

# Unannounced Follow Up Care Inspection Report 11 October 2017



## Lisadian House

**Type of Service: Nursing Home (NH)**  
**Address: 87 Moira Road, Hillsborough, BT26 6DY**  
**Tel no: 028 9268 9898**  
**Inspector: Sharon Loane & Michael Lavelle**

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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 45 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Elim Trust Corporation  <b>Responsible Individual:</b> Pastor Edwin Michael	<b>Registered Manager:</b> Miss Esther Bell
<b>Person in charge at the time of inspection:</b> Miss Esther Bell	<b>Date manager registered:</b> 14 January 2016
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 45

### 4.0 Inspection summary

An unannounced inspection took place on 11 October 2017 from 10.15 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 was undertaken following information received by RQIA, in relation to a complaint which was received by the South Eastern Health and Social Care Trust (SEHSCT), August 2017. The areas of concern raised by the complainant were in relation to; the quality of nursing care, care records and communication. The complaint was investigated by the Trust and areas for improvement were identified. The Trust shared the outcome of the investigation with RQIA, which included an action plan and learning.

This inspection focused on the areas of concern outlined above and the actions identified by the Trust as an outcome of the investigation completed.

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

The following areas were examined during the inspection:

- care delivery with specific focus on: food and fluids; weight loss; catheter care, accidents and incidents and the management of wounds and pressure damage
- care records to include supplementary care records such as repositioning charts & food and fluid intake charts
- governance arrangements

During this inspection, there was a lack of evidence to demonstrate that appropriate care and treatment was being delivered consistently, in regards to the management of weight loss, wounds, pressure damage, and accidents or incidents. The significant deficits identified had the potential to impact negatively on patient outcomes.

As a consequence, it was agreed that two meetings with the registered person would be held; one with the intention of issuing a failure to comply notice in regards to the health and welfare of patients and secondly, given the lack of sustained improvement, a meeting with the intention of issuing a notice of proposal to impose conditions upon the registration of Lisadian House.

During the first intention meeting, management representatives acknowledged the failings identified and submitted a detailed and comprehensive action plan to address the identified concerns. It was acknowledged that whilst work was still ongoing to address these concerns, RQIA could not yet be fully assured that these would be sufficiently embedded into practice. Given the need to develop governance arrangements, imbed improvements into practice, and the potential impact on patient outcomes, it was decided that a failure to comply notice under Regulation 13 (1) (a) (b) would be issued. The date when compliance must be achieved is 7 December 2017. Further inspection will be undertaken at this time to validate compliance.

At the second intention meeting, those attending acknowledged the failings and provided an action plan of the actions taken and arrangements made to ensure the improvements necessary to achieve full compliance with the required regulation. Based on the information provided regarding management and governance arrangements, RQIA made a decision not to serve the notice of proposal to impose conditions on the home registration. However, RQIA advised that should the home not make the necessary improvements then this decision will be reviewed accordingly.

The findings of inspection were shared with the safeguarding team of the SEHSCT. Some assurance was received by RQIA, in regards to weight loss of a number of patients from the Dietetic Services of the SEHSCT.

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>	*3	*3

\* The total number of areas for improvement under regulations includes one which has been carried forward for review at the next care inspection. Three standards which were either partially met or not met have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Esther Bell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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

The most recent inspection of the home was an announced premises inspection undertaken on 30 May 2017. Other than those actions detailed in the QIP no further actions were required to be taken following the inspection.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection assessment

The following methods and processes used in this inspection include the following:

- a discussion with the registered manager
- discussion with staff
- discussion with patients
- staffing arrangements
- accident and incident records
- complaints records
- five care records
- supplementary care records such as repositioning and food and fluid intake charts
- governance arrangements
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- observation of the daily activity of the home

During the inspection the inspectors met with eight staff and one patient's representative. The majority of patients were observed or spoken with in their bedrooms, lounges and/or the dining room. Patients said that they enjoyed living in the home and expressed no concerns. Various activities were being carried out at the time of the inspection and patients appeared to be enjoying same. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution

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

A poster informing visitors to the home that an inspection was being conducted was displayed.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 30 May 2017

