

Unannounced Care Inspection Report 31 August and 01 September 2016



Lisadian House

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lisadian House took place on 31 August 2016 from 10.00 to 16.30 hours and on 01 September 2016 from 10.00 to 14.00 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Weaknesses were identified in the delivery of safe care, specifically in relation to the environment, infection prevention and control practice, training, recruitment processes and the management of accidents and incidents. Despite having raised some of these matters during previous inspections, it was concerning that necessary improvements had not been made to ensure full compliance with the required regulations. The shortfalls identified at this inspection had the potential to impact on the delivery of safe, effective patient care.

Is care effective?

Weaknesses were identified in the delivery of effective care specifically in relation to the management of care planning, wound care, nutrition and bowel care. As discussed above, some of these matters had been raised previously and there was limited evidence of improvement or progress since the last care inspection. This was concerning, as again, this had the potential to negatively impact on patients' health and welfare.

Is care compassionate?

There was evidence of good communication in the home between staff and patients and patients were praiseworthy of staff. Staff interactions were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. During the inspection, activities were provided and patients were observed participating at various levels and appeared to enjoy these.

Some comments made by relatives spoken with were quite negative and are included in sections 4.5 and 4.6 of the report. In addition, responses received in returned staff questionnaires indicated dissatisfaction in some identified areas.

Is the service well led?

Despite matters being raised previously, this inspection was unable to evidence positive outcomes for patients. One requirement stated twice, one recommendation stated twice and two recommendations stated for the third and final time had not been met.

Weaknesses were identified in all domains and there was a lack of management and governance systems in place that assured the safe delivery of quality care.

Following this inspection RQIA were concerned that the quality of care and service within Lisadian House was below the standard expected. There was also a lack of progress or improvement identified since the last care inspection on 8 October 2015. Following the inspection, a meeting was held with senior management in RQIA and it was agreed that a meeting with the registered persons would be held with the intention of issuing two failure to comply notices in regards to the quality of nursing care and governance arrangements. This meeting was held on 12 September 2016 at RQIA.

During the intention meeting the registered persons submitted an action plan to address the identified concerns. It was acknowledged that whilst work was ongoing to address these concerns, RQIA were not fully assured that these had been sufficiently embedded into practice. Given the potentially serious impact on patient care and the lack of governance arrangements, it was decided that two failure to comply notices under Regulation 10 (1) and Regulation 12 (1) (a) (b), would be issued, with the date of compliance to be achieved by 15 November 2016.

A further inspection will be undertaken to validate that compliance has been achieved.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6*

As a result of this inspection one requirement and six recommendations have been made. The total number of recommendations includes one recommendation that has been stated for a second time. In addition, one requirement and seven recommendations, made at previous care inspections, continued not to be met and have been subsumed into two failure to comply notices. Details are included throughout the report.

Following this inspection RQIA were concerned that the quality of care and service within Lisadian House was below the standard expected. There was also a lack of progress or improvement identified since the last care inspection on 8 October 2015. Given the potentially serious impact on patient care and the lack of governance arrangements, it was decided that two failure to comply notices under Regulation 10 (1) and Regulation 12 (1) (a) (b), would be issued, with the date of compliance to be achieved by 15 November 2016.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Esther Bell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 December 2015. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. Refer to section 4.4 and 4.6 for further detail.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Elim Trust Corporation/Pastor Edwin Michael	Registered manager: Miss Esther Bell
Person in charge of the home at the time of inspection: Miss Esther Bell	Date manager registered: 14 January 2016
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 45

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events since the last care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from inspections undertaken in the previous year
- the previous care inspection report
- pre inspection assessment audit.

During this inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. We also met with six patients individually and with the majority of others in small groups. Four registered nurses, six care staff, one activities co-ordinator, one domestic assistant and two catering staff and three patient's representatives were consulted with at this inspection.

