

Inspection Report

Name of Service:	Lisadian House
Provider:	Elim Trust Corporation
Date of Inspection:	21 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Elim Trust Corporation
Responsible Individual	Mr Edwin Michael
Registered Manager:	Ms Grace Pena
Service Profile: This home is a registered nursing home which provides nursing care for up to 45 patients. The home is divided over two floors which provides general nursing care for patients under and over 65 years of age and patients with a physical disability other than sensory impairment. Patients have access to a range of communal spaces such as lounges, a dining room and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 21 January 2025 from 9.00 am to 6.35 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 3 January 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Another area for improvement was stated again. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I think it is wonderful. I couldn't have come to a better place", "I like the staff, they are decent", "They (the staff) are remarkably good to me here" and "The staff treat me with dignity and respect. The care is first class."

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

Relatives commented positively about the overall provision of care within the home. Comments included: "I am very happy with the care my sister is receiving" and "Very happy with the care. I cannot fault any of the staff. Everyone is friendly and helpful. The care is incredible."

A visiting professional spoken with said, "They (the staff) are brilliant. We like coming here. From what we see the care is good. Grace (the Manager) is very helpful."

Staff spoken with said that Lisadian House was a good place to work. Staff commented positively about the manager and described them as supportive and approachable.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

Review of staff recruitment files evidenced that no attempt was made to obtain a reference from one staff members most recent employer. Details were discussed with the manager and an area for improvement was stated for a second time.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were not consistently in place to safeguard patients and to manage this aspect of care. Specifically, bed rail checks were only completed at night and not during the day. An area for improvement was identified.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained, although gaps in recording were noted. This is discussed further in section 3.3.3.

A number of patients nursed in their bedroom were unable to use the nurse call system due to their cognitive impairment. This was discussed with the manager who agreed to ensure those patients who cannot use the system are appropriately supervised.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, the number of falls which occurred in the home falls were recorded monthly although these were not reviewed for patterns and trends to identify if any further falls could be prevented. This is discussed further in section 3.3.5.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

Concerns were identified regarding the management of some patient's reduced fluid intake over a number of days with care records not clear as to what actions were taken by registered nurses to monitor and address this. This was discussed with the manager who agreed to meet with nursing staff and monitor through care record audits. An area for improvement was identified.

Patients told us that staff offered choices to them throughout the day regarding food and drink options. Discussion with staff and examination of the daily menu confirmed patients received a similar menu choice for the lunchtime and evening meal on that day. This was discussed with the manager who agreed to review the menu in consultation with catering staff.

The importance of engaging with patients was well understood by management and staff. Staff spoke of what activities they did with patients. However, an activity planner evidencing activities that reflected patients likes and preferences was not displayed in the home. An area for improvement was identified.

Patients confirmed that activities took place in the home. Staff told us patients spiritual needs were met in the home and they frequently chose which activities they wanted to do; these included quizzes, planting flowers, making bird feeders and baking.

There was a garden area which had two patio style benches for patients who wished to go outside. This patio area had not been maintained. The area was not inviting for patients; the furniture required painting while the patio area was covered with moss and required power washing. In addition, a seated area at the rear of the home did not have matching furniture and was located in a services area.

RQIA were satisfied that management understood their role and responsibilities in terms of provision of suitable garden and outdoor spaces for patients and needed a period of time to address this area of work. This will be reviewed at a future care inspection.

3.3.3 Management of Care Records

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

Most care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Gaps in record keeping were identified in the completion of repositioning and personal care records. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was neat and tidy and patients' bedrooms were personalised with items important to the patient. Whilst there was evidence of improvements to the home in relation to the painting of walls and the refurbishment of a number of rooms on the ground floor; surface damage was evident throughout the home in both patient bedrooms and communal areas to multiple walls, floor coverings, door frames and bedroom furniture. This was discussed with the manager who committed to reviewing the works required in the home without delay. An area for improvement was identified.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed no actions were required from the most recent fire risk assessment.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, staff were not bare below the elbow, all staff did not take opportunities to apply and remove personal protective equipment (PPE) correctly or to wash their hands particularly after contact with patients and the patient's environment. In addition, IPC shortfalls were identified in the laundry relating to availability of PPE and management of laundry.

There was evidence that systems and processes were in place to manage IPC which included monitoring of the environment and staff practice to ensure compliance. However, audits were not completed regularly or consistently and lacked actions plans to address the deficits identified during the inspection. This was discussed with the manager and an area for improvement was identified.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Grace Pena has been the Manager in this home since it was registered on 14 June 2018.

