



Inspection Report 3 November 2020



Lecale Lodge

Type of Service: Nursing Home
Address: 26 Strangford Road, Downpatrick BT30 6SL
Tel No: 028 4461 6487
Inspectors: Paul Nixon and Joseph McRandle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

1.0 Profile of service

This is a nursing home which is registered to provide care for up to 41 patients with a range of healthcare needs, as detailed in Section 3.0.

2.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Dr Maureen Claire Royston</p>	<p>Registered Manager and date registered: Ms. Paula Mary Smyth 5 February 2020</p>
<p>Person in charge at the time of inspection: Ms. Paula Mary Smyth</p>	<p>Number of registered places: 41</p> <p>This number includes a maximum of 25 patients in category NH-MP/MP(E).</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. 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: 33</p>

3.0 Inspection focus

This inspection was undertaken by a pharmacist inspector and finance inspector on 3 November 2020 from 09.40 to 14.00.

Short notice of the inspection was provided to the registered manager in order to ensure that arrangements could be made to safely facilitate the inspection in the home.

This inspection focused on medicines management within the home. The inspection also assessed progress with any areas for improvement identified since the last care inspection. The finance related areas for improvement that were carried forward from the last inspection were reviewed by the finance inspector.

Following discussion with the aligned care inspector, it was agreed that one area for improvement identified at the last inspection would be followed up at the next care inspection.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

A sample of the following records was examined and/or discussed during the inspection:

- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug records
- care plans related to medicines management
- medicines governance and audit
- staff medicines management training and competency records
- medicine storage temperatures
- two patients' finance files including copies of written agreements
- a sample of financial records including patients' personal allowance monies and valuables
- a sample of authorisation forms to undertake purchases on behalf of patients
- a sample of records of payments to the hairdresser and podiatrist
- a sample of records of patients' personal property

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms. Paula Smyth, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 What has this home done to meet any areas for improvement identified at the last inspection (IN33604)?

Areas for improvement from the last inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 5 (1) Stated: First time	The registered person shall ensure that each patient is provided with an individual written agreement setting out the terms and conditions of their residency in the home.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that agreements were provided to the patients identified during the last finance inspection. The agreements reviewed set out the terms and conditions of the patients' residency within the home	
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that medicine refrigerator temperatures are maintained between 2°C - 8°C to ensure that medicines are stored at the manufacturers' recommended temperature.	Met
	Action taken as confirmed during the inspection: The recorded evidence indicated that the medicine refrigerator temperatures had been maintained between 2°C - 8°C to ensure that medicines were stored at the manufacturers' recommended temperature.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager advised that the chairs observed during the last inspection had been removed and the identified shower chair had been replaced. All of the signs observed during the inspection were laminated. The sample of toilet seats examined was clean. The registered manager confirmed that net pants were now allocated for individual use. Staff had received infection prevention control training that included not wearing nail varnish or jewellery; none of the staff were wearing nail varnish or inappropriate items of jewellery.</p>		
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection</p> <p>A review of two patients' property records evidenced that, since the last finance inspection, the records had been updated and reconciled in line with the Care Standards for Nursing Homes (2015). The records were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records confirmed that reconciliations of patients' monies and valuables (including monies held in a bank account) were undertaken in line with the Care Standards for Nursing Homes (2015).</p> <p>The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of a sample of records of payments to the hairdresser and podiatrist evidenced that the majority of records were signed by both the hairdresser and the podiatrist along with a member of staff. Where the podiatrist had not signed the records two members of staff had signed.</p>		

<p>Area for improvement 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of two patients' files evidenced that signed written agreements were retained within both files. The agreements reviewed had been updated to show the current fee.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that since the last finance inspection written authorisation forms were in place for the patients identified during the inspection. The authorisation forms detailed the items members of staff were authorised to purchase from the patients' monies. The forms were signed by the patients' representatives.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 43</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the internal environment is arranged so as to effectively meet the assessed needs of patients. This refers specifically to the identified area on the first floor.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered manager advised that there are plans in place to change the identified area into a 'tea-bar' and that the work has been costed. It is planned that this work will be completed before the end of December 2020.</p>		

<p>Area for improvement 7</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust governance arrangements are in place which ensure the provision of a programme of events and activities, specifically for patients on the first floor. This programme should aim to provide positive and meaningful outcomes for patients and be displayed in a suitable format within appropriate locations.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A personal activities coordinator had been recruited and there was also a personal activities leader in each of the three units. An activity programme was in place and the activities were displayed on notice boards.</p>		
<p>Area for improvement 8</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall ensure that appropriate risk assessments and care plans are in place with regard to the use of any restrictive practices.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that risk assessments and care plans were now in place in relation to the key pad on the first floor lift. Three patients' risk assessments and care plans were reviewed and were satisfactory.</p>		
<p>Area for improvement 9</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff have an effective understanding of their roles and responsibilities in regard to adult safeguarding.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that the registered manager had completed supervision with staff covering their role and responsibilities in regard to adult safeguarding. This included individual supervisions and group supervisions as well as the completion of a safeguarding eLearning module.</p>		

6.0 What people told us about this home?

Staff were warm and friendly and it was evident from their interactions that they knew the patients well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

We met with five registered nurses and the registered manager. Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the registered manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

Five questionnaires were returned within the timeframe for inclusion in this report. The responses in the questionnaires stated that patients or their representatives were satisfied/very satisfied with all aspects of care.

7.0 Inspection Findings

7.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with local GPs and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals e.g. medication reviews, hospital appointments. The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient. We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions for three patients. Staff knew how to recognise signs, symptoms and triggers which may cause a change in the patient's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available in the medicines file. Records of administration were clearly recorded. The reason for and outcome of administration were recorded in the daily progress notes.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient. We reviewed the management of thickening agents for three patients. A speech and language assessment report and care plan were in place. Records of prescribing and administration which included the recommended consistency level were maintained.

7.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. In each unit, a medicine refrigerator and controlled drugs cabinet were available for use as needed.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

7.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs, when medicines are administered to a patient. A sample of these records was reviewed and were found to have been fully and accurately completed. The completed records were filed once completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in controlled drug record books.

Management and staff audited medicine administration on a regular basis within the home. A range of audits was carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

The audits completed during this inspection showed that medicines had been given as prescribed.

7.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The records of one recently admitted patient and one patient who had a recent hospital stay and was discharged back to this home were examined. For one of the patients a hospital discharge letter had been received and a copy had been forwarded to the patient's GP. The medicines prescribed for the other patient had been confirmed with the GP as part of the admission process. The patients' personal medication records had been accurately written. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

7.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

We discussed the medicine related incidents which had been reported to RQIA since the last inspection. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

7.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Records of staff training in relation to medicines management were available for inspection.

8.0 Evaluation of Inspection

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led. We can conclude that the patients were being administered their medicines as prescribed by their GP.

The outcome of this inspection concluded that each of the areas for improvement identified at the last inspection that were reviewed during this inspection had been addressed. One area for improvement from the last inspection was not reviewed and is carried forward to the next inspection. No new areas for improvement were identified.

We would like to thank the patients and staff for their assistance throughout the inspection.

9.0 Quality Improvement Plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Paula Smyth, Registered 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.

9.1 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 the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

9.2 Actions to be taken by the home

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 the Web Portal for assessment by the inspector.

return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 17 April 2020</p>	<p>The registered person shall ensure that the internal environment is arranged so as to effectively meet the assessed needs of patients. This refers specifically to the identified area on the first floor.</p> <p>Ref: 5.0</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

Please ensure this document is completed in full and returned via the 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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care