The following information was examined during this inspection:

- validation evidence linked to the previous QIP
- a review sample of staff duty rotas
- five patient care records
- staff training records for 2015/2016
- accident and incident records
- two staff personnel files (including induction records)
- complaints received since the previous care inspection
- records of NMC checks for registered nurses and records of NISCC for care staff
- minutes of staff meetings
- a review of quality audits
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 December 2015

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 8 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (7) Stated: Second time	<p>Items stored on toilet cisterns in shared patients' bathrooms must be removed and stored appropriately in accordance with best practice in infection prevention and control.</p> <p>Action taken as confirmed during the inspection: An inspection of bathrooms evidenced that items were still being stored inappropriately and additional concerns were identified in regards to the management of infection prevention and control.</p> <p>This requirement has not been met and has been subsumed into a failure to comply notice.</p> <p>Please refer to sections 4.3 for further information.</p>	<p>Not Met and subsumed into a failure to comply notice</p>

<p>Requirement 2</p> <p>Ref: Regulation 27 (2) (c)</p> <p>Stated: First time</p>	<p>The registered person should ensure that pressure relieving cushions are in a good state of repair and replaced as required.</p> <hr/> <p>Action taken as confirmed during the inspection: All pressure relieving cushions observed were in a good state of repair.</p> <p>This requirement has been met.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Carried forward until the next inspection</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p>	<p>End of life and after death arrangements should be discussed with the patient / their representatives, as appropriate, and documented in their care plan. This should include the patient's wishes and take account of their cultural and spiritual preferences and preferred place of death/care.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of care records evidenced that this recommendation was met.</p>	<p>Met</p>
<p>Recommendation 1</p> <p>Ref: Standard 6.4</p> <p>Stated: Third and final time</p>	<p>It is recommended that the fluid intake and output of each patient, where this is being monitored, is reconciled in to the case records.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that this information was reconciled into the case records however; on some occasions the calculations made were inaccurate.</p> <p>This information was discussed with senior management at RQIA and a decision was made that the recommendation was subsumed into the failure to comply notice.</p>	<p>Not Met and subsumed into a failure to comply notice</p>

<p>Recommendation 2</p> <p>Ref: Standard 5.7</p> <p>Stated: Third and final time</p>	<p>It is recommended that falls audits are undertaken at least monthly in order to identify and reduce risk for patients.</p>	<p>Not Met and subsumed into a failure to comply notice</p>
<p>Action taken as confirmed during the inspection:</p> <p>Falls audits were available however, a review of the information evidenced that the falls audits undertaken were not effective and did not identify shortfalls in relation to the management of falls.</p> <p>This recommendation has not been met. Given that this recommendation has been stated for a third and final time and the findings of this inspection, a decision was made by senior management at RQIA that this would be subsumed into a failure to comply notice.</p> <p>Please refer to section 4.4 for further information.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 28.1</p> <p>Stated: Second time</p>	<p>The responsible person must ensure that staff who are newly appointed complete a structured orientation and induction.</p> <ul style="list-style-type: none"> On the day of inspection there was insufficient evidence to verify that 1 newly appointed staff nurse had received an appropriate induction. The general manager must send confirmation that this induction has been completed within two weeks post inspection. 	<p>Not Met and subsumed into a failure to comply notice</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of two personnel files was undertaken. There was no induction record available for one staff member and the second induction record reviewed was unsatisfactory. The record did not accurately reflect the full details of the induction completed, for example; the exact date and the signature of the staff member responsible for inducting the new staff member.</p> <p>This recommendation has not been met. Given that this recommendation is being stated for a third time, a discussion was held with senior management at RQIA and a decision was made that this recommendation was subsumed into a failure to comply notice.</p> <p>Please refer to section 4.3 for further information.</p>		

<p>Recommendation 4</p> <p>Ref: Standard 36</p> <p>Stated: First time</p>	<p>It is recommended that all policies are dated when issued or reviewed.</p> <hr/> <p>Action taken as confirmed during the inspection: A review sample of policies evidenced that this recommendation was not met.</p> <p>This recommendation has been stated for a second time.</p>	<p>Not Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 46, criterion 2</p> <p>Stated: First time</p>	<p>It is recommended that there is an established system in place to assure compliance with best practice in infection prevention and control.</p> <hr/> <p>Action taken as confirmed during the inspection: There were no systems in place to assure compliance with best practice in infection prevention and control.</p> <p>Given the observations and findings of this inspection and that a previous requirement pertaining to infection control had not been met for a second time, a decision was made by senior management at RQIA that this recommendation was subsumed into a failure to comply notice.</p> <p>Please refer to section 4.3 for further information.</p>	<p>Not Met and subsumed into a failure to comply notice</p>
<p>Recommendation 6</p> <p>Ref: Standard 39, criterion 4</p> <p>Stated: First time</p>	<p>It is recommended that the training needs of individual staff in relation to the safeguarding of vulnerable adults are met without delay.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of training records indicated that a high number of staff had not completed training in this regard despite a recommendation made at the previous inspection and also a similar recommendation had been made by the Trust following a recent adult safeguarding investigation.</p> <p>This information was discussed with senior management at RQIA and a decision was made that this recommendation was subsumed into a failure to comply notice.</p> <p>Please refer to section 4.3 for further information.</p>	<p>Not Met and subsumed into a failure to comply notice</p>

