

Inspection Report

6 July 2021



Lisburn Care Home

Type of service: Nursing
Address: 119a Hillsborough Road, Lisburn, BT28 1JX
Telephone number: 028 9266 6763

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual Mrs Natasha Southall</p>	<p>Registered Manager: Ms Ana Maria Roman</p> <p>Date registered: 10 January 2020</p>
<p>Person in charge at the time of inspection: Mr Eugene Monsaluv until 9am, then Ms Ana Maria Roman</p>	<p>Number of registered places: 38</p> <p>The home is also approved to provide care on a day basis to 1 person.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 31</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 38 patients. The home is laid out over one floor at ground level and caters for people who require nursing and palliative care. The home is on the same site as another Four Seasons Health Care home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 6 July 2021 from 8.00 am to 2.40 pm by a care inspector.

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.

All areas for improvement identified on the last inspection were reviewed and met.

The home was found to be generally clean, warm, well-lit and free from malodour.

Five areas for improvement were identified in relation to fire risk assessment, infection prevention and control (IPC), records of patients' valuables, care records, and menu displays. The manager was quick to respond to any identified areas for improvement with some deficits being addressed before the end of the inspection.

Staffing arrangements were found to be safe, effective and adjusted if and when required following regular review. Staff were seen to be professional and polite as they conducted their duties and it was evident that there was good teamwork with regular and efficient communication. Staff told us that they enjoyed working in Lisburn Care Home, that they were supported in their roles with training and resources and that patients' welfare was a priority.

Patients were seen to be well cared for with attention paid to personal care, dressing and comfort. It was positive to see that patients' preference and choice was upheld as they were seen to spend their day as and where they wished.

Patients spoke positively about the care, service, and staff in the home. Those patients who were unable to express their opinions verbally were seen to be comfortable, with staff routinely checking on them.

Relatives were seen to visit in accordance with current Department of Health (DoH) guidance and expressed that the visiting system was working well. Relatives spoke positively about the care and services provided.

Governance systems were in place and RQIA were assured that the care delivery and services provided in Lisburn Care Home was safe, effective and compassionate and that the service was well led.

The findings of this report and improvement in the areas identified will assist the management team to further enhance staff practice and patients' experience.

3.0 How we inspect

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

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

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Eight patients, six staff, and two relatives were spoken with during the inspection. No completed questionnaires or survey responses were received within the allocated timeframe.

Patients told us that they were very happy with the care and services provided in the home. They described staff as “very good”, “lovely” and “nice to me”. They said that staff respond to their needs with one patient saying “I just press that (call bell) and they come”.

Patients expressed that they were free to spend their time how and where they wished; one patient said they liked to occupy their own time sitting in the courtyard while others talked about taking part in more organised activities and “learning new skills” such as crocheting. Two patients talked about being able to have a lie in when they wanted or going for a lie down after lunch if they wished.

Patients described the food as good and said that they get choice and variety, and that if they don’t like what is on offer they can get something different. Patients said they were happy with the environment and that their bedrooms were kept clean.

Staff said that they “love” working in the home. They talked about good teamwork and said that systems were “very organised” so that everyone knew what was expected of them. Staff said that they were supported with training, regular meetings, and resources. They described the staffing arrangements as “stable”, and that there were no concerns in relation to the management of the service.

Relatives said that current visiting arrangements were working well. They said that they felt patients were looked after well and described staff as “wonderful”. Relatives said that they knew who the manager was and that they felt they could raise any concerns or issues without hesitation.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 11 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met with new commodes and shower chairs brought in, radiators repainted and new cabinets erected in the sluice rooms.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met; slings were labelled for individual use and there were new storage arrangements in place for equipment.	
Area for Improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met as chemicals were found to be stored securely.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that the CHAP's, and the nurses are working within agreed competencies and best practice guidelines.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met as Care Home Assistant Practitioners (CHAPs) were found to be working within their job description and competencies.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that care records are reviewed in relation to the areas outlined in the report.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met; fluid intake was totalled and recorded daily, and care plans were in place for patients with unplanned weight loss.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that systems were in place to ensure staff were recruited correctly to protect patients as far as possible. Expected pre-employment checks such as Access NI and previous employer references were in place. Physical and mental health declarations are important to maintain for the health and wellbeing of staff. It was noted that for one employee, the health declaration was not completed accurately or signed by the employee. This was discussed with the manager who agreed to revisit this with the employee. Recruitment records will be reviewed again at the next inspection.

