



# Unannounced Care Inspection Report 11 February 2021



## Lisburn Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 119 Hillsborough Road, Lisburn, BT28 1JX**  
**Tel No: 028 9266 6763**  
**Inspector: Elizabeth Colgan**

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 38 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Mrs Natasha Southall ( Registration Pending)	<b>Registered Manager and date registered:</b> Ana Maria Roman – 10 January 2020
<b>Person in charge at the time of inspection:</b> Ana Maria Roman	<b>Number of registered places:</b> 38  The home is also approved to provide care on a day basis to 1 person.
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 30

### 4.0 Inspection summary

An unannounced inspection took place on 11 February 2021 from 09.35 to 15.05 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The purpose of the onsite inspection was to be assured that registered services are providing services in keeping with the minimum standards and relevant legislation.

The inspection assessed progress with all areas for improvement identified in the home 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.

We discussed the management of operations in response to the COVID-19 pandemic with the manager. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

During this inspection we identified evidence of good practice in relation to maintaining the well-being of patients, the management notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

The following areas were identified for improvement in relation to, the role and responsibilities of the CHAP's, the role and responsibilities of the nurses in relation to Nursing and Midwifery Council's standards (NMC), the environment, infection prevention and control, control of substances hazardous to health, and care records.

The following areas were examined during the inspection:

- staffing
- infection prevention and control and personal protective equipment including the environment
- care delivery
- care records
- dining experience
- governance and management arrangements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ana Maria Roman, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector spoke with seven patients, and three staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' and patients' representatives questionnaires were left for distribution and two questionnaires from and patients' representatives were returned. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota from the 1 February to 21 February 2021
- three patients' care records
- three patients' food and fluid records
- notifications of accidents and incidents
- mandatory training records
- regulation 29 monthly quality monitoring reports
- a selection of quality assurance audits
- the certificate of registration.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 5 November 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person shall ensure that the staffing levels and skill mix of staff on duty is reviewed in order to ensure that these are sufficient to meet the assessed care needs of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation and discussion with the manager confirmed that the staffing levels and skill mix of staff on duty had been reviewed to ensure that these are sufficient to meet the assessed care needs of patients.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 (9) <b>Stated:</b> First time	The registered person shall ensure that a contemporaneous record of patients' food and fluid intake is maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that a contemporaneous record of patients' food and fluid intake is maintained.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 (1) <b>Stated:</b> First time	The registered person shall ensure that a comprehensive assessment is commenced on the date of admission and that the required risk assessments and care plans are completed within five days of admission.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that a comprehensive assessment had been commenced on the date of admission and that the required risk assessments and care plans were completed within five days of admission.	

## 6.2 Inspection findings

### 6.2.1 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 1 February to 21 February 2021 were reviewed. The rota reflected the nurse in charge arrangements and staff on duty during the inspection. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. The home employs three, Care Home Assistant Practitioners (CHAP's), review of their role and responsibilities in relation to recording in care records noted that on some occasions they were not working within the agreed competencies and the nurses in relation to the Nursing and Midwifery Council's standards (NMC). This area was discussed with the manager and an area for improvement was made.

Review of documentation and discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. For example 92% of staff had received Moving and Handling training. The manager confirmed that a competency assessment was completed by the manager with any nurse who is given the responsibility of being in charge of the home in their absence.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was

a good sense of teamwork in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “There is good teamwork.”
- “The manager is very approachable.”
- “We are doing everything we can to protect the patients in the current situation.”

### **6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE) including the environment**

We reviewed arrangements in relation to IPC procedures to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of the home and noted that the home was clean, tidy, uncluttered and well maintained. Issues were identified in the environment in relation to infection prevention and control (IPC) measures and effective cleaning practices. In an identified disabled toilet the radiator was rusted and inappropriate equipment was stored in an assisted shower room. These issues were discussed with the manager and an area for improvement was made.

The sluice rooms on both floors of the home were unlocked the keypad had been disabled. Within this area we identified chemicals that should be kept in a locked area; this is not in compliance with Control of Substances Hazardous to Health (COSHH). This was identified as an area for improvement.

We observed that PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Generally staff were observed using PPE appropriately in accordance with the current guidance. On two occasions PPE was not removed immediately after a care intervention. We observed in an assisted shower room a hoist sling draped over the hoist, this creates the potential for the communal use of patient equipment; and does not provide assurance that these are cleaned after each patient use. These issues were discussed with the manager. An area for improvement was made.

We observed signage at the entrance to the home to reflect the current guidance on COVID-19. We were advised that during the current pandemic all patients and staff had their temperature taken and records for these were available. Signage outlining the seven steps to hand washing was displayed throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home. Staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. The manager demonstrated good knowledge and understanding of IPC procedures.

### **6.2.3 Care delivery**

We observed staff practice in the home and interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients’ individual needs. Patients were

well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some patients' were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe how the needs, choices and preferences of individual patients were met within the home. Observation of practice evidenced that staff were able to communicate effectively with patients. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Comments received from patients included:

- "This is my home."
- "Everybody is so good."
- "I like it here."
- "The food is good."