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 26 April 2017

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 13 (1) (a) (b)  <b>Stated:</b> First time	<p>The registered persons shall ensure that treatment and other services provided to each patient meets his individual's needs, current best practice and where necessary provided by means of appropriate aids or equipment.</p> <p>This requirement is made with particular focus to the management of accident and incidents including falls.</p>	<p><b>Not met and subsumed into a failure to comply notice</b></p>



	<p><b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement had not been met. Please refer to section 6.3 for further detail.</p> <p>This area for improvement has been subsumed into a failure to comply notice issued under regulation 13 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30 (1) (d) (f)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that notifications are submitted to RQIA in accordance with legislative requirements and provider guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> This was not reviewed at this inspection and has been carried forward for review at a subsequent care inspection.</p>	<p><b>Carried forward for review and validation at a subsequent care inspection</b></p>
<p><b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that records are kept of all documentation relating to the recruitment process these should include; evidence of interview.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of a personnel file for a recently recruited staff member evidenced that all documentation relating to the recruitment process was held within the file.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 47</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that a system is developed and maintained to ensure “slings” used for moving and handling practice are safe for use.</p> <p><b>Action taken as confirmed during the inspection:</b> Following the last inspection, a system identifying all the slings had been developed however this had not been robustly maintained. The last review had been completed June 2017.</p> <p>This area for improvement has been stated for a second time.</p>	<p><b>Partially met</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4 Criteria 7</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that care plans are reviewed and updated to reflect patients changing needs.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of five care records evidenced that this area for improvement had not been met. Additional concerns were identified at this inspection in regards to this area of practice.</p> <p>This area for improvement has been subsumed into failure to comply notice issued under regulation 13 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.</p>	<p><b>Not met and subsumed into a failure to comply notice</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35 Criteria 17</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that systems and processes are in place to ensure that urgent communications; safety alerts and notices, standards and good practice guidance are made available to key staff in a timely manner.</p> <p><b>Action taken as confirmed during the inspection:</b> A system had been developed however a review of the information evidenced that this was not up to date. This area for improvement has been stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 36 Criteria 4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that policies and procedures are subject to a systematic three yearly review at a minimum (and more frequently if required), and the registered person ratifies any revision to (or the introduction of new) policies and procedures.</p> <p><b>Action taken as confirmed during the inspection:</b> A discussion with the registered manager confirmed that there was no system in place to ensure that this area for improvement had been met.</p> <p>This area for improvement has been stated for a second time.</p>	<p><b>Not met</b></p>



<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 28 Criteria 10</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that the quality auditing systems of the services provided by the home should evidence that identified shortfalls have been actioned appropriately to ensure quality improvements.</p> <p>This recommendation has been made in regards to audits completed in relation to falls, accidents and incidents.</p> <p><b>Action taken as confirmed during the inspection:</b> A discussion with the registered manager and a review of information evidenced that although systems were in place these had not been implemented robustly since June 2017.</p> <p>This area for improvement has been subsumed into failure to comply notice issued under regulation 13 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.</p>	<p><b>Not met and subsumed into a failure to comply notice</b></p>
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### 6.3 Inspection findings

#### Quality of nursing care and care records

Care records examined were identified as requiring improvements. They were not sufficiently detailed to reflect the assessed needs of patients. Significant concerns were identified regarding the quality of care delivered. There was a lack of evidence to demonstrate that safe effective care and treatment was being delivered consistently, in regards to the management of wounds, head injuries, nutrition, and weight loss.

Care records examined did not evidence a systematic approach to assessing, planning and evaluating care. The review of five patient care records did not evidence that risk assessments were accurately and consistently completed and reviewed in accordance with changes in the patient's condition. Care plans were either not in place, or not sufficiently reviewed in response to the changing needs of patients. Discrepancies were also identified in relation to some of the information recorded.

There was insufficient evidence within the care records examined to confirm that patient weight loss was being appropriately managed. The Malnutrition Universal Screening Tool (MUST) used by the home, had not been completed consistently. A review of weight monitoring records for September and October 2017 identified that 27 patients had experienced significant weight loss. There was limited evidence that appropriate actions had been taken to manage the weight loss and care plans were not established. Post inspection, some assurance was received from the Dietetic Services of the SEHSCT in respect of nine patients with significant weight loss, advising that the weight loss may be attributed to other health issues.

