



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 25 June 2019



Laganvale Care Home

Type of Service: Nursing Home

Address: 37 Laganvale Mews, Moira, BT67 0RE

Tel No: 028 9261 9899

Inspector: Gillian Dowds and Dermot Walsh

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 registered nursing home which provides care for up to 72 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager and date registered: Shily Paul 7 November 2007
Person in charge at the time of inspection: Shily Paul	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: 65

4.0 Inspection summary

An unannounced inspection was undertaken by care inspectors on 25 June 2019 from 19.00 to 00.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge in adult safeguarding, training and interaction with patients, care records and reflection of advice from other professionals in wound management.

Areas requiring improvement were identified in regards to the environment, compliance with Control of Substances Hazardous to Health legislation (COSHH), falls management, reporting of notifiable events, nurse in charge identified on the rota and consultation for the use of lap belts.

Patients described living in the home as being a good experience and their comments can be found in section 6.3. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents’.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	*5

*The total number of areas for improvement includes one which has 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.

4.2 Action/enforcement taken following the most recent inspection dated 14 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 14 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and ‘Have We Missed You’ cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined which included:

- staff duty rotas from 17 to 30 June 2019
- four care records
- staff training records
- accident/incident records from April to June 2019
- RQIA registration certificate.

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 outstanding areas for improvement from the previous care inspection of 14 March 2019

Areas of improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement one was met and one has been carried forward for review at the next care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed the staffing levels for the home and that these were reviewed subject to patient dependency levels. A review of the staff rota from 17 to 30 June 2019 confirmed that these levels were adhered to. The manager also discussed ongoing recruitment and discussed skill mix in the home. During the inspection staff were observed assisting patients in a calm, friendly manner and provided a relaxed atmosphere within the home.

Staff confirmed that they received mandatory training and discussed their roles and responsibilities in adult safeguarding and also their responsibility in manual handling. Staff also were able to correctly describe the management of a patient following a fall.

Patients spoken to spoke positively about their experience living in the home and commented:

“I am well cared for here.”

“Always kept nice and clean.”

We observed good interaction between staff and patients and in particular how a patient was put at ease during a manual handling procedure and reassured due to anxiety.

Manual handling equipment was observed to be used correctly and staff discussed how they decontaminated the equipment between use. Staff were observed wearing appropriate personal protective equipment (PPE) and only one staff member required prompting to wash her hands after patient contact.

A review of the environment identified conversion of some storage areas in the home to office space for staff and refurbishment of a bathroom on the lower floor was also identified. A new storage room for manual handling equipment had been created in the general nursing unit. Replacement of flooring in an identified communal room had been included within the refurbishment programme and an area for improvement in this regard has been carried forward for review at a subsequent care inspection.

A sample of patients' bedrooms were observed to be clean, tidy and personalised and storage areas for equipment were also noted to be clean and tidy. Chemicals were observed accessible to patients within an identified sluice room in the home. An area for improvement was made.

Malodours were detected within both lounges in the dementia unit and a malodour was identified in the corridor on the general nursing unit. This was discussed with the manager and identified as an area for improvement.

Fire extinguisher casings within the dementia unit were noted to be unclean and on top of one device small items such as a screw nail and a small spring were found, removed and given to the nurse. Building supplies had been stored within an accessible bathroom. The manager was informed and she locked the room immediately. An area for improvement was identified.

Batteries for hoists were observed to be charging in the lounge on the downstairs unit. This was discussed with the manager who agreed to identify a different area for the charging units.

Fire exits and fire doors were observed to be clear and free from any obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and use of PPE.

Areas for improvement

The following areas were identified for improvement in relation to access to chemicals, hazard prevention and the management of malodours.

	Regulations	Standards
Total number of areas for improvement	2	1

6.4 Is care effective?

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

We observed the delivery of care to patients throughout the inspection and staff were observed to be friendly and polite in their interactions with patients. We observed patients received the right care at the right time. Staff were seen assisting patients to bed and their choice was taken into consideration at this time.

Staff were observed to use manual handling technique and equipment properly to safely transfer patients. They were observed giving good instruction of what they were going to do and reassured the patients throughout.