<p>Recommendation 7</p> <p>Ref: Standard 4, criterion 8</p> <p>Stated: First time</p>	<p>Best practice guidelines should be made available to staff for reference as required. Examples include:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence in women • NICE guidelines on the management of faecal incontinence. <p>Action taken as confirmed during the inspection: Best practice guidelines were available as outlined above.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 36</p> <p>Stated: First time</p>	<p>A policy in relation to catheter care and management should be developed with reference to current best practice guidelines and this shared with staff.</p> <p>Action taken as confirmed during the inspection: A policy for catheter care and management dated July 2016 was available for staff reference.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 9</p> <p>Ref: Standard 36</p> <p>Stated: First time</p>	<p>It is recommended that staff are supported through training or other means, to develop their knowledge and skills in relation to continence care.</p> <p>Action taken as confirmed during the inspection: A review of training records evidenced that training had been provided for staff during November 2015 and April 2016.</p> <p>This recommendation has been met.</p>	<p>Met</p>

<p>Recommendation 10</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>It is recommended that care plans are in place to direct the care of wounds in accordance with the prescribed dressing regime.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of one identified patient’s care record evidenced that no care plan was in place to manage an identified wound. Additional shortfalls were also identified at this inspection in relation to pressure care and wound management.</p> <p>Following a discussion with senior management at RQIA a decision was made that this recommendation was subsumed into a failure to comply notice.</p> <p>Please refer to section 4.4 for further information.</p>	<p>Not Met and subsumed into a failure to comply notice.</p>
<p>Recommendation 11</p> <p>Ref: Standard 16, criterion 11</p> <p>Stated: First time</p>	<p>It is recommended that records are kept of all complaints including the details of communications with the complainant, the result of any investigations, the action taken and whether or not the complainant is satisfied with the outcome.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the complaints record evidenced that the complaints recorded were managed appropriately. This recommendation has been partially met and will not be stated again.</p> <p>However, a further recommendation has been made. Please refer to section 4.5 & 4.6.</p>	<p>Partially Met</p>
<p>Recommendation 12</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>It is recommended that audits of complaints are undertaken on a regular basis and the findings used to improve the quality of the service provided.</p> <hr/> <p>Action taken as confirmed during the inspection: A discussion with the registered manager and a review of information evidenced that the current system in place for auditing complaints was not satisfactory and needed further development.</p> <p>This recommendation has not been met and has been subsumed into a failure to comply notice.</p>	<p>Not Met and subsumed into a failure to comply notice.</p>

4.3 Is care safe?

The registered 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. The registered manager was rostered to work as a registered nurse on some occasions to cover shortfalls and these hours were clearly identified on the staff duty rota. This arrangement was discussed with the registered manager at the inspection. It was emphasised that there was evidence that this was impacting on her ability to develop and implement management systems and to assure the safe delivery of quality care within the nursing home.

A review of the staff duty rota for weeks commencing 22 and 29 August 2016 evidenced that in the majority planned staffing levels were adhered to. Where a deficit in staffing was identified in advance, cover for that shift was arranged. The registered manager advised that the home were experiencing staffing difficulties due to a recent adult safeguarding investigation as referred to in section 4.4. The registered manager advised that agency staff were being used to cover shifts for both registered nurses and care staff.

Discussion with patients evidenced that there were no concerns regarding staffing levels. Staff were observed assisting patients in a timely and unhurried manner.

