

Inspection Report

3 January 2024



Lisadian House

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Elim Trust Corporation Responsible Individual: Mr Edwin Michael	Registered Manager: Ms Grace Pena Date registered: 14 June 2018
Person in charge at the time of inspection: Ms Grace Pena	Number of registered places: 45
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 43
Brief description of the accommodation/how the service operates: This is a registered nursing home which provides nursing care for up to 45 persons. The home is divided over two floors. Patients have access to a range of communal spaces such as lounges, dining rooms, and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 3 January 2024 from 9.30 am to 2.20 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Evidence of good practice was found in relation to care records, working relationships with Trust teams, staffing arrangements, and patient experience.

Previously identified areas for improvement were reviewed and assessed as met. Two areas for improvement were identified in relation to recruitment processes and inappropriate use of a communal lounge.

The home was clean, warm, and free from malodour.

Patients spoke in positive terms about their experiences living in Lisadian House and told us that staff were “excellent” and available to them when they needed assistance. Patients were complimentary about the food provided and said that they were offered choices at each meal time.

Relatives told us that they were very satisfied with the care and services provided in the home.

Staff said that they were happy with the staffing arrangements and that they enjoyed working in the home. It was established that staff promoted the dignity and well-being of patients; staff were knowledgeable about patients’ needs and trained to deliver effective care, and staff were observed to be respectful and compassionate during interactions with patients.

The views of patients, relatives, staff, and a visiting professional are included in section 4.0 and throughout the main body of this report.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients’ experience.

3.0 How we inspect

RQIA’s inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Grace Pena at the conclusion of the inspection.

4.0 What people told us about the service

Patients told us that they had an overall positive experience living in Lisadian House. When describing staff, patients said they were “excellent” and “very good.” Patients said that staff were available to them when they needed assistance and that even when staff were busy “I use my buzzer and they get here eventually...it’s not too long.”

Patients said that they were happy with the level of cleanliness in the home. A few patients said that the lighting in some communal areas was not bright enough. This was brought to the attention of the manager who took immediate action to ensure that maintenance replaced lightbulbs in the lounges.

Patients confirmed that they got a variety of choices with meals and told us that the food was excellent and “home-made.”

Relatives said that they were happy with the care and services provided and that the visiting arrangements were working well.

A number of relative questionnaires were received following the inspection and all respondents indicated that they were satisfied or very satisfied that the care was safe and effective and delivered with compassion, and that the service was well led.

Comments from relatives included, “excellent...safe environment...safe hands”, and “the care has been exceptional.” One relative commented that while they were happy with the overall care provided to their loved one, they told us that sometimes staff do not ensure that hearing aids are in place before leaving the patient. Relative comments were shared with the manager for their consideration and action where required.

A visiting professional told us that they were often in the home and had no concerns about the service. The visiting professional said that the staff were compliant with specialist recommendations and delivered care in a safe and effective manner.

Staff told us that they were happy with the staffing arrangements; that there was “enough” staff on duty each shift and that they had “good teamwork.”

Staff said that they were trained to ensure they delivered effective care and that they were supported by the manager.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 9 February 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure that the system for monitoring staffs' professional registration is sufficiently robust to ensure relevant staff do not work unregistered and evidence is maintained of actions taken when anomalies are identified during monthly checks.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 27 (4) (d) (i) Stated: First time	The registered person shall ensure that the practice of wedging open fire doors ceases with immediate effect. Arrangements should be made in relation to the doors in the manager's office. If the doors are required to be held open at times, the correct fire door closing mechanisms should be installed and connected to the home's fire alarm system.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall make arrangements to have a refurbishment plan developed to address the standard of décor and environmental maintenance throughout the remaining patient areas in the home. This is excluding the recently refurbished zone.	Met

	<p>The refurbishment plan should be submitted to RQIA with the return of the QIP and detail actions taken to address any immediate items that could potentially cause harm to patients, such as exposed wood on handrails, through to medium and longer term cosmetic décor items.</p> <p>The refurbishment plan should outline the expected timeframe for completion of works.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	
<p>Area for Improvement 4</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that cleaning materials are stored securely in accordance with control of substances hazardous to health (COSHH) guidelines.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of staff recruitment records evidenced that while pre-employment checks such as Access NI were in place prior to any person commencing work in the home, references were not sufficiently scrutinised and in some instances were not from the most recent employer. An area for improvement was identified.

