

# Inspection Report

<b>Name of Service:</b>	<b>Louisville</b>
<b>Provider:</b>	<b>Mr Barry Murphy</b>
<b>Date of Inspection:</b>	<b>25 September 2024</b>

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Mr Barry Murphy
<b>Responsible Individual:</b>	Mr Barry Murphy
<b>Registered Manager:</b>	Mrs Geetha Rajappan
<p><b>Service Profile –</b> This home is a registered nursing home which provides nursing care for up to 48 patients within the categories of elderly, physical disability and terminal illness. Communal lounges and a dining room are located on the ground floor with patients bedrooms located on the ground and first floors.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 25 September 2024, between 9.30 am to 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 12 September 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection, three areas for improvement were assessed as having been addressed by the provider; and one area for improvement has been carried forward for review at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Patients who were able to share their opinions on life in the home said or indicated that they were well looked after. Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Following the inspection, there were no responses received from the staff questionnaires or patient/relative questionnaires.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Staff told us that the patients needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

The risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed; however it was noted that the falls policy required updating to ensure it was consistent with the actions required following a fall; an area for improvement was identified.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience.

The weekly programme of social events was displayed on the noticeboard in the main entrance of the home. Arrangements were in place to meet the patients social, religious and spiritual

needs within the home. Activities for patients were provided which involved both group and one to one activities.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a suitably qualified member of staff 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 and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were person centred and regularly reviewed to ensure they continued to meet the patients' needs.

### 3.3.4 Quality and Management of Patients' Environment

The home was tidy and welcoming and there was evidence of ongoing refurbishment, for example, the flooring in the first floor walkway had been replaced. The décor in some of the communal areas required updating. The management provided assurance that the work required would be addressed; this will be reviewed at a future inspection.

The flooring in one ensuite and bathroom required either repair or replacement; an area for improvement was identified. Deficits were identified pertaining to the waste disposal bin in two identified areas; an area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

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 kept.

### 3.3.4 Quality of Management Systems

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

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4*

\* the total number of areas for improvement includes one which is carried forward for review at a future 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)	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> 25 October 2022	<p>The Registered Person shall review the management of distressed reations as detailed in the report. Care plans should be in place. The reason for and outcome of administration should be recorded.</p> <p><b>Action required to ensure compliance with this standar was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 22 <b>Stated:</b> First time <b>To be completed by:</b> 25 September 2024	<p>The Registered Person shall ensure that the falls policy within the home is reviewed regulary to accurately reflect the actions to be taken following a fall.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The Falls policy is in place and is reviewed regularly by the Nurse Manager.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	<p>The Registered Person shall ensure that the flooring in the identified areas is repaired or replaced.</p> <p>Ref: 3.3.4</p>

<b>To be completed by:</b> 25 September 2024	<b>Response by registered person detailing the actions taken:</b> New flooring has been ordered to replace the existing surfaces in the identified ensuite and bathroom areas.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 25 September 2024	The Registered Person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff; this refers to the waste disposal bin in the identified areas.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> The waste disposal bins have been replaced. This has been included in the most recent infection control audit. All staff members attend regular infection control training and have been informed.

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



The Regulation and  
Quality Improvement  
Authority

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