- "The work can be mentally and physically exhausting."
- "I am enjoying working here."

As discussed earlier a poster was displayed at a staffing area inviting staff to respond to an on-line survey. No responses were received at the time of writing this report.

Eight patients were consulted during the inspection.

Some patient comments were as follows:

- “The food is good. I have been here a long time and they (the staff) are good to me.”
- “Staff are very kind. I know most of their names.”
- “The young ones are 100 percent.”
- “This place is dead on.”
- “I am well settled in here.”
- “We are very happy here. Taken care of well.”

Two patient representatives were consulted during the inspection.

Some patient representative comments were as follows:

- “Some more observation needed to certain aspects i.e. glasses put on and footwear put on.”
- “I feel that the care given to my mother has been outstanding. Staff have been very patient and understanding given that they are under pressure and work very hard.”

Comments were shared with the registered manager for their review and action as appropriate. Any comments from staff on online responses received after the return date will also be shared with the registered manager for their information and action as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in relation to dignity and privacy.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

- "Thank you for all your care and attention given to ... . It was greatly appreciated."
- "We would be most grateful if you could thank all the staff on our behalf for all the good care they have provided."
- "... Everyone was very approachable, very willing to help and always had a smile irrespective of the task or how busy they were."

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; wound care; staff training and infection prevention and control. Recent audits on infection prevention and control conducted in the home were reviewed. Shortfalls had been identified within the auditing records and action plans had been developed and reviewed in response to the shortfalls found.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. The reports included an action plan to address shortfalls identified and a review of the previous month's action plan was evidenced within the report. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance risk management and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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



## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (I)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2018	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.  Ref: Sections 6.2 and 6.4  <b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2018	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.  Ref: Sections 6.2 and 6.4  <b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews