

Inspection Report

9 February 2023



Lisadian House

Type of Service: Nursing Home
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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: 42
Brief description of the accommodation/how the service operates: This home 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 rooms such as lounges and dining rooms and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 9 February 2023, from 09.30 am to 4.30 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.

The home was clean and warm, with a welcoming atmosphere.

Patients looked well cared for in that attention had been paid by staff to meet patients' personal care and dressing needs. Patients looked comfortable in their surroundings and during interactions with staff. Patients who were independently mobile were seen to move freely around communal areas, and staff were seen to offer choice and assistance to those patients who were unable to mobilise by themselves.

Patients spoke in positive terms about the care and services in Lisadian House and relatives were complementary about the care and staff.

Staff were seen to be busy yet professional and polite in their interactions with patients, visitors, and each other. Care records were well maintained and person centred and there was evidence of a varied activities programme in place.

Areas for improvement identified at the last care inspection were reviewed and assessed as met. New areas for improvement were identified in relation to the monitoring of relevant staffs' registration with the Northern Ireland Social Care Council (NISCC), control of substances hazardous to health (COSHH), further refurbishment of the environment, and wedging open of fire doors.

We found that there was safe, effective and compassionate care delivery in the home and the service was well led. It was evident that the manager and staff worked together to promote the dignity and wellbeing of patients and were open to ongoing quality improvement.

Addressing the areas for improvement will further enhance the quality of care and services in Lisadian House.

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 the manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with patients, relatives, and staff. Following the inspection, we received one completed questionnaire from a relative. No staff survey responses were received within the allocated timeframe.

Patients spoke positively about their stay in Lisadian House telling us that the care was “first class”, and that their needs are well taken care of. Some patients talked about comparing their experience in Lisadian House with time in other care facilities, and expressed that they preferred this home. One patient said “this is the best spot; they couldn’t do better if they tried.”

Patients described staff as “lovely, “friendly”, “pleasant and helpful”, and told us that while they saw staff to be busy “but they do their best and are great” and “they are more than good and treat us so well.” One patient said that “most” staff were good but described some staff as “quick”, and excused this by saying “maybe they are under pressure.” Comments were shared with the manager who agreed to address this with the staff group to ensure staff work at the patients’ speed and to be conscious not to rush when in the company of patients.

Patients told us that their rooms were cleaned daily and said that they enjoyed the variety of food and drinks available. Patients told us about some recent social highlights from the activities programme and said that they could pick and choose what they participated in.

Relatives told us that their loved ones who live in Lisadian House were happy and that this was comforting to them. Relatives described staff as “very friendly” and said that they were kept well informed of any changes in their loved ones’ needs and any events happening in the home. Relatives confirmed that visiting arrangements were in place and working well and were complimentary about the homely and social atmosphere, “there is always something happening.”

The returned relative questionnaire indicated that they were very satisfied that the home was delivering safe and effective care in a compassionate way, and that the service was well managed.

Staff described good teamwork and positive working relationships between staff and management. Staff said that they understood their roles and responsibilities within the home and said they were supported through training, supervisions, appraisals, and any necessary supplies and equipment. Overall staff said that they enjoyed working in the home.

A record of compliments received about the home was kept and the manager confirmed that these were shared with staff.

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 1 November 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure that a refurbishment plan is developed to address the standard of décor throughout the home and that the plan is submitted to RQIA with the return of the QIP.	Met
	Action taken as confirmed during the inspection: As stated this area for improvement has been met; RQIA received a refurbishment plan for a section of the home and those works have been completed. However, RQIA have requested a new refurbishment plan for the remaining areas of the home and a new area for improvement has been identified. Details of this can be found in section 5.2.3 of this report.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that patient care plans contain sufficient detail on any equipment in use, such as airflow mattress settings and type and size of moving and handling slings.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that repositioning interventions are recorded accurately and completed in a timely manner.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a sample of staff recruitment records confirmed that there was a robust system in place to ensure staff were recruited correctly to protect patients.