Review of governance records provided assurances that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were monitored by the manager on a monthly basis. Care staff who were new to working in care were supported with the initial registration process and the monthly tracker indicated when action was taken by the manager such as reminding staff when revalidation or renewal fees were due.

All staff were provided with an induction programme relevant to their role and to prepare them for working with patients. Records for two recently recruited staff were reviewed; one induction was still ongoing and it was positive to note that this employee was working closely with their mentor for a two week period and the induction record was a dynamic document being added to on each shift. The second employee was not currently working in the home but their induction document was not on file as expected. This was discussed with the manager who agreed to repeat the induction once the employee had returned to work. As stated above, recruitment records will be reviewed again at the next inspection.

Discussion with temporary staff confirmed that they were also provided with an induction, saying "induction and training is good here", "they are keeping me right".

There were systems in place to ensure ongoing training was provided to staff. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses available on an eLearning platform and courses with practical elements delivered face to face. The manager had oversight of staff compliance with training through the eLearning dashboard and monitored this monthly.

Staff said that they were well supported in relation to training and that the manager ensured they remained up to date with knowledge and practice.

Records showed that staff were provided with an annual appraisal and supervision sessions were ongoing throughout the year, with most staff in excess of two sessions already this year. Staffs' competencies in a range of duties relevant to their roles were undertaken yearly to ensure good practice.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The manager's hours and capacity worked were stated on the duty rota and the nurse in charge at each shift in the absence of the manager was highlighted. Staff were aware of who was in charge of the home at any given time.

The manager confirmed that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home. A recruitment drive was ongoing to fill a number of vacant nursing and care hours and the manager confirmed that until such time as fully recruited, these hours were covered with existing staff taking extra hours and the block booking of temporary and agency staff. It was noted that there was enough staff available to meet the needs of patients in a timely manner.

Staff reported that while temporary staff were currently employed that they had no concerns about the staffing levels. Both regular and temporary staff said that teamwork was good and that communication systems ensured the smooth running of the shift. One temporary staff said that they really enjoyed coming to Lisburn Care Home because "they are very organised ...handovers are great...I've seen new staff starting here and see them months later and how they have progressed". Staff confirmed that they had regular meetings and that minutes were made available for staff who were unable to attend.

Patients said that staff were readily available to them and that staff were pleasant and polite during interactions.

Relatives said that they had no concerns relating to staffing arrangements and described staff as "wonderful".

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff confirmed that they had adequate time for handover meetings and that communication was efficient. Staff explained that they also used a “handover sheet” which highlighted patients’ needs and how to maintain patient safety, such as dietary requirements or how often patients required help to reposition.

Nursing and care staff were knowledgeable about patients’ individual needs, their daily routines, wishes and preferences.

Staff were seen to provide prompt response to patients’ needs and were observed to be respectful and reassuring towards patients. Patients’ privacy and dignity was upheld, for example patient information was held confidentially and personal care was offered discreetly. Staff were heard to offer support and reassurance during interventions, for example giving clear instruction when assisting a patient to transfer using a hoist. Staff were seen to check regularly on patients who had difficulty expressing their needs.

Patients’ needs were assessed at the time of admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs, and included advice or recommendations from other healthcare specialists. Care records were held securely.

On admission a record of patients’ valuables and sentimental items brought in from home was obtained. It was noted that some records had not been reconciled in some years and an area for improvement was identified.

Patients who are less able to mobilise require special attention to their skin. These patients were assisted by staff to change their position regularly. Skin integrity assessments were reviewed at least monthly and care plans instructed staff on how often to assist with repositioning and skin checks were conducted regularly.

Where a patient is at risk of falling, measures to reduce this risk were put in place. For example, aids such as alarm mats and bedrails were in use, patient areas were free from clutter, and patients were encouraged to wear appropriate footwear. Staff also conducted regular checks on patients throughout the day and night. Those patients assessed as being at risk of falling had care plans in place.

Records confirmed that in the event of a patient falling, post falls protocol was followed and there was evidence that staff took appropriate action. Relevant parties such as next of kin, Trust key worker and where required RQIA were informed. The manager conducted a monthly falls analysis to identify any patterns or trends and to determine if any other measures could be put in place to further reduce the risk.

Good nutrition and a positive dining experience are important to the health and wellbeing of patients. Patients may need a range of support with meals, from simple verbal encouragement through to full assistance from staff. The lunch time serving was observed.

It was noted that the menus on displays on each table were several days out of date. An area for improvement was identified.

Staff were seen to maintain food handling standards during the lunch serving and were heard to offer choice to patients including drinks and if they wished to have a clothes protector. The lunch serving was social, relaxed and unhurried and the food looked and smelled appetising and portion sizes were generous. Staff were seen to offer the appropriate level of encouragement and assistance to patients.