Staff consulted confirmed that planned staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with the registered manager and staff confirmed that new staff completed an induction programme to ensure they developed the required knowledge to meet the patient's needs. One completed induction record was reviewed. Although the induction record included a written record of the areas completed, these had been signed by the registered manager and the new employee four months after commencing employment. The record did not accurately reflect the full details of the induction completed, for example; the exact date and the signature of the staff member responsible for inducting the new staff member. A second induction record requested for a staff member who had commenced employment in May 2016 was unavailable. The registered manager advised that the staff member had the record as they were still in the process of completing same. Induction records for agency nurses were also not available when requested and a discussion with the registered manager indicated that these were not being completed. This matter was concerning as a recommendation which had been stated twice continued not to be met and this has been subsumed into a failure to comply notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of training records evidenced that a significant number of staff had not completed mandatory training requirements, including fire safety training, within stated time frames. The registered manager advised that a matrix had been recently developed to monitor training compliance, however, the registered manager had not reviewed the information in detail to identify the shortfalls and appropriate actions had not been taken. This was concerning as it had the potential to impact on the delivery of safe effective patient care and it was evidenced that some care was not based on current best practice. Recommendations made previously by RQIA in regards to training and by the Trust adult safeguarding team were not met and have been subsumed into a failure to comply notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

A further discussion with staff indicated that training was delivered by representatives from the Elim Trust Corporation and that the majority of mandatory training was completed in one day. Staff indicated that the provision of training using this approach had the potential to impact negatively on learning and practice. This information was discussed with management and it was agreed that the current training arrangements in place should be reviewed and evaluated to determine the effectiveness of training on practice. A recommendation has been made.

A review of two personnel files evidenced that the recruitment processes were not in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. For example; a reference had not been obtained from the staff member's most recent employer, a physical and mental health assessment was unavailable for one staff member, no induction record was available for one file and there was no evidence that a registered nurses PIN number had been checked with the Nursing and Midwifery Council (NMC) prior to them commencing employment. A recommendation stated twice in regards to staff induction continued not to be met and has been subsumed into a failure to comply notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and a review of registration checks, confirmed that these were being managed by Gold Crest (electronic) management system. A review of the information confirmed that all registered nurses were on the live NMC register. However, there was no evidence to determine if the information was being checked and reviewed by the registered manager. The importance of checking this information was discussed with the registered manager and a recommendation has been made.

A review of records pertaining to accidents and incidents evidenced that these were not being managed appropriately. The registered manager advised that accident and incidents were recorded via the Gold Crest electronic system. However, a review of information for two identified patients evidenced that the falls record was not completed and the information recorded in the patients' daily progress notes was inadequate. In addition, it was also difficult to establish if notifications forwarded to RQIA were appropriately managed due to the lack of recorded information.

A review of audits completed for falls, evidenced that the auditing process had not identified that falls were not being managed in accordance with best practice guidance. A recommendation made previously had not been met and the findings at this inspection have been subsumed into a failure to comply notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

Previous to this inspection, RQIA had received information, from the Trust's Adult safeguarding team, advising that the home had not managed an incident appropriately, nor in accordance with the regional safeguarding protocols. In discussion, the registered manager advised of the lessons learned and was knowledgeable of the reporting processes and protocols in place. A protocol to include telephone numbers for the relevant safeguarding teams was not available in the home. The registered manager advised that this information must have been misplaced as following the recent adult safeguarding investigation; information had been reviewed and updated. The registered manager agreed to locate same and make it available for staff to access.

Following the recent adult safeguarding investigation, recommendations were made and it was concerning that there were limited actions taken and or planned to drive the necessary improvements identified. This matter was discussed during a meeting held with the registered person and management representatives, at RQIA offices on the 12 September 2016 and some of the recommendations made by the Trust have also been included within the two failure to comply notices issued by RQIA as a result of this inspection.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Areas for improvement were identified with the completion of care records. These are discussed in section 4.4.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, and lounges, dining room and storage areas. The home was warm and comfortable and the majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Numerous commodes were stored in bathrooms, shower rooms, toilets and a sluice room throughout the home. Following discussion with staff and the registered manager issues with adherence to best practice in infection prevention and control were identified with the decontamination and storage of same. The storage of these items also had the potential to impact upon the safety of the patients and staff by making free movement in the areas hazardous. The sluice room was observed to be unlocked and cleaning chemicals were not stored in a lockable cupboard. A requirement has been made in regards to the Control of Substances Hazardous to Health (COSHH).

