



Unannounced Care Inspection Report 9 May 2018



Lisadian House

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

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 45 places.

3.0 Service details

Organisation/Registered Provider: Elim Trust Corporation Responsible Individual: Pastor Edwin Michael	Registered Manager: See box below
Person in charge at the time of inspection: Grace Penna	Date manager registered: Grace Penna– Registration pending
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 registered places: 45

4.0 Inspection summary

An unannounced inspection took place on 9 May 2018 from 10.00 to 16.45 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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 all four domains. The staffing provision available on the day was reflective of the staffing plan and was considered to be effective in meeting the needs of the patients. Nursing care records were well maintained with evidence of clear assessment of need, care planning and regular reviews. The quality assurance processes maintained by the newly appointed manager were found to be robust and many patients, their representatives and staff commented on the approachability of the new manager and of the improvements already made since they commenced employment.

Areas requiring improvement were identified in relation to: monitoring the registration status of registered nurses with NMC, monitoring systems for training, recording of information for ACCESS NI and the management of patient information.

Patients said that living in the home was a positive experience and patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Grace Penna, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 21 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 February 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing.
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with six patients, seven staff to include registered nurses; care staff; activity staff and ancillary staff for the home. Two patients' visitors/representatives were also consulted. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided to the manager to be displayed for staff inviting them to provide feedback to RQIA via an online survey.

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

The following records were examined during the inspection:

- duty rota for all staff from 7 to 13 May 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- three patient care charts including food and fluid intake charts and repositioning charts
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 February 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be reviewed at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 (1) (d) (f)	The registered persons shall ensure that notifications are submitted to RQIA in accordance with legislative requirements and provider guidance.	Met

Stated: First time	Action taken as confirmed during the inspection: A review of accidents/incidents from January to May 2018 evidenced that this area for improvement had been addressed.	
Area for improvement 2 Ref: Regulation 12 (2) (a) Stated: First time	The registered persons should ensure that the settings of pressure mattresses are monitored and recorded, to ensure their effective use. Action taken as confirmed during the inspection: A random sample of settings of pressure mattresses evidenced that these were set in accordance with the patient's weight.	Met
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	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. Action taken as confirmed during the inspection: A review of the environment, equipment and observations of staffs practice evidenced that this area for improvement had been addressed.	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 47 Stated: Second time	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. Action taken as confirmed during the inspection: A review of information evidenced that this area for improvement had been met.	Met
Area for improvement 2 Ref: Standard 35 Criteria 17 Stated: Second time	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.	Met

	<p>Action taken as confirmed during the inspection: A system had been developed and implemented in regards to the information outlined above. Evidence was available to demonstrate that information had been reviewed by the manager and shared with staff as deemed appropriate.</p>	
<p>Area for improvement 3 Ref: Standard 36 Criteria 4 Stated: Second 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>	Met
	<p>Action taken as confirmed during the inspection: A discussion with the manager and a review of information evidenced that a system was in place to ensure a systematic review of policies. The information indicated that a number of policies have been reviewed and shared with staff. Arrangements were in place to ensure that all other policies would be reviewed accordingly.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 7 to 13 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No responses were received within the required timescales.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Lisadian House. We also sought the opinion of patients and their representatives on staffing via questionnaires. Seven questionnaires were returned from relatives. All respondents indicated that they were very satisfied or satisfied with the care they received and that there was “enough staff available to care.”

In addition, two relatives spoken with did not raise any concerns regarding staff or staffing levels.

Review of recruitment files for two staff members evidenced that these were generally maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. One of the records reviewed did not include Access NI details. Post inspection, this information was received by RQIA via an email correspondence and a review of the information evidenced that this was satisfactory. This matter was discussed with the manager and an area for improvement has been made.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place for monitoring the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC). However, a review of same identified that checks had not been completed prior to a registered nurse commencing employment. In addition, the system in place did not make provision for checks to be completed at the time of registered nurses renewal of registration. An area for improvement has been made.

There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff. This information was held by the manager.

We discussed the provision of mandatory training with staff and the manager. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. The manager was unable to provide the inspector with details of staff's compliance with mandatory training requirements. They advised that this information had not been reviewed since they took up their position as manager. An area for improvement has been made.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered nurse in charge and a number of care staff confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The manager advised that they were scheduled to attend training in regards to the role of the adult safeguarding champion. A discussion was held in regards to developing systems to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records maintained, in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes

Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered nurse in charge and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered nurse in charge and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge areas, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients/representatives/staff spoken with were complimentary in respect of the home's environment. A comment included in a questionnaire returned by a relative included:

"The home is clean no smells which we feel is important".

It is positive to note that a number of areas within the home have been re-decorated since the last inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to.