Review of records confirmed that staff were provided with a comprehensive induction programme to prepare them for working with patients. There was a system in place to monitor staffs' professional registrations with the Nursing and Midwifery Council (NMC) for nurses and the Northern Ireland Social Care Council (NISCC) for care staff. This system was reviewed monthly to ensure staffs' registrations remained active and valid.

There were systems in place to ensure staff were trained and supported to do their job. The manager had oversight of staff compliance with mandatory training and reviewed this on a monthly basis. Staff confirmed that the training provided helped them within their roles to deliver safe and effective care.

Records showed that staff meetings were held regularly and that attendance and agenda records were well maintained. Staff said that there was good communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The rotas identified the nurse in charge of the home in the absence of the manager. Review of records confirmed that all nurses who assumed charge of the home had a competency and capability assessment completed to ensure they held the necessary knowledge and skills.

Staff said there was good teamwork and that they felt well supported in their role. Staff told us that they were satisfied with the staffing levels and that any unplanned absences were managed well.

Patients told us that they saw staff to be very busy at times but that staff also attended to their needs well. Patients described staff as “very good” and “excellent.” It was observed that staff responded to patients’ requests for assistance in a prompt, caring and compassionate manner.

Relatives said that they were satisfied with the staffing arrangements and spoke highly of the staff; “staff are like family...they are an excellent team...all staff, nurses, care staff, catering, domestics, and manager”, “my (loved one) is in safe hands.”

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Discussion with staff evidenced that they were knowledgeable about patients’ needs, their daily routine, wishes and preferences. Staff were observed to keep each other up to date with any changing needs of patients throughout the day.

Staff were observed to be prompt in recognising patients’ needs and any early signs of distress or illness, including those patients who had difficulty making their wishes or feelings known.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly and records were well maintained on the electronic record system.

Where a patient was at increased risk of falling, measures to reduce this risk were put in place. For example, patient areas were maintained free from clutter and unnecessary hazards, nurse call bells were positioned within reach of patients, and mobility equipment such as walking aids were used, as recommended by physio.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of post falls review. For example, patients were referred to the Trust’s Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The serving of lunch was observed and seen to be well organised and unhurried. Patients were offered a choice of two main meals and patients who did not wish to have a main choice were

made alternatives such as sandwiches. Patients were seen to choose where they had their meals, with some joining fellow patients in the communal dining room, while other patients told us that they preferred to eat in the comfort of their bedrooms.

A visiting professional from the Trust Speech and Language Therapy (SALT) service was conducting an audit at the time of the inspection, and commented that staff were knowledgeable about individual patient's diets and that they observed that staff practiced the safety pause before the serving of meals. This is best practice. The SALT specialist also commented that staff were compliant with any recommendations made in relation to patients' dietary needs.

Patients told us that they enjoyed the food; "it's the best I've had anywhere...tasty", "it's very good", "the food is excellent."

There was evidence that patients' needs in relation to nutrition and dining experience were being met. Patients' weights were checked at least monthly to monitor for weight loss or gain.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients' care records were well maintained, person centred, and held confidentially.

Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits or communications with other healthcare professionals was recorded.

Patients told us that they were happy with the care provided and that they get what they need. Relatives described the care and the home as, "just excellent...safe environment...and in safe hands", "my (loved one's) end of life care has been so good", "the care is exceptional."

One relative said that the care was generally "very good", but felt that sometimes staff omitted to ensure patients had their hearing aids in position and in working order. Comments were shared with the manager who provided RQIA with assurances that this would be addressed.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included patient bedrooms, communal lounges and dining rooms, communal bathrooms and toilets, corridors and storage spaces. The home was clean, warm, and free from malodour. There was a welcoming atmosphere throughout.

Improvements had been noted in the environment since the last inspection. For example, some corridors had been redecorated and the communal lounges and dining room had new chairs. There was also a refurbishment plan in place for ongoing improvements.