Staff new to the home were provided with a comprehensive programme of induction to their role. Further systems of support were in place to ensure staff were trained and supported to carry out their duties in a safe and effective manner, such as essential training courses, regular supervision sessions, and annual appraisals.

There was a system in place to monitor relevant staffs' professional registration with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These systems were checked monthly; however, deficits were identified with the monitoring of care staffs' registration with NISCC as a number of staff were not appropriately registered. This was highlighted to the manager who made contact directly with NISCC for guidance, resulting in a number of staff having to be removed from the duty rota until the matter of registration was resolved. The home provided RQIA with regular updates following the inspection, confirming that the majority of registrations were now completed. An area for improvement was identified.

Staff confirmed that they found the training topics and content helpful and that essential training ensured that they were delivering best practice. Records showed that training was provided on an eLearning platform and some courses were further supplemented with face to face practical sessions, such as manual handling, infection prevention and control (IPC), continence care, and swallow awareness.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the manager was not on duty. Records showed that all nurses had completed competency and capability assessments in relation to taking charge of the home, as well as medicine management. Competency assessments were reviewed annually by the manager.

Staff said there was good team work and that they felt well supported in their role. Staff said that while peak times of the day could sometimes be extremely busy, good communication within the team helped with the smooth running of the shift. Staff said that the recent appointment of some new staff had helped strengthen the quality of care and services within the home. The manager confirmed that the number of staff on duty was regularly reviewed to ensure the needs of patients were met.

Staff were seen to be busy, to communicate with each other, and to be warm and compassionate during interactions with patients.

Patients who were able to use the nurse call bell system were seen to have bells within reach and told us that when they used this system staff would attend “day and night” without issue.

Patients spoke positively about staff, describing them as “friendly”, “lovely”, “more than good and treat us so well.” One patient said that some staff could at times be “quick” during interventions, and excused this by offering that staff were possibly “under pressure.” Patients’ comments were shared with the manager who agreed that compliments would be shared with staff and that any learning would be discussed. For example, staff to be more conscious of the speed with which they work during interventions with patients.

Relatives said that they were happy with the staffing arrangements and described staff as “very friendly” and informative.

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. Staff demonstrated knowledge of patients’ needs, their daily routine and preferences.

Staff were observed to be prompt in recognising patients’ needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients’ needs. For example, staff were patient and discreet when providing reassurance to a patient displaying distress due to cognitive impairment.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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. Care records accurately reflected the patients’ needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, equipment such as bedrails were used, patient areas were maintained clutter free, staff assisted with mobility where required, walking aids were used as recommended by specialists, and there was appropriate referral to physiotherapy or occupational therapy where required. Examination of records confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social 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 found to be a relaxed, social, and unhurried experience. Staff were seen to be supportive and encouraging to patients while they provided assistance. There was a choice of two main dishes on offer. Discussion with patients and staff confirmed that if a patient did not like what was on the menu that day, they could avail of an alternative dish.

Patients could choose where they wished to have their meals, with some coming to the communal dining room to enjoy the company of others and some opting to dine in the comfort and privacy of their bedrooms. Staff were seen to bring set trays with meals to patients' bedrooms and it was noted that there was inconsistent use of food covers. This was discussed with the manager who advised that she would remind all staff that food should remain covered until placed in front of the patient when they are ready to eat. This will be reviewed at future inspections.

Patients said that they enjoyed the food; "too much but tasty", "plenty of grub and cups of tea", "I'm fussy and they can feed me so that's good."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

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 held confidentially.

Care records were well maintained, 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 patients' 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 from any healthcare professional was recorded.

Staff expressed that the wellbeing of patients was important to them. Patients told us that they were happy with the care and services provided in Lisadian House, "this is the best spot, first class", "I'm getting stronger", "well looked after...built my weight and strength up so I'm ready to go home."