The sluice room was not clean and items were observed to be stored on the floor and a packet of opened continence pads was also observed on the shelving. Pressure mats for managing patients' safety in bedrooms were secured to the floor with adhesive tape. Discussion with staff and observations made evidenced that the area could not effectively be cleaned. These issues are not consistent with infection prevention and control practice and also health and safety guidance. This is concerning given that some of the matters pertaining to infection prevention control had been identified at previous inspections and a requirement that had been stated twice and a recommendation once continued to be not met and therefore has been subsumed into a failure to comply notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

Fire exits and corridors were observed to be clear of clutter and obstruction. A bedroom door was observed wedged open during both days of inspection. This matter was discussed with staff who advised that this had been implemented as the 'patient did not like their bedroom door closed'. The staff member's response indicated a lack of understanding that this practice was contrary to fire safety guidance and had the potential to impact on patient safety. The registered manager agreed to address this immediately. This practice was also concerning given that a high number of staff had not completed fire safety training which has been included in a failure to comply notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement

One requirement and two recommendations were made, in relation to Control of Substances Hazardous to Health (COSHH), training and registration status of staff with relevant professional bodies. Seven recommendations, made at previous care inspections, have not been met and have been subsumed into the two failure to comply notices issued.

Number of requirements	1	Number of recommendations	2
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4.4 Is care effective?

The home used an electronic system for assessing, planning and recording patients' care needs and also supplementary care records were maintained for recording care delivery.

A review of care records evidenced that risk assessments and care plans were either not in place, not sufficiently reviewed in response to the changing needs of patients or contained conflicting information.

Shortfalls were identified in the management of nutrition which had the potential to impact on the patients' health and welfare. Food and fluid charts reviewed were not managed in accordance with best practice and there was no evidence that actions had been taken when food and /or fluid intake was inadequate. There was evidenced that the 24 hour fluid intake received was totalled although on occasions these were calculated inaccurately. There was no recorded information to evidence registered nurses had any oversight into the fluid and/or food intake of patients over a 24 hour period or had taken any actions to address deficits in regards to same. Supplements were not being recorded in a consistent manner. There was also insufficient evidence within care records that patient weight loss was being identified and appropriately managed. For example, a review of records for monitoring patients weight evidenced that two identified patients had significant 'weight loss' which staff had not identified and appropriate actions had not been taken in a timely manner to address this. The system for recording patients' weight was not satisfactory for example; the actual date the patient was weighed was not recorded.

Shortfalls were also identified in the management of pressure ulcers and wounds. A review of repositioning charts identified that these were not being recorded accurately and long gaps were noted between repositioning, for up to and including seven hours, when the patient required 'strict two hourly' repositioning. Records reviewed did not include any comments on the condition of the patients' skin at each positional change. Repositioning schedules, as directed within the patients' care plans, were not adhered too. For example, an identified patient's care plan advised they required 'strict two hourly' repositioning, however no records were available for six days following admission. In addition, a patient receiving treatment for a wound had no care plan in place to accurately guide staff in regards to the regime of care required. There is the potential for nursing staff to fail to prevent, identify or manage pressure ulcers and wounds which could seriously impact individual patients.

A review of bowel management records indicated a lack of oversight and monitoring. The review of the supplementary records evidenced, for example, that there had been no recorded bowel function for one patient for at least seven days. Care staff were responsible for recording patients' bowel function in the supplementary record, however there was no evidence to support that this had either been reported to the registered nurses, or that any action had been taken by registered nurses during this time period. The lack of appropriate action in relation to bowel management had a negative impact on the patient's care and had led to a poor clinical outcome.

Discussion with the registered manager and staff on duty 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. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. Each staff member knew their role, function and responsibilities.

A discussion with staff on duty and responses received from five returned staff questionnaires indicated a level of dissatisfaction with the leadership and management arrangements in the home. One staff member commented on the changes at management level as there had been 'four managers within the last four years' and also that staff were a 'bit unsettled' and morale was low as a result of the recent adult safeguarding investigation. For further details refer to section 4.6.

Staff also confirmed by discussion and information included in returned questionnaires that staff meetings took place but were unsure of the frequency of the meetings and that they were not effective as 'nothing changed'. A review of records evidenced that a number of staff meetings across different teams had occurred during the recent months. The establishment of regular staff meetings may facilitate effective communication between management and staff in the home and an action plan should be generated as an outcome of any meeting held. A recommendation has been made.

