

Inspection Report

12 September 2023



Louisville

Type of service: Nursing Home (NH)
Address: Glen Road, Belfast, BT11 8BU
Telephone number: 028 9061 2018

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Mr Barry Murphy Responsible Individual: Mr Barry Murphy	Registered Manager: Mrs Geetha Rajappan Date registered: 5 August 2015
Person in charge at the time of inspection: Mrs Geetha Rajappan	Number of registered places: 48
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 44
Brief description of the accommodation/how the service operates: Louisville is a registered Nursing Home which provides nursing care for up to 48 patients. Communal lounges and a dining room are located on the ground floor with patient's bedrooms located on the ground and first floors.	

2.0 Inspection summary

An unannounced inspection took place on 12 September 2023 from 9.30 am to 4.30 pm by a care inspector.

Prior to the inspection, RQIA received information from the Belfast Health and Social Care Trust (BHSCT) with regard to care records and care provision. The inspection did not identify any concerns regarding care provision; an area for improvement has been to made with regard to the recording of supplementary care charts

The inspection also sought, to assess progress with all areas for improvement identified 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.

As a result of this inspection three new areas requiring improvement were identified. Please see the Quality Improvement Plan (QIP) in section 6 for further details.

Addressing the areas for improvement will further enhance the quality of the care and services in Louisville Care Home.

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, and a range of information about the service was reviewed to help us plan the inspection.

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.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

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

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

4.0 What people told us about the service

Patients told us that they liked living in the home. Whilst patients reported that staff were good to them, they also reported that call bells were not always answered in a timely manner. Whilst patients' needs were responded to in a timely manner throughout the inspection, the comments made by patients, were shared with the management for review and action as appropriate. Patients who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings.

Relatives told us that they were satisfied with the care provided in the home and were updated by the staff about any changes to their loved ones.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, and managerial support.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management to allow patients, relatives, visitors and staff unable to meet with the inspector the opportunity to provide feedback on the home. There were no responses received from the questionnaires or the staff online survey within the allocated timeframe.

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 22 October 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure that during the monthly monitoring visits, feedback from the patients' relatives/representatives is sought on the running of the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 38 Stated: First time	The registered person shall ensure that any gaps in previous employment records are explored and explanations are recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 4	The registered person shall ensure that all care plans are reviewed at regular intervals.	Met

Stated: First time	There was evidence that this area for improvement was met, and this is discussed further in section 5.2.2.	
Area for improvement 3 Ref: Standard 28 Stated: First time	The registered person shall review the management of distressed reactions as detailed in the report. Care plans should be in place. The reason for and outcome of administration should be recorded.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. Records were maintained to evidence that staff were allocated to specific patient groups and duties. Discussion with the manager confirmed that, on occasions, shifts were covered, where possible with agency staff; a review of records confirmed that agency staff received an induction to the home.

There were systems in place to ensure staff were trained and supported to do their job, this is discussed further in section 5.2.2. The manager confirmed that training compliance was kept under review.

Registered nurses taking charge of the home in the absence of the manager are required to have undertaken a competency and capability assessment; review of a sample of these records confirmed these had been completed as required.

Staff should have the opportunity to attend supervision and appraisal sessions to review their role and enhance their professional development. A review of records provided assurance that a system was in place to ensure staff had undertaken supervision and appraisal; where minimal gaps were identified, the manager confirmed they were aware of the gaps and would review and action as appropriate. This will be reviewed at a future inspection.

During the inspection, observations confirmed that staff responded to patients' requests for assistance in a timely manner. We discussed with the manager how the planned staffing levels were identified. Whilst they advised that patients' dependencies were reviewed at least monthly, there was no evidence how these were used to determine staffing levels; an area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Staff confirmed they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff were seen to be skilled in communicating with the patients and to treat them with patience and understanding.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs. Care plans included any advice or recommendations made by other healthcare professionals. Discussion with the manager and review of records confirmed that an audit was undertaken on a regular basis to ensure that care records were suitably maintained. It was noted that on review of a sample of records, on a small number of occasions, handwriting was not always legible. This was discussed with the management for review and action as appropriate. This will be reviewed at a future inspection.

