



Lansdowne  
RQIA ID: 1263  
41-43 Somerton Road  
Belfast  
BT15 3LG

Inspector: Dermot Walsh  
Inspection ID: IN021704

Tel: 028 9037 0911  
Email: [lansdowne.m@fshc.co.uk](mailto:lansdowne.m@fshc.co.uk)

---

**Unannounced Care Inspection  
of  
Lansdowne**

**21 March 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 21 March 2016 from 9.55 to 16.50.

The focus of this inspection was continence management which was underpinned by selected criteria from:

**Standard 4: Individualised Care and Support; Standard 6: Privacy, Dignity and Personal Care; Standard 21: Health care and Standard 39: Staff Training and Development** of the DHSSPSNI Care Standards for Nursing Homes (2015).

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 30 July 2016.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	8*

\*The total number of recommendations includes one recommendation stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Karen Agnew, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Dr Maureen Claire Royston	<b>Registered Manager:</b> Karen Agnew
<b>Person in Charge of the Home at the Time of Inspection:</b> Karen Agnew	<b>Date Manager Registered:</b> 10 March 2016
<b>Categories of Care:</b> NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 86
<b>Number of Patients Accommodated on Day of Inspection:</b> 52	<b>Weekly Tariff at Time of Inspection:</b> £593 - £637

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

- Standard 4: Individualised Care and Support, criterion 8**  
**Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15**  
**Standard 21: Health Care, criteria 6, 7 and 11**  
**Standard 39: Staff Training and Development, criterion 4**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with patients
- discussion with patient representatives
- discussion with staff
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback

The inspector met with 22 patients, three patient representatives, six care staff, two ancillary staff members and four registered nurses.

Prior to inspection, the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report

The following records were examined during the inspection:

- a sample of staff duty rotas
- staff training records
- four patient care records
- selection of personal care records
- a selection of policies and procedures
- incident and accident records
- care record audits
- infection control audits
- regulation 29 monthly monitoring reports file
- guidance for staff in relation to continence care
- records of complaints

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 22 October 2015. The completed QIP was returned and approved by the pharmacy inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 30 July 2015

Last Care Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36 Criteria (1) (2)</p> <p><b>Stated:</b> First time</p>	<p>A policy on communication should be developed which includes reference to current best practice guidelines.</p> <p>A system to implement the policy should confirm that all relevant staff have read the document with evidence of staff signature and date.</p> <p><b>Action taken as confirmed during the inspection:</b> A new Palliative and End of Life Policy was available for staff and included a section on communication. An online Palliative Care Manual was also available for staff reference and included a section on communication.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 35 Criteria (16)</p> <p><b>Stated:</b> First time</p>	<p>Quality monitoring and audit systems in the home should evidence the action taken to address any identified shortfall and improvement with validation of outcomes by the manager.</p> <p><b>Action taken as confirmed during the inspection:</b> Quality monitoring and audit systems within the home now have an action plan, timescales and validation of outcome.</p>	<b>Met</b>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 46 Criteria (1) (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p>	<p><b>Not Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Areas within the home such as communal toilets, bathrooms, shower rooms, bedrooms and en suites had not been audited in 2016. An infection control audit had been conducted and an action plan had been developed. However, the action plan had not been reviewed. During a tour of the premises, there was evidence that compliance with infection control best practice had not been achieved. Please see section 5.4.2 for further clarification.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 39 Criteria (9)</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure a more robust system of recording staff training is developed to ensure that staff attend training and achieve and maintain competency as well as meeting requirements for ongoing professional development.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A new system has been implemented within Lansdowne where the registered manager can now identify the percentage of staff that have completed a specific topic of training. A report can be created to generate the names of staff that still require training on the specific topic.</p>		

### 5.3 Contenance Management

#### Is Care Safe? (Quality of Life)

Policies and procedures were in place to guide staff regarding the management of continence.

Best practice guidance on continence care from the Royal College of Nursing (RCN); National Institute for Health and Clinical Excellence (NICE) and Four Seasons Health Care (FSHC) was available in the home for staff.