One comment was received for a returned patient representative questionnaire:

"My (relative) seems very happy and staff are lovely and caring and very helpful and friendly. We are all very happy with the excellent care."

#### **6.2.4 Care records**

Three care records and three food and fluid charts were reviewed. Records included assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to a fall resulting in a head injury, wound care, and shingles. The care records were generally well completed, however a number of areas were noted for improvement:

- in a care record of a patient with shingles the care plan did not state the site or sites affected.
- a malnutrition universal screening tool (MUST) assessment in another care record which identified the patient as high risk did not have a care plan devised.
- the total of fluids in the food and fluid charts were not always totalled daily.

These areas were discussed with the manager. An area for improvement was made. As previously discussed in section 6.2.1 of the report we observed that a CHAP, was undertaking assessments, devising and reviewing care plans that were not within their agreed competencies, the majority of entries had not been counter signed by a nurse in line with the Nursing and Midwifery Council's standards (NMC).

#### **6.2.5 Dining experience**

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the COVID-19 pandemic. Patients were supported with lunch in their bedrooms or the



lounge areas. We observed patients were provided with appropriate clothing protectors. We reviewed the menus, these evidenced that patients were provided with a choice of meal at each mealtime; this included patients who required a modified diet.

Feedback from patients indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day.

### **6.2.6 Governance and management arrangements**

The manager outlined the line management arrangements for the home and confirmed that she felt well supported in the recent months of the COVID-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. Recent notifications of incidents, one of which remains ongoing, were discussed with the manager. Monthly monitoring reports had been undertaken and were available for review.

We reviewed a selection of quality improvement audits including falls, wounds, the environment and infection prevention and control. These had been updated on a monthly basis.

We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The homes certificate of registration was displayed appropriately in a central part of the home.

### **Areas of good practice**

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

### **Areas of improvement**

The following areas were identified for improvement in relation to, the role and responsibilities of the CHAP's, and the nurses in relation to the Nursing and Midwifery Council's standards (NMC). the environment, infection prevention and control, control of substances hazardous to health, and care records.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	3	2

## 6.3 Conclusion

Throughout the inspection patients were attended to by staff in a respectful manner. Patients appeared comfortable, and those spoken with were happy in the home and with the care provided. Five areas of improvement were identified.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ana Maria Roman, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Radiator painted on 08.03.21. Sluice cabinets replaced on 02.04.21, cabinets now fit the chlorine bottles; Ongoing checks to continue to identify items that are damaged/rusted like commodes and shower chairs and replace. Direct feedback was given to the 2 identified staff members that have not adhered to doffing on that day and Supervision recorded on 25.03.21 and 26.03.21. New supervisions to be done with all staff on donning and doffing - completed by 30.04.21. Weekly audits on PPE and Hand hygiene to continue with supervision on spot if required. Compliance to be checked daily during walk about and individual on spot feedback to be given to staff if not compliant.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate effect</p>	<p>The registered person shall ensure the environmental and hygiene practices outlined in the report do not impact on other infection prevention and control (IPC) measures and effective cleaning practices.</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Store room cleared and shower chairs moved out of the shower room into store. Single use slings in use, kept inside every room, labeled for individual use, washed every night. Staff asked not to store slings/sliding sheets in communal areas-bathrooms or add to washing baskets but put directly into wash to prevent any cross contamination. Compliance to be checked during daily walk about.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate effect</p>	<p>The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.</p> <p>Ref: 6.2.2.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Bottles designated for Chlorine with COSHH data sheet purchased and in use.</p> <p>New lockable cabinets purchased to sluices to fit the bottles. Cabinets to be locked at all times to ensure chemicals are not accessible to patients.</p> <p>Sluices to be checked during daily walk abouts to ensure chemicals are locked.</p> <p>Supervision with all the staff to be completed by 30.04.21.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate effect</p>	<p>The registered person shall ensure that the CHAP's, and the nurses are working within agreed competencies and best practice guidelines.</p> <p>Ref: 6.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Supervision and competencies were done with the 3 CHAP again specifically on the best practice and job role limitations on 25.02.21 by Resident Experience Care Specialist.</p> <p>Supervision on accountability and delegation were done with all the nurses to reinforce the CHAP limitations and the responsibility for best practice on 22.03.21.</p> <p>Manager to check compliance during file audits and evidence to be found on care file traca.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate effect</p>	<p>The registered person shall ensure that care records are reviewed in relation to the areas outlined in the report.</p> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All files were reviewed and all weight loss are now acknowledged into a comprehensive and individual care plan separate from the nutritional care plan.</p> <p>All fluids to be balanced at 12 midnight into charts and entered into the progress notes into nutrition section.</p> <p>Supervision to be done with all staff by 30.04.21.</p> <p>Compliance to be checked during daily walk about by Manager; nurses to sign charts daily if gaps noted to address with care staff on spot and record in 24hr report.</p>

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews

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