Patients told us that the food was “lovely” and “very good”, and that they enjoyed the choices on offer. Patients confirmed that they also had choice about where and when to eat. One patient told us that they had a lie in that morning and had a “late breakfast” so they were “not hungry for lunch yet”. This patient was later seen enjoying their lunch slightly later.

Patients care records showed that nutritional related assessments were reviewed at least monthly and that care plans were in place. A record was maintained of patients’ daily food and fluid intake. It was noted that some patients achieved a low fluid intake over consecutive days. Nursing staff demonstrated good awareness of each patients’ fluid intake targets and acknowledged that for two identified patients their baseline fluid target was much lower than the average expected intake for an adult. However, there was no evidence of consultation with the patients GPs in relation to this, nor did the care plans state that they had a low expected target due to declining health. An area for improvement was identified.

Patients’ weights were monitored at least monthly or more often if recommended by dietetics. Records showed that there was appropriate onward referral to speech and language therapy (SALT) or dietetics, and any recommendations made were detailed in the patients’ individual care plans.

Patients spoke positively about the care provided, saying that they were “looked after well”. One patient spoke about how they had used the home before for respite and felt happy enough to come back for another stay.

Relatives praised the home for the level of care provided and talked about feeling welcomed.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home’s environment included a sample of bedrooms, communal lounges, dining room and bathrooms, and storage spaces. The home was found to be generally clean, warm, well-lit and free from malodour.

Corridors were clean and free from clutter or inappropriate storage. It was noted that two vacant bedrooms (one on each floor) were being used to store equipment and additional supplies due to COVID-19 such as personal protective equipment (PPE). This temporary arrangement was discussed with the manager and it was felt that more permanent storage arrangements would be required post pandemic. The manager agreed to discuss this with the provider to arrange a variation to reduce the bed capacity in the home. This will be reviewed at the next inspection.

Fire doors were found to be clear of obstructions.

Patients’ bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and memorabilia from home.

Communal bathrooms were found to be accessible and generally clean. Infection prevention and control (IPC) issues were identified, such as some nurse pull cords were not covered with material that could be effectively cleaned, and the undersides of some toilet paper and soap dispensers were visibly dirty. There were poor IPC practices identified in relation to storage, such as clean linen stored on the floor of the store and clean aprons being stored on a shower chair in a communal bathroom. It was positive to note that the pull cords were covered before the end of the inspection. An area for improvement was identified.

Staff were seen to clean equipment such as hoists after use and decontamination records were maintained for all hoists, shower chairs and commodes to show that this practice continued through the day and night.

An outdoor seating area was clean and well maintained with flowers and plants.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting current guidance and everyone entering the building had their temperatures checked and a health declaration completed on arrival. Details of visitors were maintained for track and trace purposes.

Hand hygiene facilities were available and PPE such as masks and aprons were provided to visitors before processing further into the home. Visiting arrangements were in keeping with the Department of Health (DoH) current guidance and relatives told us that these arrangements were working well.

Patients, relatives and staff did not express any concerns about the home's environment or cleanliness.

It was positive to note that the Wi-Fi in the building had recently been upgraded which meant that tablets and smart phones could be more readily used in all rooms of the home.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day, for example some patients preferred to spend time in their own bedrooms and some spent most of their day in the communal lounge. Patients who were able to mobilise independently were seen to move freely between their bedrooms, communal rooms and the outside seating area.

The home had a Personal Activity Lead (PAL) employed who provided a range of organised activities for groups or on a one to one basis, as per the patients' preferences. Some patients were seen to participate in small group activities such as knitting and crocheting and were heard to enjoy the company by reminiscing about fond memories. Other patients were seen to enjoy a movie afternoon in a communal lounge while some patients preferred to occupy their own time with reading or sitting outdoors.

Visiting arrangements were in place and reflective of the DoH visiting pathway. Patients and relatives spoke positively about spending time together. Relatives said that they encountered no problems getting visiting sessions booked and that the home was very accommodating given the ongoing restrictions.

Staff were seen to engage patients in social chats and often check on those patients who spent time in their bedrooms. Staff were seen to pick up on cues from patients who were unable to express themselves verbally and to provide comfort and reassurance.

There was evidence that patients were supported to have meaning and purpose to their day.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff evidenced that they understood their roles and responsibilities in reporting concerns or worries about patient care, staffs' practices or the environment.