These included:

- Improving Continence Care for Patients (RCN)
- Catheter Care (RCN)
- Urinary Incontinence (NICE)
- Faecal Incontinence (NICE)
- The Management of Lower Urinary Tract Symptoms in Men (NICE)
- Caring For a Resident With a Urinary Catheter (FSHC)
- Bowel Management Workbook (FSHC)

Discussion with the registered manager and staff and a review of the training records confirmed that 25 staff had received training in continence product management and further training had been scheduled for April 2016.

Discussion with the manager and staff and information sent to RQIA following the inspection, confirmed there were four registered nurses trained and three of the four deemed competent in male/female urinary catheterisation.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Information leaflets providing continence advice for patients and relatives was available in the home.

Observation during the inspection and discussion with staff evidenced that there were adequate stocks of continence products available in the nursing home.

A continence link nurse had not been identified for the home. However, in discussion, the registered manager stated that plans were in place to establish a continence link nurse for the home.

### **Is Care Effective? (Quality of Management)**

Review of five patient care records evidenced that a continence assessment was in place for each patient. However, two of the assessments had not been completed in full and one had not been signed. A recommendation was made.

The specific type of continence product the patient required was not recorded in three of five assessments and care plans reviewed. A recommendation was made.

There was evidence in three of the five patient care records reviewed that Malnutrition Universal Screening Tool (MUST) risk assessments and Braden assessments had not been reviewed consistently on a monthly basis. A recommendation was made.

Five continence care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. However, one care plan dated 6 March 2014 indicated the need for a urethral catheter. The care plan review recorded the removal of the catheter 27 May 2014. The catheter care plan was never discontinued and updated to reflect the new continence need of the patient. A recommendation was made.

There was evidence within three of five patient care records reviewed of patient and/or representative involvement in the development of the care plans. A recommendation was made.

Bowel assessments had been completed in the four patient care records reviewed. However, the assessments did not consistently identify the patients' normal bowel habit. Records relating to the management of bowels were reviewed which evidenced that staff inconsistently made reference to the Bristol Stool Chart. A recommendation was made.

Fluid targets had been identified within the patient care records. All supplementary documentation and patient care evaluations evidenced that all patients reviewed had met the fluid targets assigned to them.

There was a clear record of patient skin checks being carried out. Patients requiring assistance in managing pressure relief had appropriate repositioning charts recorded.

Records reviewed evidenced that urinalysis was undertaken as required and patients had been referred to their GPs appropriately.

### **Is Care Compassionate? (Quality of Care)**

On inspection, good relationships were very evident between patients and staff; staff were noted to treat the patients with dignity and respect and responded to patients' requests promptly. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Patients who could not verbally communicate appeared well presented and displayed no signs of distress. The patients appeared comfortable in their surroundings.

### **Areas for Improvement**

It is recommended that continence assessments are completed in full and signed and dated by the person carrying out the assessment.

It is recommended that the specific continence products required to meet the continence needs of the patient should be identified in the continence assessment and care plan.

It is recommended that MUST and Braden risk assessments are reviewed and documented at minimum monthly.

It is recommended that the care plan within the patients' care record reflects the current need of the patient.

It is recommended that patients/representatives are involved in the assessment, care planning and evaluation of care processes.

It is recommended that the patients' normal bowel habit reflective of the Bristol Stool Chart is recorded on admission within the bowel assessment and thereafter within the patients' care records.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>6</b>
--------------------------------	----------	-----------------------------------	----------

## 5.4 Additional Areas Examined

### 5.4.1. Consultation with Patients, Representatives and Staff

During the inspection process, 22 patients, three patient representatives, six care staff, two ancillary staff members and four registered nurses were spoken with to ascertain their personal view of life in Lansdowne. The feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Lansdowne.

Some patients' comments received are detailed below:

'I find the care very good. I get immediate attention when needed.'

'The staff are excellent.'

'I find the care very very good.'

'I'm happy, I have no complaints.'

'I can't complain. I like it here.'

'It's great here.'

Three patient representatives consulted were positive in their experience of Lansdowne and a sample of comments received are detailed below:

'The staff are all lovely.'

'It's good. We can visit when we want.'

The view from staff during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

Some staff comments received are detailed below:

'I'm happy working here.'

'It's very good.'

'It's a nice atmosphere. The staff are really friendly.'

'I really enjoy it. I love the residents.'

'I enjoy working here.'