Daily records were also kept of how each patient spent their day and the care and support provided by staff.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position as required, and care plans were in place to direct care for the prevention of pressure ulcers. The frequency with which patients required to be repositioned was not consistently recorded on the repositioning chart; This was discussed with the manager for immediate action; an area for improvement was identified.

Discussion with staff confirmed they were informed of each patients manual handling needs to include (if applicable) the type of equipment they required. A review of a sample of care records, evidenced, that manual handling assessment had been undertaken and a care plan was in place to direct care.

Care records for patients who experience a fall evidenced that care plans and risk assessments were reviewed and updated appropriately.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff. Furthermore, some patients may require the texture of their food and fluid to be modified to reduce their risk of choking.

Observation of the lunchtime experience confirmed that the food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff attended to patients' dining needs in a caring and compassionate manner and where required, staff engaged with patients' on a one to one basis to assist them with their meal. Observation confirmed that patients received their meals consistent with their prescribed requirements.

Meals served in the dining room was an opportunity for patients to socialise and the atmosphere was supportive and paced appropriately for the level of need; where patients preferred to have their meal in another area, for example, the dayroom, this was readily accommodated with support provided as required.

It was positive to note that a menu was displayed to inform patients of the meal and choice available; patients spoke positively in relation to the quality of the meals provided.

Mealtimes Matter is a regionally agreed Health and Social Care (HSC) framework to maximise service user safety during mealtimes. The manager confirmed that the BHSCCT had provided staff with training, pertaining to specialist areas, for example nutritional screening and further sessions will be provided in due course. There were no issues identified during the lunch time observation pertaining to patient meals or requirements, however, a discussion took place with the management to review the dining experience, to further develop the role of a meal time coordinator and enhance the principal of “safety pause”.

Records were kept of what patients had to drink and eat daily, where required.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home’s environment evidenced that the home was clean and tidy. Patients said they were happy with their bedrooms and were satisfied that the home was kept clean and tidy.

Patients’ bedrooms were found to be personalised with items important to them reflecting their individuality.

A number of matters relating specifically to the maintenance of furniture were identified, for example, surface damage was evident to identified bedroom’ furniture. This was brought to the manager’s attention for review and action as appropriate; an area for improvement was identified.

Corridors and fire exits were found to be free of obstruction.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients. Patients were content and settled in their surroundings.

A programme of activities was on display in the foyer, and discussion with staff and management confirmed that a range of activities were provided. Discussion with patients confirmed they were able to choose how they spent their day. For example, some patients reported that they liked to “go out to get their nails done”, whilst others chose to go to the day room.

A number of patients were observed to be availing of hair dressing services and commented how much they enjoyed getting their hair done.

Patients also reported that they had enjoyed a barbecue and were able to attend external activities, for example, a community group; and discussion with staff confirmed that an outing was planned to the Opera House.

Patients said that they felt staff listened to them and would make an effort to address any concerns they might have.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Geetha Rajappan has been the Registered Manager since 5 August 2015.

Discussion with the manager and a review of records, evidenced that a system of auditing was in place to monitor the quality of care and other services provided to patients.

There was a system in place to manage complaints. Discussion with the manager confirmed that complaints were seen as an opportunity for the team to learn and improve.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients next of kin, their care manager and to RQIA.

The home is required to be 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. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	0	4*

* the total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management, 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 (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 25 October 2022	The registered person shall review the management of distressed reactions as detailed in the report. Care plans should be in place. The reason for and outcome of administration should be recorded.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that a record is kept to evidence how patient dependencies are used to determine staffing levels. Ref: 5.2.1
	Response by registered person detailing the actions taken: A new record has commenced that evidences how patient dependencies are used to determine current staffing levels.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that repositioning charts include <ul style="list-style-type: none"> the frequency patients require to be assisted to reposition Ref: 5.2.2
	Response by registered person detailing the actions taken: Completed. The existing chart has been updated to reflect the frequency of patients' repositioning.
Area for improvement 4 Ref: Standard 43 Stated: First time	The registered person shall ensure that the furniture in the identified rooms are repaired / replaced. Ref: 5.2.3

To be completed by: Immediate and ongoing	Response by registered person detailing the actions taken: The bedrails and bedframe in identified rooms have been fully repaired.
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