We reviewed four patients' care records and we evidenced care plans were in place to direct the care and reflected the assessed needs of the patients. Care records reviewed also evidenced relevant risk assessments were in place and both risk assessments and care plans evidenced regular evaluation of the care provided in order to assess the effectiveness of this and to determine if reassessment of the planned care is required.

We reviewed the management of nutrition, falls, wounds and the potential use of restrictive practice such as lap belts and bedrails.

Patients nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients' weights were monitored on at least a monthly basis and there was evidence of referral to, and recommendations from, the dietician and the speech and language therapist (SALT) where required.

We reviewed the management of falls in the home; the care records reviewed evidenced that validated risk assessments and care plans were in place to direct the care required. Staff consulted demonstrated their knowledge of the management of falls and how to care for patients who had a fall. Patients' risk assessments and care plans were reviewed and updated following a fall.

We reviewed the management of wounds for one patient and noted that wound assessment chart, care plan and body map were completed.

We reviewed care records for the management of the use of bedrails. These could potentially restrict a patient's choice and control and we found that the appropriate validated risk assessments had been completed. Care plans evidenced a rationale for the use of bedrails and were regularly reviewed. There was also evidence of consultation with the patient and/or their relative and consent for use had been obtained.

One patient required the use of a lap belt whilst in their chair. There was evidence within their care records of discussion with the next of kin but no clear documentation of care management. There was also clear documentation of the observations of this patient whilst the lap belt was in place but no reflection of this through the daily progress notes. An area of improvement was identified.

Staff demonstrated their knowledge of their own roles and responsibilities and confirmed they attended a handover at the beginning of each shift and indicated that the teamwork amongst the staff was good.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and care planning of patients’ needs.

Areas for improvement

An area for improvement was identified in relation to restrictive practice.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

During the inspection we spoke with nine patients, both individually and in small groups, and two visitors to discuss their experience of the home. Of the questionnaires left in the home one was returned and the comments made were discussed with the home manager. Patients who were unable to communicate their opinions appeared to be relaxed and well cared for.

Comments from patients were positive and complimentary about life in the home, these included:

- “I am well cared for her “
- “It’s not too bad here.”
- “It’s alright.”
- “Lovely”
- “Like it here, the staff are good.”

Staff were observed to treat patients with dignity and respect and to maintain their privacy when providing care. Staff spoken to discussed the training they receive and support from the manager; comments such as:

- “Love it.”
- “Happy, management quite good, very supportive.”
- “Very good ,because of that I am still here.”

Observation of the evening and bedtime routine evidenced that staff delivered planned care at the right time; patients were not rushed and were offered choice. Patients were assisted to bed and made comfortable, staff were observed offering patients choice to go to bed and assisting them in a calm and reassuring manner.

We observed a lack of gender mix of staff, this was raised as an area of concern by a relative during the inspection and it was discussed with the manager and area for improvement was made.

Staff felt in general that the home was well staffed but one staff member stated they felt that they could do with a further twilight member of staff. This was discussed with the manager for their review and action as appropriate.

Two questionnaires were returned following the inspection one indicated patient satisfaction with the care they received the other questionnaire returned indicated the service user did not feel there was enough staff, was not aware who was in charge, felt that they were not supported or their views sought or able to talk to staff about concerns. This information was passed to the manager we were unable to discuss this with the patient as the questionnaire was anonymous.

We discussed these with the manager and she assured us that staffing levels were sufficient to meet the needs of the patients' in the home, given concerns raised an area for improvement was made to keep staffing levels under review.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to interaction between staff and patients.

Areas for improvement

The following areas were identified as areas for improvement in relation to the gender mix of care staff per shift and ensuring staffing levels are kept under review.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 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.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which it was registered.

A review of the duty rota evidenced that the registered manager's working hours and the capacity in which these were worked were clearly documented on the rota.

Discussion with staff and patients confirmed that the registered manager's working pattern allowed for plenty of opportunities to meet with her if necessary and that she was approachable and accessible.

During discussion with the manager she stated that all staff had received their manual handling practical and that almost all staff completed theory on manual handling.

