

Unannounced Enforcement Compliance Inspection Report 7 December 2017



Lisadian House

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

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

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Elim Trust Corporation	Registered Manager: Miss Esther Elizabeth Bell
Responsible Individual: Pastor Edwin Michael	
Person in charge at the time of inspection: Hilary Fleming - Interim Manager	Date manager registered: 14 January 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 45

4.0 Inspection summary

An unannounced inspection took place on 7 December 2017 from 09:30 to 16:00.

The purpose of the inspection sought to assess the level of compliance achieved by the home in relation to a failure to comply (FTC) notice issued on 20 October 2017. The areas identified for improvement and compliance with the regulation were in relation to the health and welfare of patients. The date of compliance with the notice was 7 December 2017.

The following FTC notice was issued by RQIA:

FTC ref: FTC/NH/1264/2017 -18/01 issued on 20 October 2017.

Sufficient evidence was not available to validate full compliance with the above failure to comply notice. However, there was evidence of some improvement and progress made to address the required actions within the notices. Following the inspection, RQIA senior management held a meeting on 8 December 2017 and a decision was made to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with the notice must therefore be achieved by 20 January 2018.

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

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.

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 Care Standards for Nursing Homes 2015.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no new areas for improvement being identified.

Enforcement action remains ongoing as a result of the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the requirements as indicated in the failure to comply notice **FTC Ref: FTC/NH1264/2017-18/01**
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP from the previous care inspection
- notifications received from 11 October 2017

The following methods and processes used in this inspection include the following:

- a discussion with the manager
- discussion with staff
- discussion with patients
- a review sample of duty rotas
- accident and incident records
- six care records
- weight monitoring records
- a review of quality audits
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- observation of the daily activity of the home

The inspectors observed the majority of patients, some of whom were resting in bed and/or seated in the day lounges.

A number of staff were consulted during the inspection including two registered nurses, care staff on duty, the activities co-ordinator, the administrator and ancillary staff.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 October 2017

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

This QIP will be validated by the care inspector at a subsequent care inspection.

6.2 Review of areas for improvement from the last care inspection dated 11 October 2017

This inspection focused solely on the actions contained within the failure to comply notice issued on 20 October 2017. The areas for improvement from the last care inspection on 11 October 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

FTC Ref: FTC/NH/1264/2017-18/01

Notice of failure to comply with regulation 13 (1) (a) (b) (c) of the Nursing Homes Regulations (Northern Ireland) 2005

Regulation 13. – Health and Welfare of patients

- (1) *The registered person shall ensure that the nursing home is conducted so as –*
- (a) to promote and make proper provision for the nursing, health and welfare of patients;*
 - (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.*

In relation to this notice the following seven actions were required to comply with this regulation.

The registered person must ensure that care plans are established and maintained to reflect patients' assessment of need and risk assessments. The care records must be regularly reviewed, with the outcomes for patients evaluated and recorded.

The registered person must ensure that patients' weights are monitored and evaluated, in accordance with their care plans and level of risk. Subsequent action taken in response to any identified deficits should be clearly recorded in the patient's individual care records.

The registered person must ensure that food and fluid intake charts are maintained accurately, the analysis of these records should be recorded in the patient's daily progress notes.

The registered person must ensure that appropriate actions are taken to include the prescribed treatment and care, when a patient requires wound care, or has been identified at high risk of pressure damage.

The registered person must ensure that accidents and incidents are managed in accordance with best practice guidelines, and appropriate actions are taken to minimise risks to patient's health and welfare.

The registered person must ensure sufficiently robust audit and governance systems are in place to quality assure the delivery of nursing care. This refers to the areas of wound care, nutrition and weight loss. Records of quality assurance audits must be available for inspection by RQIA.

The registered person must ensure that regulation 29 monthly reports, and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed.

The findings of this inspection and evidence available confirmed that not all actions detailed within the failure to comply notice have been met.

A review of six care records identified that care plans were established to guide and inform the delivery of care. There was evidence that care plans had been reviewed and updated in response to the changing needs of patients. The care plans reviewed clearly demonstrated the care interventions required in relation to the needs and risks identified. Any advice and recommendations from other health and social care professionals were referred to as deemed necessary and appropriate. These included referrals and communications with Tissue Viability Nurses (TVN); Dietician; Speech and language Therapist (SALT) and the General Practitioner. This action was met.

A review of information evidenced that patients' weights were being monitored and recorded accordingly. A review of two patients care records evidenced that risk assessments and care plans had been reviewed and updated accordingly. Appropriate actions had been taken by nursing staff in response to identified needs and included referrals and/or liaisons with medical and other healthcare professionals. There was evidence in the care records that recommendations made by healthcare professionals had been adhered to accordingly.