Food and fluid charts were inconsistently recorded with evidence of long gaps between entries and in some cases no entries were recorded. Fluid charts were not always reconciled and the information was not consistently recorded in the daily evaluation notes. A comparison of information recorded within food and fluid charts and daily progress notes for individual patients identified inconsistencies and inaccuracies. For example, one registered nurse had recorded “fair dietary intake” and “food and fluids tolerated with assistance” when the food and fluid charts had not been completed. There were other examples of similar inaccuracies. Entries in the progress notes were often vague and meaningless, for example, “oral intake encouraged” and “diet and fluids tolerated,” with no indication if this was accurate. Registered nurses did not make any record of the action they had taken when food and/or fluid intake was inadequate.

A review of care records found insufficient evidence that patient’s weight loss was being identified and appropriately managed. The failure to accurately record food and fluid intake for patients identified as being at risk of malnutrition and dehydration could have potentially serious consequences for patients.

Concerns were also identified in relation to the prevention and/or management of pressure damage and wounds. A review of care records for an identified patient with a grade 4 wound identified that the care plan in place was not up to date, and the treatment being delivered was not in accordance with the regime of care prescribed by the Podiatrist and Tissue Viability Nurse of the SEHSCT. Additional shortfalls were also identified in relation to this area of care delivery. For example; a review of information indicated that this patient had other wounds and areas of pressure damage. However, there were no care plans in place and there was limited evidence of care and treatment being delivered. Furthermore, the registered manager was unable to confirm the accuracy of this information. There was, therefore, potential for nursing staff to fail to prevent, identify or manage pressure care and/or pressure ulcers appropriately.

A number of patients had pressure relieving mattresses on their beds, to prevent skin breakdown. However, all of the mattresses checked were not set correctly for the weight of the patient. A discussion with staff demonstrated that they did not know how to use the equipment and advised that there was no system in place to monitor same.

A review of accident and/or incident management records identified shortfalls in relation to the completion of records. It was concerning that appropriate actions had not been taken in some instances. The accident/incident forms were not completed to a satisfactory standard and there was limited evidence within the daily progress notes that registered nurses had monitored the patients for any adverse effects following the falls. In addition, falls risk assessments and care plans were not consistently updated. In the event of a patient sustaining a head injury or a potential head injury following a fall, CNS observations records were either not available or completed accurately. This had also been identified as an area for improvement at previous care inspections.

Given the identified concerns within this domain and the potential impact to patients’ health and welfare, it was considered that the matters be addressed through a failure to comply notice in respect of Regulation 13 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005. Further inspection will be undertaken to ensure that compliance with this regulation is achieved.

In keeping with partnership working we made contact post inspection with the safeguarding team of the SEHSCT.

A separate area for improvement under the regulations has been made in regards to the safe, effective use of equipment used for pressure management.

### **Governance and management arrangements**

A discussion with the registered manager and a review of information indicated that there was a lack of management oversight in regards to the operational needs of the home. It could not be validated that effective quality monitoring was being undertaken to assure the safe and effective delivery of care to patients. There was an inconsistent approach to the auditing process for care records, wound care, food and fluid intake and weight loss. The last audits completed for nutrition and weight loss were June 2017.

Shortfalls in these areas had also been identified during previous care inspections and it is concerning, that again appropriate actions had not been sustained to assure the safe, delivery of quality care in the areas aforementioned, the absence of which had the potential to impact on patients' health and welfare.

This was further evidenced in questionnaires returned by staff and relatives which included negative comments about the management and leadership of the home. Further details are included under consultation with staff, patients, and their representatives.

These deficits in senior management oversight had the potential to impact negatively on patients' health and welfare. The concerns identified formed part of the intention meetings held on 19 October 2017, as discussed earlier in the report. The failure to comply notice served in respect of Regulation 13 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 has included actions in regards to the governance arrangements for the home.

Further inspection will be scheduled as detailed above to validate that the necessary improvements have been made in this regard.