There was a system in place to manage any complaints received. A compliments log was maintained and any compliments received were shared with staff.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. However, there was evidence that not all notifiable events were recorded and notified appropriately. At least four notifiable events had not been submitted to RQIA. The manager agreed to audit the accidents and incidents and notify RQIA retrospectively. An area for improvement was identified.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed audits to quality assure care delivery and service provision within the home. However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements; particularly in relation to oversight of falls, care records, IPC practices and the home's environment. An area for improvement was identified.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	5*	4

*The total number of areas for improvement includes one that has been stated for a second time.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) Stated: Second time To be completed by: 21 January 2025	The registered person shall ensure that the management of recruitment is robust and that all necessary checks and vetting is completed prior to the commencement of employment of all staff in the home. This is specifically related to references. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: Comprehensive audit tool is implemented to manage recruitment and necessary checks prior to commencement of employment. The Manager will sign off every personnel file that the staff member is fit to work and the file is compliant before rostered onto duty.
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 21 April 2025	The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound refurbishment program for this work should be submitted, along with the returned QIP, for information and comment. Ref: 3.3.4
	Response by registered person detailing the actions taken: Substantial work has been completed and the work is ongoing. Refurbishment programme has been reviewed and work has started to manage any issues identified during inspection. Copy of the refurbishment program will be forwarded with the QIP. The Inspection was in January and the gardens were not presented as they would be throughout the rest of the year. Garden weeding and power hosing will now take place coming into the spring. A mild winter meant weeds grow faster than normal/expected.
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: 21 January 2025	The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene. The deficits identified in the laundry should be addressed without delay.

	<p>Where deficits are identified during the monitoring system, an action plan should be put in place to drive the necessary improvement.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: An IPC champion has been identified and in place. Spot checks to ensure compliance of PPE and hand washing will be increased and recorded. IPC audits take place weekly. An action plan will be in place and the outcome audited at the next review. The laundry is small and best use of dirty to clean workflow is maintained. All staff have been reminded and Danicentre available outside laundry.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30 (1) (d) (f)</p> <p>Stated: First time</p> <p>To be completed by: 21 January 2025</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Notifiable event guidelines was issued to Registered Nurses via group supervision to ensure that notifiable incidents are submitted without delay. The Nurses will provide the Manager with the 24 hour report and she will ensure any incidents are forwarded to the RQIA on the Reg 30 form. Audits recorded in diary to ensure none are missed.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 21 January 2025</p>	<p>The registered person shall ensure that there is a robust system of governance in place, that it is effective and proactive in identifying shortfalls and driving improvements through clear action planning.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Audits were re-evaluated to recognise shortfalls and action plan to complete as required. Follow through will drive improvements. All audits will be signed off by the Manager.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by 21 January 2025	The responsible person shall ensure that a system for checking bedrails while patients are in bed is implemented and monitored. Ref: 3.3.2
	Response by registered person detailing the actions taken: Bedrail checks are in place and are included in the hourly checks overnight. There are a number of Service Users in their rooms in the day. Additional checks recorded for bedrails during the day.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by 21 January 2025	The registered person shall ensure that a contemporaneous record is maintained of actions taken and discussion held regarding patients care and treatment. This area for improvement is mad with specific reference to management of patients with reduced fluid intake. Ref: 3.3.2
	Response by registered person detailing the actions taken: Some Service Users do not meet the recommended targets and staff are aware of those individual needs. Fluid targets were all reviewed and discussed with GP. An achievable target were established and updated. This are all recorded in Goldcrest.
Area for improvement 3 Ref: Standard 11 Stated: First time To be completed by 21 January 2025	The registered person shall ensure activities are planned and an activity planner is displayed in a suitable format to meet the needs of all the patients. Ref: 3.3.2
	Response by registered person detailing the actions taken: Activities are always planned and in place. The inspection was in January and the annual programme was under review after a very full Christmas programme in the home. This is now updated and on display. It is reviewed monthly and displayed around the home including bedrooms.

Area for improvement 4 Ref: Standard 4.9 Stated: First time To be completed by 21 January 2025	The registered person shall ensure that personal care and repositioning records are accurately maintained. Ref: 3.3.3
	Response by registered person detailing the actions taken: Staff allocations include checks on personal care and repositioning charts to ensure records are up to date. An audit of charts will ensure this is monitored. All updated in Goldcrest.

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