In addition the manager maintained records of the incidences of health care acquired infections (HCAIs). Care plans had been developed for any patient receiving treatment for chest and urinary acquired infections. The recent guidance from Public Health Authority (PHA) was displayed and nursing staff were familiar with this guidance.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails and/or alarm mats.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the commencement of the new manager confirmed that these were appropriately managed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, adult safeguarding, risk management and the home's environment.

Areas for improvement

Areas for improvement have been made in relation to the monitoring of registered nurses registration with NMC, recording of ACCESS NI and the monitoring of training to ensure staff compliance.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients’ weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), Speech and Language Therapist (SALT) and Dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Supplementary care charts such as food and fluid intake records; repositioning charts evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted. A daily written report is maintained for management overview.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. A number of staff stated that they felt that the new manager was very approachable.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Minutes of recent relatives, registered nursing and care staff meetings were available. The manager advised that regular meetings will be maintained in the incoming months.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.00 hours and were greeted by staff who were helpful and attentive. Patients were receiving mid-morning refreshments which were served in their own room or in the lounge area depending upon their preferences. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality. However, information pertaining to patients’ nutritional needs was displayed on the dining room wall and anyone entering the home could view this information. An area for improvement has been made.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. Activities were being provided during the inspection, and patients were observed participating at various levels. One patient spoken with advised that more opportunities were available to facilitate personal preferences for example; gardening and one to one walks.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and staff to include catering staff were overseeing the mealtime service. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The meals were plated at the point of service and were apparent that the catering staff knew the needs and preferences of the patients well. The level of engagement and assistance provided to the patients by staff was commended by the inspector.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Everyone always has a smile on their faces"

"Thank you all so much for your kindness and caring to ... and also to her family nothing was a bother/problem. The home is a lovely place a real pleasure to come into, really home from home, you should all be very proud of what you achieve".

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in Lisadian House was a positive experience.

Patient comments received included:

"I just love this place"

"I have lived here for 6 to 9 months and it is quite pleasant, I get to pick my own clothing"

" looked after very well"

" staff are good and getting out and about more and doing more"

"marvellous."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided and seven were returned within the timescale. All respondents indicated that they were very satisfied or satisfied with the care provided across the four domains.

Additional comments included:

"very caring home and my mother's family are very satisfied and grateful for the care she gets. Organisationally the care home has greatly improved since December 2017, we are much more confident with the consistent staffing".

"I am satisfied with the care that xxx is getting in Lisadian at this moment. It is excellent. Nurse Manager, Grace is aware of all that is taking place".

"the family of xxx are very happy with the care she is receiving and the staff have been marvellous always taking time to chat to mum which she enjoys".

Staff were invited to complete an on line survey. At the time of writing this report no responses were submitted.

Any comments received from patients, relatives and staff were shared with the manager for their consideration and action as required. Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if deemed necessary.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement has been made in relation to the display of information pertaining to patient's nutritional needs.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for registration with RQIA has been received. As referred to in section, 6.6 of the report, staff and relatives commented positively about the new management arrangements.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager advised that the home collected this information at the time of admission.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the nurse in charge and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control (IPC) practices, care records, catering arrangements. In addition robust measures were also in place to provide the manager with an overview of the management of infections, and wounds occurring in the home.

Review of records evidenced that quality monitoring visits were completed on a monthly basis by representatives of the responsible individual in accordance with The DHSSPS Care Standards for Nursing Homes 2015.

A review of records also evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships in the home and management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Grace Penna, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

Area for improvement 1 Ref: Standard 38 Criteria 3 Stated: First time To be completed by: 30 June 2018	<p>The registered person shall ensure that robust systems and governance arrangements are in place to ensure and monitor the registration status of registered nurses with NMC. Registration details should be checked prior to the commencement of employment. Records should be maintained accordingly.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Newly recruited nurses registration will be checked prior to commencement of employment and a robust system is in place to monitor the registration of nurses.</p>
Area for improvement 2 Ref: Standard 38 Stated: First time To be completed by: 30 June 2018	<p>The registered person shall ensure that details of Access NI checks are recorded in employee recruitment files in accordance with best practice guidelines.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Details of Access NI checks are recorded in employees files in accordance with best practice guidelines.</p>
Area for improvement 3 Ref: Standard 39 Stated: First time To be completed by: 30 June 2018	<p>The registered person shall ensure that systems are in place to monitor and ensure staffs compliance with mandatory training requirements and other areas of training identified by the home.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Mandatory trainings are being monitored to ensure staffs compliance.</p>
Area for improvement 4 Ref: Standard 6 Stated: First time To be completed by: 30 June 2018	<p>The registered person shall ensure that patient information is maintained securely and confidentially. For example, patient information regarding dietary needs should not be displayed on the dining room walls.</p> <p>Ref: Section 6.6</p>
	<p>Response by registered person detailing the actions taken: All information pertaining to patients are maintained securely and confidentially.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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