Discussion with the registered manager and a review of records evidenced that a relatives meeting had been held recently to provide information in regards to the recent adult safeguarding investigation.

Areas for improvement

The matters identified were concerning and had the potential to impact negatively on patients' health and welfare. Actions to address the identified shortfalls in regards to the quality of care and other services provided have been included in a failure to comply notice issued under Regulation 12 (1)(a) and (b) of The Nursing Homes Regulations (Northern Ireland) 2005. Recommendations made at previous care inspections, that continued not to be met, have also been included in the two failure to comply notices issued as a result of the findings of this inspection. A recommendation has also been made in regards to the arrangements for staff meetings.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were observed to be sitting in the lounges or in their bedrooms, as was their personal preference. 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. Staff were knowledgeable in regards to the patients' needs and how to communicate with them effectively.

Consultation with six patients individually and with the others in smaller groups, confirmed that they were afforded choice privacy, dignity and respect. Patients consulted with stated that they knew how to use their call bells and stated that staff usually responded to their needs in a timely manner.

During the inspection, activities were observed and catered for both one to one and group participation. Patients spoken with commented positively about the range of activities provided which included; gardening, prayer and reflection and music entertainment.

Patients spoken with advised that when they raised a concern or query, they felt that in the majority these were taken seriously and actions were taken to address same.

Comments made by two patient's representatives were positive about the standard of care delivered and other services provided by the home. A discussion with another patient's representatives expressed their dissatisfaction with some aspects of care delivery and services provided and made reference to a recent incident that had occurred. They also felt that not all concerns raised previously had been fully addressed by management at Lisadian House. The details of this discussion were shared with the registered manager who agreed to follow up and address accordingly and this has also been referred to further in section 4.6.

Five questionnaires were issued to patients and ten to patient representatives, none of which have been returned in the timeframe for inclusion in this report.

Ten questionnaires were issued to nursing, care and ancillary staff and five were returned within the required timeframe. Following the inspection, a number of negative comments were received within the returned questionnaires and some reference has been made within sections 4.3 and 4.6 of this report. This information has also been shared with the registered person, for action under separate cover and a recommendation has also been made under the well led domain.

We observed the serving of the midday meal which was noted to be well managed. Tables were well presented and meals smelt and looked appetising. Staff, to include catering staff, were knowledgeable of the patient's nutritional and dietary requirements and provided assistance and encouragement. Staff were observed offering patient choice and were kind and respectful in their interactions. Patients commented positively about the food and appeared to enjoy their dining experience.

Areas for improvement

No specific areas for improvement have been made under this domain as identified improvements were made under the well led domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A sampling of policies and procedures evidenced that these had not been reviewed and updated in accordance with Care standards for Nursing Homes, for example, some policies sampled had not been updated since 2006. A recommendation made at a previous inspection had not been met and has been stated for a second time.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints recorded 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 discussion with one patient's representatives indicated that they had raised a number of concerns previously; however, there was no evidence that these had been recorded and managed appropriately. The importance of recognising the context of a complaint was discussed with the registered manager. A recommendation has been made that the negative comments made during the inspection are recorded as complaints and are appropriately investigated and actioned as required.

A recommendation made at a previous inspection in relation to the auditing of complaints had not been fully met. Whilst it was acknowledged that some progress had been made; further development is required to assure that information from complaints is used to improve the quality of services. This recommendation has been subsumed into a failure to comply notice issued under regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

As previously discussed, concerns were identified in relation to the lack of quality assurance audits. These included audits of care records, wound care, accidents and infection prevention and control. Shortfalls in these areas had been identified during previous inspections and also during a recent adult safeguarding investigation. It was concerning that appropriate actions had not been taken to assure the safe delivery of quality care in the areas aforementioned, the absence of which had the potential to impact on patient's health and welfare.

A review of monthly monitoring reports as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 had not identified the concerns and/or issues identified at this inspection and the report was not sufficiently detailed and an action plan was not generated. This was a concern.

As previously discussed in section 4.3, a review of training records evidenced that a significant number of staff had not completed mandatory training requirements and again there was no governance arrangements in place to monitor training compliance. This was concerning, as again it had the potential to impact on the delivery of safe effective care and it was evidenced that some care was not based on current best practice.