However, there were two weight monitoring records available for the month of October 2017. A review of both records identified that the information recorded was not consistent. For example; entries recorded in respect of one patient identified the patient's weight as 55.5 kg and in the second record their weight was recorded as 50.2 kg. Similar discrepancies were also noted in respect of other patients. This information was discussed with management and staff and whilst a rationale was provided for having the two records staff were unable to determine which record reflected the patients' actual weight. Therefore we were unable to validate if patients had experienced any actual weight loss and if the actions taken were appropriate or not. This action was not met.

A sample review of food and fluid charts for the two identified patients evidenced improvement and progress in this area of practice. The information recorded included food and fluids which had been offered but refused by the patient. There was good evidence that food and fluids were offered at regular intervals. Charts reviewed evidenced that 24 hour fluid intake was calculated and totalled accurately and subsequently recorded in the patient's daily notes. There was evidence of oversight by management in regards to the monitoring of these records.

A sample of daily progress notes for the identified patients evidenced that registered nurses were recording the total fluid intake within these records. A comparison of information recorded within food and fluid charts and the daily progress notes confirmed the accuracy of the recordings across the two records. Entries recorded accurately reflected when food and fluid intake was satisfactory and /or inadequate. There was good evidence available to demonstrate that registered nurses on duty over the 24 hour period had monitored and/or taken any action to address identified deficits. There was evidence that appropriate actions had been taken when intake was poor for example; communication with the general practitioner (GP). This information was reflected in the patient's daily progress notes and evaluations of the care plans in place were updated to reflect any changes in the patient's progress and/or condition on a frequent basis. This action was met.

A review of two care records pertaining to wound and/or pressure management evidenced that care plans were available and identified the treatment actions required in accordance with the Tissue Viability Nurse (TVN) and/or Podiatry assessments. A review of a sample of wound assessment charts and associated documentation evidenced that the dressing regimes had been adhered to and were recorded in line with best practice guidelines. This action was met.

A review of accident and incident records evidenced improvement and progress in this area of practice. Since the last inspection, a new system for recording accidents and incidents had been implemented. Staff had been provided with additional information and guidance and there was evidence that this learning had been sufficiently embedded into practice. Records were maintained in accordance with best practice guidelines. In the event of an accident/incident where a head injury was suspected, there was evidence that appropriate actions had been taken by staff; medical attention had been sought as deemed appropriate and patients were monitored for any adverse side effects. This action was met.

Discussion with management and a review of information evidenced that governance systems and processes had either been re-instated or implemented since the last care inspection. A number of audits had been undertaken since the last care inspection, these included; wound care, patients' weight and nutritional management, accident and incidents and some care records. A review of the audits evidenced that action plans had been developed in some instances for areas of improvement and/or required actions. There was some evidence that the areas for improvement had been re-audited to check compliance and quality assurance however this was not consistent across all areas examined. A discussion held with management acknowledged these findings and agreed that this area of practice required further development and that the improvements still needed to be further embedded into practice. This action was partially met.

Since the last inspection one monthly monitoring visit had been completed by an independent healthcare consultant on behalf of the responsible person. A copy of the report for this visit had been submitted to RQIA as per the action outlined in the failure to comply notice. The report reviewed was detailed and informative and included an action plan for areas of improvement across all areas examined. There was evidence that some of these actions had been reviewed by management and appropriate actions taken to ensure compliance. Due to some of the actions within the notice not being met, this action was partially met.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

There was insufficient evidence available to validate full compliance with the above failure to comply notice. However, there was evidence of some improvement and progress made to address the required actions within the notices. Following the inspection, RQIA senior management held a meeting on 8 December 2017 and a decision was made to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with the notices must therefore be achieved by 20 January 2018.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection on 11 October 2017. This inspection focused solely on the actions contained within the failure to comply notice issued on 20 October 2017.

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 registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection and has returned the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30 (1) (d) (f)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that notifications are submitted to RQIA in accordance with legislative requirements and provider guidance.</p> <p>Ref: Section 6.2</p>
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Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (2) (a)</p> <p>Stated: First time</p>	<p>The registered persons should ensure that the settings of pressure mattresses are monitored and recorded, to ensure their effective use.</p> <p>Ref: Section 6.2</p>
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Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person must minimise the risk of infection and the spread of infection between patients and staff. This area for improvement is made specifically in relation to the cleaning and decontamination of equipment and hand hygiene practices by staff.</p> <p>Ref: Section 6.2</p>
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Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

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

<p>Area for improvement 1</p> <p>Ref: Standard 47</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that a system is developed and maintained to ensure “slings” used for moving and handling practice are safe for use.</p> <p>Ref: Section 6.2</p>
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Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

<p>Area for improvement 2</p> <p>Ref: Standard 35 Criteria 17</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that systems and processes are in place to ensure that urgent communications; safety alerts and notices, standards and good practice guidance are made available to key staff in a timely manner.</p> <p>Ref: Section 6.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 36 Criteria 4</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that policies and procedures are subject to a systematic three yearly review at a minimum (and more frequently if required), and the registered person ratifies any revision to (or the introduction of new) policies and procedures.</p> <p>Ref: Section 6.2</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>



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