A lounge on the ground floor that was used by a small number of patients was also noted to be used to store unused furniture and equipment. This was also observed at a previous inspection and at that time was brought to the attention of the manager for their action. The manager explained that this issue was because there was limited storage in the home. Patients who used the lounge expressed that they would prefer it if the lounge was used solely as a communal room for patients and not for storage. An area for improvement was identified.

Areas that store chemicals hazardous to health such as cleaning stores were found to be appropriately secured. Store rooms were clean and organised.

Patients' bedrooms were clean and personalised. It was noted in two bedrooms that patient toothbrushes had been stored alongside a hair comb and razors. This was brought to the attention of the manager for action. All other patient personal hygiene items were stored appropriately.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Fire exits were maintained free from obstruction and fire extinguishing equipment was stored appropriately and easily accessible. Staff were aware of their training in these areas and how to respond to any concerns or risks.

The most recent fire risk assessment was completed on 4 September 2023 and resulted in no recommendations being made.

There was evidence that systems and processes were in place to manage the risk of infectious diseases such as COVID-19. For example, there was ample supply of personal protective equipment (PPE) which was strategically positioned around the home. Housekeeping staff confirmed that there was a good supply of cleaning materials, and hand hygiene facilities were provided to everyone entering the building. The home also liaised with the Public Health Authority (PHA) when required.

Review of records evidenced that staff were trained in relation to infection prevention and control (IPC). Observations showed that the majority of staff practiced effective hand hygiene. One staff was noted to wear a wristwatch which is not conducive to effective hand hygiene or moving and handling best practice. This was brought to the attention of the manager to address with the individual staff member.

Patients said that they were satisfied with the level of cleanliness in the home.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us that they liked the privacy of their bedrooms, but would attend communal rooms for meals or organised activities.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients were seen to enjoy games, watching television, listening to music, and reading. There was evidence that a planned activities programme was being delivered to patients within the

home, with sessions including, quizzes, games, music and singing, and religious and spiritual events. Some patients enjoyed watching the wildlife visit the birdfeeders on the windows. There was evidence of local community connections with schools coming in to provide entertainment to the patients over Christmas.

Patients were encouraged to participate in meetings as a forum to share their views about the home and an opportunity to provide suggestions on aspects of the running of the home. Review of meeting minutes were maintained, although it was noted that there was no action plan included. This was discussed with the manager who shared a revised meeting template with RQIA following the inspection which included a section of actions.

Visiting arrangements were in place and patients and relatives reported that these arrangements were working well and that they enjoyed the flexibility of visiting at any time throughout the day.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Grace Pena has been the manager in the home since 14 June 2018 and confirmed that she was supported by a senior management team.

Staff were aware of who the person in charge of the home was at any given time, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff, patients, and relatives knew how to report any concerns and were confident that the management team would deal with issues appropriately. There was a system in place to manage complaints and records were well maintained.

Formal consultation was conducted with patients and relatives to assess their satisfaction with the services provided in the home. The most recent satisfaction survey was undertaken by the home at the end of 2023 and the results were collated and reviewed by the manager. It was positive to note that overall the feedback showed high levels of satisfaction, and any suggestions made were followed up by the manager.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the management of the home saying that they felt supported.

Relatives said that they were very satisfied that the home was well led; "Grace provides exceptional care", "well run home."

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Grace Pena, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) Stated: First time To be completed by: 3 January 2024	The registered person shall ensure that the management of recruitment is robust and that all necessary checks and vetting is completed prior to the commencement of employment of all staff in the home. This is specifically related to references. Ref: 5.2.1
	Response by registered person detailing the actions taken: .Management of recruitment has been reviewed. Applicant checklist updated to reflect that necessary checks and vetting are completed prior to commencement of employment. Proof of attempts to obtain references i.e. copies of email correspondence are attached to staffs file
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 44 Criteria 3 and 11 Stated: First time To be completed by: 10 January 2024	The registered person shall ensure that all areas of the home that are identified as communal areas are fit for patient use and in line with the home's statement of purpose and floor plans. This is with specific reference to inappropriate storage in communal lounges. Ref: 5.2.3
	Response by registered person detailing the actions taken: The identified communal area is now free of clutter and unwanted chairs has now been collected. Communal areas will be monitored to ensure that it is fit for patients use

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