



Unannounced Care Inspection Report

16 April 2019



Lisadian House

Type of Service: Nursing Home
Address: 87 Moira Road, Hillsborough, BT26 6DY
Tel No: 02892689898
Inspectors: Linda Parkes and Catherine Glover

www.rqia.org.uk

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 45 patients.

3.0 Service details

Organisation/Registered Provider: Elim Trust Corporation Responsible Individual: Edwin Michael	Registered Manager and date registered: Grace Pena 14 June 2018
Person in charge at the time of inspection: 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: 38

4.0 Inspection summary

An unannounced inspection took place on 16 April 2019 from 09.30 hours to 17.50 hours.

This inspection was undertaken by the care inspector and pharmacist inspector.

The term 'patient' is used to describe those living in Lisadian House which provides nursing care.

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 staff recruitment, training, adult safeguarding, infection prevention and control, the home's environment, risk assessment and communication between patients, staff and other professionals. Examples of good practice was found throughout the inspection in relation to the culture and ethos of the home and in maintaining the dignity and privacy of patients and valuing patients and their representatives. Further examples of good practice was found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified to ensure fire exits are kept clear and are free from obstruction and in relation to the contemporaneous recording of patient repositioning charts and patient food and fluid intake charts.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	1	2

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

4.2 Action/enforcement taken following the most recent inspection dated 3 January 2019

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified during this inspection. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 8 to 21 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- a sample of patient care records
- a sample of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from 20 February to 12 April 2019
- RQIA registration certificate
- receipt and disposal of medicines records
- personal medication records
- medicine administration records
- controlled drugs records
- storage of medicines

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspections

Four areas for improvement identified at the previous care inspection on 9 May 2018 have been reviewed. All four areas identified have been met.

Three areas for improvement identified at the previous premises inspection on 30 May 2017 have been reviewed. All three areas identified have been met.

6.2 Inspection findings

6.3 Is care safe?

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

The registered manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 8 to 21 April 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The registered manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered. She also advised that staff had been recruited to work on the twilight shift from 19.00 to 23.00 hours on completion of pre-employment checks and that two domestic posts had been advertised. The registered manager advised that the activity therapist is employed to work two days a week and that a full time activity therapist post has been advertised in order to meet patients' social, religious and spiritual needs within the home. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they 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 questionnaires were returned within the timescale specified.

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 on staffing via questionnaires. One questionnaire was returned and the patient indicated that they were very satisfied that there are enough staff to help.

The returned questionnaire included the following comment:

"Lack of activities for residents."

Four relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Ten questionnaires were returned. One questionnaire did not indicate if the person completing it was a resident or relative. One questionnaire indicated they were satisfied and nine questionnaires completed indicated that they were very satisfied that staff had 'enough time to care'.

Four questionnaires included the following comments:

"Sometimes it's hard to find some staff to speak to."

"Very well cared for but know at times shortage of staff can be a problem. I am happy with mum's care."

"Sometimes my relative has to wait quite a while to get assistance in the morning. Staff are very good but very stretched at certain times of the day. Generally, the staff are caring and compassionate."

"Very good staff but would like more activities."

A review of two staff recruitment records confirmed that appropriate pre-employment checks had been completed prior to both staff members commencing employment. References had been obtained and records indicated that Access NI checks had been conducted. Registration details with the Nursing and Midwifery Council (NMC) prior to the commencement of employment was viewed and evidenced that records were maintained accordingly. Review of the NMC monthly audit tool evidenced that robust systems and governance arrangements are in place to ensure and monitor the registration status of registered nurses with NMC. The registered manager advised that care staff were required to join the Northern Ireland Social Care Council (NISCC) register following commencement of employment and that this is also captured in the monthly audit tool.

We discussed the provision of mandatory training with staff. 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. Review of monthly computer records for March and April 2019 evidenced that systems are in place to monitor and ensure staff comply with mandatory training requirements and other areas of training identified by the home. A pie chart system is in place which enables the home manager to assess and monitor if staff have completed mandatory training, if it is in progress or if training is due. A staff member said, "if training is due we are notified on the system and sometimes the home manager will send us letters of reminder."

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 manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

We reviewed accidents/incidents records from 1 January to 31 March 2019 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.

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

An identified fire exit on the ground floor was observed to have two specialised chairs stored that would cause an obstruction should the home need to be evacuated safely in the event of an emergency. This was discussed with the registered manager who addressed these concerns without delay to ensure the safety and wellbeing of the patients in the home. An area for improvement under regulation was identified.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

The management of medicines within the home was examined by the pharmacist inspector. It was found that the home had robust processes in place. Medicine records had been fully and accurately completed and there were good audit and governance arrangements in place.

The management of distressed reactions, antibiotics, pain and thickened fluids was examined and found to be generally satisfactory. Two care plans were identified in relation to pain and distressed reactions which had not been updated. The pharmacist inspector discussed this with the registered manager during the inspection. Assurance was given that amendments would be completed immediately and therefore an area for improvement has not been specified on this occasion.

Medicines had been safely and securely stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, adult safeguarding, infection prevention and control, medicines management and the home’s environment.

Areas for improvement

An area for improvement was identified to ensure that fire exits are kept clear and free from obstruction by the care inspector.

There were no areas for improvement identified during this inspection by the pharmacist inspector regarding medicines management.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

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 the management of restrictive practice and pressure relief. Care records were well documented and 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.

Two repositioning charts reviewed identified ‘gaps’ in recording the delivery of care. It was evidenced that the frequency of the repositioning of patients and the time recorded was inconsistent. One patient’s chart, who required to be repositioned every three to four hours showed a gap from 17.00 on 12 April until 09.00 on 13 April 2019. On 13 April a gap from 14.00 until 22.14 was noted. No further recording was evidenced until 09.40 on 14 April 2019. On 15 April a recording was noted at 02.50 with no further entry made until 09.00 hours. The second patient who also required repositioning every three to four hours was noted to have gaps in their chart on three occasions from 12 to 14 April 2019. This was discussed with the registered manager and an area for improvement was identified.

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. Care plans were in place for the management of bedrails and alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Supplementary care charts such as food and fluid intake records evidenced that five patients' charts showed no recording after 19.00 hours on 15 April 2019. Two patients' charts had an entry to state that fluid had been given after 19.00 but no time had been recorded. This was discussed with the registered manager and an area for improvement was identified.

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.

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 registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the dining room on the ground floor. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The menu for the day was displayed on the wall of the dining room offering patients a choice of food. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and soft music was playing in the background. 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

Two areas for improvement were identified in relation to the contemporaneous recording of patient repositioning charts and patient food and fluid intake charts.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 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.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

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.

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

"Many thanks for the wonderful care you gave my sister. The care she got was unconditional and loving."

"I would just like to thank you most sincerely from the bottom of my heart for all the love and care that you gave to my late husband."

During the inspection the inspector met with five patients, small groups of patients in the dining room and lounges, four patients' relatives and five staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Lisadian House. 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.

Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Eleven questionnaires were returned and indicated that they were either satisfied or very satisfied that the home provided safe, effective, compassionate care and that the home was well led.

Patient comments:

"The girls are all very pleasant and very nice. They help me and cheer me up. I'm content."

"The girls are nice and treat me well. I've no concerns."

"The food's always good."

"They're looking after me well. I've a nice room."

"I'm very happy with the care home. I've no complaints."

Four patient representatives were consulted during the inspection. Patient representatives' questionnaires were left for completion. Ten questionnaires were returned. One questionnaire did not indicate if the person completing it was a resident or relative.

Patient representative comments:

"First class care. Very mannerly caring management and staff."

"As a family we highly commend the dedicated and professional care which our relative is receiving. It sets our minds at ease to know that our relative is receiving twenty-four hour care."

“The family are very happy with the care that ... is getting.”
 “It’s a nice home. I’ve no concerns.”
 “I’ve no concerns. The home manager is very approachable.”
 “The home’s great. You couldn’t beat it.”
 “I cannot thank all the staff enough for their care which is above and beyond what is expected. These are difficult times for our family and we have only been given exceptional care, dignity and compassion. This is evident from the top management and across to every member of staff. Excellent.”

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from three staff consulted during the inspection included:

“I enjoy working here. We have a good supportive team and the manager’s approachable.”
 “We have good craic but the work still is done.”
 “I enjoy working at Lisadian. The manager’s very good and approachable. Good training is provided.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered 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 registered manager.

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. A system was in place to record complaints received and included actions taken in response to the complaint. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the registered manager 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, complaints, patients commenced on antibiotic therapy, wounds and infection prevention and control practices.

Discussion with the registered manager and review of records from 20 February to 12 April 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The registered manager advised that staff, patient and relatives' meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

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 Pena, 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 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27.4 (c)</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure fire exits are kept clear and are free from obstruction.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Fire exits are kept clear and free from obstruction.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that supplementary care records, specifically, repositioning records are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Care records are now documented in Goldcrest and SCA or Team Leaders ensure that contemporaneous records are maintained.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that care records, specifically, food and fluid records are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance. There should also be evidence of patients' daily oral intake being meaningfully and regularly reviewed by nursing staff within the care record.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Care records including food and fluid charts are recorded in Goldcrest. Senior Care Assistants or Team Leaders and Nurses ensures that documentation is accurate and in accordance with legislative and best practice guidelines.</p>

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



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