There had been no changes in the management arrangements of the home since the last inspection. Ms Ana Maria Roman has been the registered manager since January 2020. The manager confirmed that they were supported by a regional manager and the organisation's senior team.

Governance systems showed that a robust system of auditing was in place to monitor the quality of care and other services to patients. There was evidence of auditing across various aspects of care and services provided in the home.

The most recent fire risk assessment was undertaken on 15 June 2021. There were a number of recommendations made. The risk assessment did not evidence that these recommendations had been actioned. Discussion with the manager evidenced that one of the recommendations had been actioned but it was unclear if the remaining recommendations were completed. An area for improvement was identified.

It was established that the manager had systems in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to the patients' next of kin, their Trust key worker, and if required RQIA.

A complaints policy was in place and patients and relatives were provided with a copy of this process on admission to the home. There had been no recent complaints made but there was a system in place to manage any expression of dissatisfaction if required.

Staff spoke positively about the management of the home and described the manager as supportive and approachable. There was evidence of good communication between management and staff in the form of meetings, supervisions and keep in touch days for any staff returning after a period of long term leave.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. These visits resulted in a written report which detailed progress made since the last visit and any further actions required to improve the service. Review of a sample of the most recent reports showed how and when actions were addressed by the manager's comments, sign off and date. These reports are available for review by patients, their representatives, the Trust and RQIA.

There was a clear organisational structure in place and staff were aware of their roles, responsibilities and accountability.

6.0 Conclusion

Patients looked well cared for in that they were dressed, clean and comfortable in their surroundings. Patients who were unable to express their needs verbally were regularly attended to by staff.

Patients were seen to have choices throughout the day from where and how they spent their time to what they ate and drank.

Staff were seen to be professional and polite in their communications with patients and each other. Staff said that they were supported through good communication systems, training and resources to conduct their roles in a safe and effective manner.

Relatives spoke highly of the staff and the care provided and did not express any concerns about the home.

Areas for improvement were identified in relation to the documentation of patients' valuables, menu displays, fluid intake care plans, IPC, and the fire risk assessment recommendations. The manager agreed to submit a variation application in relation to the use of two vacant bedrooms as storage space. This will be reviewed by RQIA estates upon submission.

Based on the inspection findings RQIA are satisfied that this service is providing safe and effective care in a compassionate manner, and that the service is well led. Improvements made in relation to the areas identified will further improve patient care and experience.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	5

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

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 14 Criteria 26</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2021 and going forward</p>	<p>The registered person shall ensure that a record is maintained of patients' valuables held in their bedrooms and that these records are reconciled quarterly and signed by two staff.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All patient valuables are in process of being recorded on new documents "schedule of personal effects"; action will be completed by end of August for all patients. Going forward the patients valuables will be reviewed every 3 months - dates recorded in the diary; the date of the review and all the changes will be recorded on the same document.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that menus are displayed and maintained up to date.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Menus that are displayed on the tables are checked every morning to ensure they match the day and the food that will be prepared; Compliance is documented on the daily walk about and the dining audit.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where patients have a lower than expected daily fluid intake that this is stipulated in the care plans and that multidisciplinary discussion has taken place.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The two identified care plans have been updated; a third one has been identified and was updated too. Nursing staff have been made aware of the requirement for future reference. Compliance will be monitored on the monthly care file audit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p>	<p>The registered person shall ensure that the IPC issues identified in this report are addressed and monitored.</p> <p>Ref: 5.2.3</p>

<p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Variation for the 2 store rooms has been submitted. The rusted commode has been replaced and ongoing checks are being carried out weekly during IPC audit and daily walk about, equipment being replaced as necessary. 2 pull cords identified without cover were replaced, compliance monitored during walk about. Shelf has been added on the bottom of the the 2 linen stores. Extra PPE dispensers have been added in corridors outside bathrooms; bathrooms are checked during daily walk abouts and IPC audits to ensure PPE is not stored inside of it. Dispensers have been added to the touch points rotas and random checks are being carried out during walk about feedback being given on spot to domestic staff.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2021</p>	<p>The registered person shall ensure that any recommendations made in the fire risk assessment are addressed and that a copy of the completed action plan is submitted to RQIA estates inspector.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Fire risk assessment updated 9/7/21 with the actions that were completed; 2 outstanding actions still ongoing but they will be addressed by Property Manager/Maintenance staff by end of August and action plan submitted to RQIA. Manager aware that Risk assessments are dynamic documents that have to be reviewed and updated when recommendations are addressed; compliance will be monitored by Regional Manager during Reg visits and recorded in Health and Safety Audits.</p>

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