### **Environment & Infection Prevention**

A review of the home's general environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice room, storage rooms and communal areas. The areas reviewed were found to be reasonably clean and warm and a homely atmosphere was evident throughout. A number of areas within the home had been refurbished and re-decorated since the last inspection.

Despite an area for improvement being made at previous care inspections, some practices observed were still not consistent with infection prevention and control best practice. For example; some items of equipment observed were not cleaned to a satisfactory standard, personal protective equipment was not being used appropriately and staff did not always adhere to best practice in hand hygiene. These shortfalls posed potential risks to patient's health and welfare. An area for improvement has been made under regulation.

## Consultation with staff, patients, and their representatives

As previously discussed, during the inspection we spoke with staff, patients and their representatives. We also issued ten questionnaires to staff and relatives respectively; and eight questionnaires were issued to patients. Four staff and three relatives had returned their questionnaires, within the specified timeframe for inclusion in this report. All respondents indicated that they were either 'very satisfied' or 'satisfied' that the home was delivering safe, effective and compassionate care. Responses received from both staff and relatives in relation to 'Is the Service Well Led' expressed a level of dissatisfaction with the leadership and management arrangements of the home. Written comments included were very negative and stated that improvements in the leadership and management of the home were necessary to ensure the home was 'well led'. This information has been shared with the registered person, in a separate correspondence, for actions as deemed appropriate.

## Areas of good practice

There was evidence of good communication in the home between staff and patients. Staff interactions were observed to be compassionate and caring. Patients were afforded choice, dignity and respect. Patients' personal care and grooming needs were maintained to a satisfactory standard. During the inspection, activities were provided and patients were observed participating at various levels and appeared to enjoy these.

## Areas for improvement

As previously discussed a failure to comply notice in regards to Regulation 13 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005 was issued on 20 October 2017. Two areas for improvement under regulations have also been identified. These are in relation to the safe effective use of pressure relieving equipment and infection prevention and control.

	Regulations	Standards
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 Esther Bell, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30 (1) (d) (f)  <b>Stated:</b> First time  <b>Carried forward from a previous inspection</b>	The registered persons shall ensure that notifications are submitted to RQIA in accordance with legislative requirements and provider guidance.  <b>Ref: Section 6.2</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection.	The registered persons should ensure that the settings of pressure mattresses are monitored and recorded, to ensure their effective use.  <b>Ref: Section 6.3</b>
	<b>Response by registered person detailing the actions taken:</b> All residents requiring air flow mattresses have been weighed and the motors set appropriately. The motors are checked and recorded daily to ensure they are compatible with the resident.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection.	The registered person must minimise the risk of infection and the spread of infection between patients and staff. This area for improvement is made specifically in relation to the cleaning and decontamination of equipment and hand hygiene practices by staff.  <b>Ref: Section 6.3</b>
	<b>Response by registered person detailing the actions taken:</b> Equipment that is being utilised by the residents is being decontaminated on a regular basis. Hand hygiene practices are undertaken and hand washing is currently being audited.



<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 47  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 November 2017	The registered persons should ensure that a system is developed and maintained to ensure “slings” used for moving and handling practice are safe for use.  <b>Ref: Section 6.2</b>
	<b>Response by registered person detailing the actions taken:</b> All 27 slings have been serviced on 13/12/2017 and will be repeated on a six monthly basis.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35 Criteria 17  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 November 2017	The registered persons should ensure that systems and processes are in place to ensure that urgent communications; safety alerts and notices, standards and good practice guidance are made available to key staff in a timely manner.  <b>Ref: Section 6.2</b>
	<b>Response by registered person detailing the actions taken:</b> Safety alerts, notices and all communication are issued with a circulation list in a timely manner
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 36 Criteria 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 November 2017	The registered persons should ensure that policies and procedures are subject to a systematic three yearly review at a minimum (and more frequently if required), and the registered person ratifies any revision to (or the introduction of new) policies and procedures.  <b>Ref: Section 6.2</b>
	<b>Response by registered person detailing the actions taken:</b> Currently all policies and procedures are being reviewed and as this is a work in progress it is envisaged to have them completed by May 2018.

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



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