As discussed in section 4.3, weaknesses were also identified in relation to recruitment processes and records reviewed for the induction of new staff were inadequate and not completed contemporaneously despite a recommendation which had been stated twice.

There were concerns raised with the registered manager regarding the overall management of the home and the leadership arrangements. Concerns were raised that the registered manager did not have sufficient management oversight of the daily management of patients' care.

There was a lack of evidence of robust governance, management and leadership arrangements to ensure the safe and effective delivery of care to patients. As previously stated there were continued concerns raised and the repeated failure to achieve compliance with the Quality Improvement Plan (QIP) issued by RQIA. These matters have been subsumed into a failure to comply notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

As referred to in section 4.3 and 4.5, responses received in returned questionnaires indicated a level of dissatisfaction with the leadership and management arrangements of the home. Comments made advised that concerns were not dealt with in a timely manner and that staff opinions were either not sought and/or not listened too. Overall there was an indication that improvements in the leadership and management of the home were necessary to improve staff relationships and involvement. As discussed previously this information has been shared with the registered person and a recommendation has been made that there are effective management systems in place to support and facilitate good management and leadership which involve and engage staff and promotes a positive culture and ethos of the home.

Areas for improvement

Two recommendations were made and some of the improvements required have been included in the two failure to comply notices issued under Regulation 10 (1) and Regulation 12 (1) (a) (b) of The Nursing Homes Regulations (Northern Ireland) 2005.

Number of requirements	0	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Esther Bell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 14 (2)(c) Stated: First time To be completed by: 1 October 2016	<p>The registered provider must ensure that the Control of Substances Hazardous to Health (COSHH) guidance is adhered to. Chemicals should be stored safely and the sluice should be kept locked at all times.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Coded padlocks have been purchased and used to ensure Chemicals are stored safely in a locked cupboard.</p>
Recommendations	
Recommendation 1 Ref: Standard 36 Stated: Second time To be completed by: 28 February 2017	<p>It is recommended that all policies are dated when issued or reviewed.</p> <p>Ref: Section 4.2 & 4.6</p> <p>Response by registered provider detailing the actions taken: Policies will be signed and dated upon review.</p>
Recommendation 2 Ref: Standard 39 Criteria 7 Stated: First time To be completed by: 30 November 2016	<p>The registered person should ensure that the current training arrangements are reviewed to ensure the effectiveness of training on practice and procedures.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Training has been provided on 5th, 6th and 7th October. This training will be provided again in November to ensure all staff are up to date. The format of this training has been changed in order to increase staff involvement.</p>
Recommendation 3 Ref: Standard 35 Stated: First time To be completed by: 30 October 2016	<p>The registered provider should develop a system to ensure that checks are being conducted on a regular basis in relation to staff's registration status with NMC and NISCC. Records should be kept.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: A monthly record is being kept that the staff's registration status with NMC and NISCC is valid.</p>

<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis and at a minimum quarterly. Records are kept in accordance with Care Standards for Nursing Homes, April 2015.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: A staff meeting was held on 10th October and records kept of same. Further meetings will be held over the upcoming months to ensure staff involvement and knowledge.</p>
<p>Recommendation 5</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider should ensure that the negative comments made by some patients during the inspection are recorded as complaints and are appropriately recorded, investigated and actioned as required.</p> <p>Ref: Section 4.4 & 4.5 & 4.6</p> <p>Response by registered provider detailing the actions taken: This was investigated and dealt with appropriately. Same has been documented in the complaints book.</p>
<p>Recommendation 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider should ensure that there are effective management systems in place to support and facilitate good management and leadership which involve and engage staff and promotes a positive culture and ethos of the home.</p> <p>Ref: Section 4.5 & 4.6</p> <p>Response by registered provider detailing the actions taken: Training has been provided by ELAS for all staff. Roles and responsibilities are being reviewed in order to ensure good management structure. Temporary Clinical Charge Nurse in place to assist with supervision etc. Continued use of HR team at ELAS to assist in relation to employment requirements. Concerns are brought before the ILT of Elim Ireland as necessary. Regularly management meetings held to discuss issues and provide advice and support. Bi-monthly staff meetings held to involve and engage staff.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews