



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 21 January 2020



Lisadian House

Type of Service: Nursing Home
Address: 87 Moira Road, Hillsborough BT26 6DY
Tel no: 028 9268 9898
Inspector: Linda Parkes

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 2015.

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

<p>Organisation/Registered Provider: Elim Trust Corporation</p> <p>Responsible Individual: Edwin Michael</p>	<p>Registered Manager and date registered: Grace Pena – 14 June 2018</p>
<p>Person in charge at the time of inspection: Registered nurse Daniel Cerezo 1040-1135 Registered manager Grace Pena 1135-1605</p>	<p>Number of registered places: 45</p> <p>There shall be 1 named resident receiving residential care in category RC-I.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 37</p>

4.0 Inspection summary

An unannounced inspection took place on 21 January 2020 from 10.40 hours to 16.05 hours.

This inspection was undertaken by the care inspector.

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

The inspection assessed progress with areas for improvement identified in the home 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 throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management and communication between patients, staff and other professionals. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives. Good practice was noted regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships. Examples of good practice was also found in relation to ensuring that there is evidence patients have been provided with an individual written agreement, ensuring that written agreements are kept up to date and ensuring that patients' personal property records are checked by two people at least every quarter.

Areas requiring improvement were identified in relation to the adherence of the Control of Substances Hazardous to Health to ensure a safe environment is maintained within the home for patients, to ensure that equipment is stored appropriately and maintained in order to adhere to infection prevention and control policies, procedures and best practice guidance and regarding the secure storage of patient records and information.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and 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	3

Details of the Quality Improvement Plan (QIP) were discussed with Grace Pena, 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 16 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 16 April 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including 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 date to date 13 to 26 January 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC)
- two registered nurse competence and capability assessment records
- staff training records
- incident and accident records
- three patient care records
- four patient care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 21 November to 31 December 2019
- RQIA registration certificate
- a sample of patients' private property records
- a sample of patients' individual written agreements with the home

Areas for improvement identified at the last 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 areas for improvement from previous inspections

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 27.4 (c) Stated: First time	The registered person shall ensure fire exits are kept clear and are free from obstruction. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of fire exits evidenced that they are kept clear and are free from obstruction. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.9 Stated: First time	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. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of two patients' repositioning records evidenced that they are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 12 Stated: First time	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	Met

	<p>intake being meaningfully and regularly reviewed by nursing staff within the care record.</p> <p>Ref: 6.5</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of two patients' food and fluid records evidenced that they are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance. Records showed patients' daily oral intake has been meaningfully and regularly reviewed by nursing staff within the care record. This area for improvement has been met.</p>	

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient has brought into their room.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of two patient records of furniture and personal possessions which each patient has brought into their room evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that each patient or their representative is provided with a statement (agreement) specifying –</p> <p>(a) the fees payable by or in respect of the patient for the provision to the patient of any of the following services – (i) accommodation, including the provision of food; and (ii) nursing; and, except where a single fee is payable for those services, the services to which each fee relates; (b) the method of payment of the fees and the person by whom the fees are payable.</p> <p>Ref: 6.7</p>	Met

	<p>Action taken as confirmed during the inspection: Discussion with the manager and review of two patient statements (agreements) specified – (a) the fees payable by or in respect of the patient for the provision to the patient of any of the following services – (i) accommodation, including the provision of food; and (ii) nursing; and, except where a single fee is payable for those services, the services to which each fee relates; (b) the method of payment of the fees and the person by whom the fees are payable. This area for improvement has been met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 14.26 Stated: First time</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the manager and review of two patients' inventory of property evidenced that they have been maintained throughout their stay in the home. The inventory record has been reconciled at least quarterly. The record has been signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. This area for improvement has been met.</p>	

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 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 13 to 26 January 2020 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 manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered.

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 within the timescale specified and indicated they were very satisfied that there are enough staff to help.

A patient's relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Four questionnaires were returned within the timescale specified and indicated they were very satisfied that that staff had 'enough time to care'.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC.

Five registered nurse competence and capability assessment records were reviewed and were noted to be well documented.

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 staff training records for 2019 evidenced that staff had attended training regarding dementia awareness.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records from 9 September 2019 to 3 January 2020 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, fresh smelling and clean throughout.