Relatives said they were very satisfied with the care and services, "top rate", "we never have to worry", "we are very happy."

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, communal lounges, communal bathrooms, storage spaces, and the dining room.

The home was clean, warm, well lit, and there were no malodours. There were some homely touches, such as a piano, houseplants, and art on walls.

Corridors were clutter free and fire exits were free from obstruction. Two fire doors leading from the manager's office; one leading to the reception area and the other to the nursing office, were seen to be inappropriately wedged open. The act of wedging open fire doors prevents the door from closing in the event of a fire. Both the manager's office and the nursing office contained electrical equipment and combustible materials. This practice was not seen in any other area of the home. An area for improvement was identified.

The most recent fire risk assessment was conducted on 29 April 2022 and no recommendations were required at that time.

The standard of décor varied throughout the home. One ground floor wing was recently refurbished to a high standard. Some décor, furniture and fixtures in other areas of the home were seen to be in various stages of wear and tear. For example, some handrails were damaged exposing untreated wood underneath, some fitted bedroom furniture was damaged, the surface of some bedframes were damaged, and some sections of walls were damaged. An area for improvement was identified.

Patients' bedrooms were clean and personalised with items of importance to the patient. Patients confirmed that their rooms were cleaned daily and that they were happy with the level of cleanliness in the home.

Domestic staff confirmed that they kept records of cleaning duties and that they were adequately supplied with cleaning materials.

Communal bathrooms were clean and accessible. Some communal bathrooms and toilets were seen to have swing lid bins. Any bins in the home should be operated without touching the lid surface. The manager gave assurances that all swing lid bins would be replaced with foot pedals bins as found in the other areas of the home. This will be reviewed at future inspections.

A number cupboards containing chemicals were found to be unlocked and a cleaning store was left unlocked and unattended. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, visitors were encouraged to wear face coverings and to practice hand hygiene before entering the home, and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could pick and choose what organised activities they participated in, or could go out on trips with family, or could sit up late to watch television.

There was a range of activities provided for patients by the activities coordinator and the programme showed a variety of sessions which included social, community, cultural, religious, spiritual, and creative events. For example, February events included, gospel services, pottery, exercises, games and quizzes, baking, musical entertainment, and hair and beauty.

On the day of inspection some patients availed of the hairdressing service and told us how they felt great after this service. In the afternoon the home was visited by a group of local school children who joined some patients for an art session.

Relatives said that the activities programme was good, that they felt welcomed in the home, and that there was “always something happening.”

Patients confirmed that they were encouraged to express their views on the home at regular patient meetings.

Review of patient records showed that patient social and recreational activities were recorded daily.

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 told us that she is supported by the organisation’s senior management team.

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, such as catering, mealtime experience, infections, environmental, medicines, and pressure prevention.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. 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. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

Patients and their relatives said that they knew who to approach if they had a complaint / had confidence that any complaint would be managed well.

Staff commented positively about the management of the home and described the manager as approachable, saying "you can always go to her."

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.

	Regulations	Standards
Total number of Areas for Improvement	4	0

Areas for improvement and details of the Quality Improvement Plan were discussed with 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) (b) Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: A robust audit is completed every month to ensure that staff do not work unregistered and evidenced by checking on the renewal dates.
Area for improvement 2 Ref: Regulation 27 (4) (d) (i) Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: Arrangements has been made for the correct fire door mechanism to be installed and connected to the Home's fire alarm system in manager's office
Area for improvement 3 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: With immediate effect	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.
	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. The refurbishment plan should outline the expected timeframe for completion of works.

	Ref: 5.2.3
	Response by registered person detailing the actions taken: A refyrbishment plan has been formulated which includes the expected time frame for completion of works.
Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that cleaning materials are stored securely in accordance with control of substances hazardous to health (COSHH) guidelines. Ref: 5.2.3.
	Response by registered person detailing the actions taken: Cleaning materials are stored securely in locked cupboards. Signage were placed on cupboards to remind staff to lock after use

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