### 5.4.2. Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of issues were identified within the home which were not managed in accordance with infection prevention and control guidelines:

- inappropriate storage in identified rooms
- un-laminated signage
- notice boards and shelving not cleanable
- rusting bin frames and shower chairs
- shower chairs not cleaned after use
- no covering on identified pull cords
- cracked seat on commode chair

The above issues were discussed with the registered manager on the day of inspection. An assurance was provided by the registered manager that these areas would be addressed with staff to prevent recurrence. A previous recommendation, that management systems were put in place to ensure compliance with best practice in infection prevention and control, has been stated for a second time.



During a tour of the premises, three radiator covers observed in patients' bedrooms were in disrepair with bare wood exposed. Some furniture also had bare wood exposed. This was discussed with the registered manager and an assurance was given to identify and repair/redecorate radiator covers and/or furniture found to be in disrepair. A recommendation was made.

### Areas for Improvement

It is recommended that radiator covers and furniture, within patients' bedrooms, that have bare wood exposed, are redecorated/replaced as required.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
--------------------------------	----------	-----------------------------------	----------

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Manager, Karen Agnew, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 46 Criteria (1) (2)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p><b>Ref: Section 5.2, 5.4.2</b></p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The current systems have been revised and shared with domestic staff team and staff. Posters displayed in polypockets removed and only laminated posters displayed . Commode audit completed and several commodes replaced as result of audit . Laundry shelving has been varnished and maintenance men have moved onto laundry rooms and should have these completed by 31<sup>st</sup> May. Light cords in store rooms now covered with O2 tubing</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4 Criteria (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>It is recommended that continence assessments are completed in full and signed by the person completing the assessment.</p> <p><b>Ref: Section 5.3</b></p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Discussed with trained staff team and direction given. Complainece of this will monitored during care file audits</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4 Criteria (1) (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>It is recommended that patients' continence assessments and care plans are fully completed to include the specific continence products required by the patient.</p> <p><b>Ref: Section 5.3</b></p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Each resident in the home has had a continence product assessment completed by Tena advisors. These assessments were available with the care asdsistants records rather than in the nursing care plans . Nurses have been directed to add this detail to the continence care plan itself</p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>The registered person should ensure that MUST and Braden risk assessments are reviewed monthly and documented within the patients' care records.</p> <p><b>Ref: Section 5.3</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Reviewed following the inspection and all files were updated where necessary. Compliance with this will be monitored with care file audits</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>It is recommended that the patients' continence care plan reflects the actual continence needs of the patient and are reviewed to reflect any change to the patients' continence needs.</p> <p><b>Ref: Section 5.3</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Although the identified residents care plan had been updated to reflect that a catheter was no longer in use it is acknowledged that there could have been some confusion. This care plan has been discontinued and an alternative drafted.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 4 Criteria (5) (6) (11)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>It is recommended that care records should evidence patients and/or their representatives' involvement in the assessment; planning and evaluation of the patients' care to meet their needs. If involvement is not possible, then the reason why should be clearly documented within the patient's care record.</p> <p><b>Ref: Section 5.3</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> In progress</p>

<b>Recommendation 7</b>  <b>Ref:</b> Standard 4 Criteria (1)(9)  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 May 2016	It is recommended that the patients' normal bowel function, reflective of the Bristol Stool Chart, is recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.  <b>Ref: Section 5.3</b>		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Residents will be asked to describe their normal bowel habit reflective of the Bristol stool Chart on admission. However if the resident is unable to communicate this information or family members do not have sufficient detail of normal bowel function, nursing staff will establish normal bowel habits through observation within the first four weeks of admission.		
<b>Recommendation 8</b>  <b>Ref:</b> Standard 44 Criteria (1)  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 May 2016	It is recommended that patients' bedroom furniture and radiator covers are reviewed and any furniture with exposed wood evident should be repaired or replaced accordingly.  <b>Ref: Section 5.4.2</b>		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> To date 14 bedrooms have had new furniture since inspection. A review of the radiator covers has been completed by the maintenance men and the findings discussed with the estates team for remedial action.		
<b>Registered Manager Completing QIP</b>	Karen Agnew	<b>Date Completed</b>	16.05.16
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	16.05.16
<b>RQIA Inspector Assessing Response</b>	Dermot Walsh	<b>Date Approved</b>	18.07.16

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**