Observation of the sluice room on the first floor evidenced that the door was unlocked and a cleaning product that was not named and had no date of opening recorded, could be easily accessed. It was noted that a cleaning product also with no name or date was stored in a cupboard in an identified bathroom on the first floor. This was discussed with the manager. An area of improvement under regulation was identified.

In was noted in an identified bathroom that a large amount of equipment including three perching stools and five commodes were inappropriately stored. A number of red bags were noted to be hanging over the shower rail. This was discussed with the manager and an area for improvement was identified.

A number of identified commode chairs were noted to have rust around the wheels meaning they could not be effectively cleaned. This was discussed with the manager and an area for improvement under was identified.

On inspection of the first floor it was observed that a room containing patient records and information was unlocked and easily accessed. This does not adhere to management of records in accordance with legislative requirements and best practice guidance. This was discussed with the manager and an area for improvement was identified.

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

We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training and adult safeguarding.

Areas for improvement

Four areas for improvement were identified in relation to the adherence of the Control of Substances Hazardous to Health to ensure a safe environment is maintained within the home for patients, to ensure that equipment is stored appropriately and maintained in order to adhere to infection prevention and control policies, procedures and best practice guidance and regarding the safe storage of patients’ records and information.

	Regulations	Standards
Total number of areas for improvement	1	3

6.4 Is care effective?

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

Review of three patient’s 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 falls, pressure relieving mattresses and restrictive practice. 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.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of 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.

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

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

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

	Regulations	Standards
Total number of areas for improvement	0	0

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.

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:

"Thank you from the bottom of my heart for taking such great care of mum."

"With heartfelt thanks for the love and care you showed to ... and to all our family."

During the inspection the inspector met with two patients, small groups of patients in the lounges, one patient's relative and three 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. Five questionnaires were returned within the timescale specified and indicated that they were very satisfied that care was compassionate.

Two patients commented:

"I'm very well looked after. I have no concerns. I know the manager and would be confident concerns would be addressed. The food's very good too."

"They're all good. I have no concerns."

A relative commented:

"They're very good to him here."

Staff were asked to complete an online survey; we had no responses within the timescale specified.

A staff member spoken with commented:

"I love it here and Grace (manager) is doing a good job."

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity therapist was observed in the ground floor lounge, enthusiastically, facilitating a group yoga session. Patients were responsive and appeared to be enjoying the event.

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

Areas of good practice

There were examples of good practice found throughout the inspection regarding the provision of activities and in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients.

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 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.

Discussion with the 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 patients' weight, patients commenced on antibiotic therapy and infection prevention and control (IPC) practices including hand hygiene.

Discussion with the manager and review of records from 21 November to 31 December 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.

The 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 and management. Review of complaints for November 2019 showed that the outcome of the complaint had been recorded. No complaints were received for December 2019.

Records reviewed regarding patient personal property and patients' individual agreements with the home evidenced that they were well documented. Patient personal property records were observed to be checked by two people at least every quarter.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the completion of audits and maintaining good working relationships. Further areas of good practice were found in relation to records of patients' furniture and personal possessions and patient agreements.

Areas for improvement

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

	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, 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 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	
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed: Immediate action required	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) and that cleaning products are named and dated in order to maintain a safe environment within the home to ensure that patients are protected from hazards to their health. Ref: Section 6.3 Response by registered person detailing the actions taken: Cleaning products are named and dated to comply with COSHH and to promote a safe environment for the residents.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed: Immediate action required	The registered person shall ensure that equipment is appropriately stored in order to comply with infection prevention and control policies, procedures and best practice guidance. Ref: 6.3 Response by registered person detailing the actions taken: Equipment is now appropriately stored to promote best practice and adherence to infection control policies.
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed: Immediate action required	The registered person shall ensure that identified commode chairs are repaired or replaced in order to adhere to infection prevention and control policies and best practice guidance. Ref: 6.3 Response by registered person detailing the actions taken: Identified commode had been replaced in adherence to infection control policies.

<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored securely and in accordance with DHSSP policy, procedures and guidance and best practice standards.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Records retained in the home has been securely locked in designated rooms.</p>

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



The **Regulation** and
Quality Improvement
Authority

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

 [@RQIANews](https://twitter.com/RQIANews)

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