A review of falls management identified staff have received face to face training in falls management and further training has been organised for 10 remaining staff who have yet to complete. All staff spoken to were able to discuss their role and responsibilities when a patient falls. However a review of accident records evidenced that one unwitnessed fall had not been considered for the potential for a head injury or managed as such. This was discussed with the manager and identified as an area for improvement.

The manager also confirmed staff have had their adult safeguarding training and staff spoken with were aware of the home’s whistleblowing policy, their responsibilities around reporting concerns. They discussed safeguarding training and awareness of how to recognise abuse and who to report it to.

A review of accidents and incidents in the home identified one patient who required medical attention after a fall and this had not been notified to RQIA. This was discussed during the inspection with the manager and an area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training of staff, staff knowledge of their responsibility in reporting concerns.

Areas for improvement

The following areas were identified for improvement in relation to ensuring the unwitnessed falls are treated within the best practice guidelines and all notifiable events are reported to RQIA.

	Regulations	Standards
Total number of areas for improvement	2	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 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

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13</p> <p>Stated: First time</p> <p>To be completed by: Immediately from date of inspection</p>	<p>The registered person shall ensure that chemicals are not accessible to patients in any area within the home.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: The sluice room in question is now locked at all the times. Staff have undergone supervision in relation to keeping rooms locked that contain COSHH items. The issue was also discussed with the staff during handover to avoid reoccurrence. This will be monitored by the Manager/responsible person during the daily walkabout audits.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 12 August 2019</p>	<p>The registered person shall ensure that all parts of the home that patients have access are free from hazards and unnecessary risks are as far as possible eliminated</p> <ul style="list-style-type: none"> • Building supplies stored appropriately • Fire extinguisher storage boxes are clean and free from debris • Charging of batteries in the patients lounge <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: Contractors were advised that the room, which was used to keep building materials was to be locked at all times, and a poster displayed for staff awareness. The work is now completed and all materials are removed and the room is now in use. The top of fire extinguisher storage boxes are now cleared and cleaned. Domestic staff advised that these are to be included as part of daily cleaning. A cleaning record is maintained. The batteries have been removed from the lounge and an alternative area to charge has been sought. Compliance will be monitored as part of the daily walk around audit.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from date of inspection</p>	<p>The registered person shall ensure that best practice guidance is adhered to for post falls management in regard to unwitnessed falls</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Prior to the inspection the incident in question was reported to RQIA and relevant Trust at the time of incident. The investigation is still on going. As part of the focus action plan, staff have completed Moving and Handling theory, practical and the observations were carried out to ensure embedded in practice. Training also has taken place for all staff with regards to falls management. All falls in the Home are being monitored to ensure post falls procedures are followed. Compliance is also being monitored through support visits to the Home and via the reg 29 audit completed monthly.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediately from date of inspection</p>	<p>The registered person shall give notice to RQIA without delay of any notifiable event.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: All Nurses have been reminded of the occasions whereby when an ambulance is called to attend to a resident that this is reportable under Regulation 30 to RQIA regardless if there is an injury or not. This will be monitored by HM and DM.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that the flooring on the communal identified room is repaired /replaced as appropriate.</p> <p>Ref: Sections 6.2 and 6.3</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 6 September 2019</p>	<p>The registered person shall ensure that the malodours in the identified areas are managed appropriately.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: The carpets in the identified lounges have been cleaned and the odour has been eradicated from the downstairs area. The First floor corridor flooring has been deep cleaned, and replacement is included in the refurbishment programme.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2019</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>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All appropriate documentation is in place including details of consultation with Care Management. Staff are now also documenting in the daily progress note.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2019</p>	<p>The registered person shall ensure there is a robust system in place to ensure that the gender mix of care staff is regularly and effectively reviewed.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The gender mix of staff is reviewed regularly and taken into consideration when completing allocation of staff daily. Gender mix of staff is also taken into consideration where possible during the recruitment process.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2019</p>	<p>The registered person shall ensure there is a robust system in place to ensure staffing levels are kept under review to meet the needs of the patients</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The staffing levels are reviewed continuously and are in line with residents dependency level using the CHES model for safe staffing. This is reviewed monthly and/or when needs of the residents change.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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