

Inspection Report

12 May 2022



Lecale Lodge

Type of service: Nursing Home
Address: 26 Strangford Road, Downpatrick, BT30 6SL
Telephone number: 028 4461 6487

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

<p>Organisation/Registered Provider: Ann's Care Homes Limited</p> <p>Responsible Individual: Mrs Charmaine Hamilton</p>	<p>Registered Manager: Ms Aine Devine - not registered</p>
<p>Person in charge at the time of inspection: Ms Aine Devine - manager</p>	<p>Number of registered places: 41</p> <p>A maximum of 39 patients in category NH-MP/MP(E) and a maximum number of 2 patients in Category NH- I</p>
<p>Categories of care: Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. I - Old age not falling within any other category</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 36</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Nursing Home which provides nursing care for up to 41 patients. The home is divided into three units over two floors, the Quille Unit, the Sleive Patrick Unit and the Nendrum Unit.</p> <p>Each unit has a communal dining room, bathrooms and lounge, there is a shared outside space and patients have their own bedrooms.</p>	

2.0 Inspection summary

An unannounced inspection took place on 12 May 2022, from 10.00 am to 5.15 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.

Patients were seen to be well cared for and said that living in the home was good and they had no concerns. Attention had been paid to personal care and dressing and patients were positive when discussing how staff cared for them.

Areas requiring improvement were identified and can be found in the Quality Improvement Plan (QIP) included in section 7.0 of this report.

RQIA were assured that the delivery of care and service provided in Lecale Lodge was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

The findings of this report will provide the manager with the necessary information to improve staff practice and the 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 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.

The findings of the inspection were discussed with Ms Aine Devine, manager, at the conclusion of the inspection

4.0 What people told us about the service

Seven patients told us they were happy living in Lecale Lodge, the food was good and the home was clean. Patients were complimentary about the staff and the care they received.

Three staff said that the management team were supportive and approachable and patients were well cared for in Lecale Lodge. Staff advised they received an induction when the first started working in the home which prepared them for caring for patients.

There were seven completed patient questionnaires received which confirmed patients were moderately to very satisfied that care was safe, effective, compassionate and well-led. Two comments received about the food provision were in relation to the need for improved menu choices. This was discussed with the manager post inspection who advised consultation with patients was underway, along with the Trust dietitian and cook, to look at menu choices and nutrition.

There were no responses to the on-line staff survey. A record of compliments received about the home was kept and shared with the staff team.

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 25 October 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to	Met

	ensure compliance with best practice on infection prevention and control.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 30 (1) (d) Stated: Second time	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively with all due haste Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care. The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 5 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all parts of the home to which patients have access to are free from hazards. This is in relation to access to cleaning chemicals. Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. While most cleaning chemicals were in locked cupboards cleaning chemicals were observed to be stored in an unlocked sluice room. This area for improvement has been stated for a second time.	Partially met
Area for improvement 6 Ref: Regulation 29	The registered person shall ensure that actions required following the monthly monitoring visits are followed up in a timely manner.	Met

Stated: First time	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 (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: Second time	The registered person shall ensure the staffing rota identifies the name of the nurse in charge of the home in each shift. The rota should include the first name and surname of each member of staff, actual hours worked and be signed by the registered manager or a designated representative. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 2 Ref: Standard 21.1 Stated: Second time	The registered person shall ensure care is delivered in keeping with the assessed needs of the patient. Wound assessment and evaluations should be in keeping with best practice guidance. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 3 Ref: Standard 40 Stated: First time	The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services and the date this is completed is recorded. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Standard 22.2 Stated: First time	The registered person shall ensure sufficient and appropriate equipment is in place to manager patients at risk of falling	Met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 5 Ref: Standard 12.25 Stated: First time</p>	<p>The registered person shall ensure that dignified clothing protectors are provided for patients who require this form of protection.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. While the majority of residents were wearing dignified clothing protectors one resident was noted to be wearing a blue plastic staff apron while eating lunch. This area for improvement has been stated for a second time.</p>	Partially met
<p>Area for improvement 6 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure care plans for moving and handling care needs and the record of fluid intake are accurately recorded and updated to reflect patients changing needs.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 7 Ref: Standard 44 Stated: First time</p>	<p>The registered person shall ensure the premises are well maintained. This is in relation to the communal rooms and patients' bedrooms identified as requiring maintenance and repair.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 8 Ref: Standard 34.3 Stated: First time</p>	<p>The registered person shall ensure systems are in place to monitor, audit and review the quality of nursing and other services provided within the home</p>	Met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
--	-------------------------------------------------------------------------------------------------------------------------------	--

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. The appropriate checks had been completed for staff prior to commencing working in the home.

There were systems in place to record training completed by staff to ensure staff were trained and supported to do their job, however a number of areas of mandatory training had not been completed by all staff. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. The staff duty rota did not accurately reflect the staff working in the home on a daily basis. This was discussed with the manager who agreed to maintain an accurate record of the numbers of staff working in each unit over a 24 hour period. An area for improvement was identified

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Staff responded to residents when they required assistance with personal care, mobility and meals in a timely manner. Discussion with patients and staff did not raise any concerns about staffing levels in the home. Patients were satisfied and confirmed that staff were available if they needed assistance.

Staff were registered with the appropriate professional body for their roles including the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

Records provided evidence that a competency and capability assessment had been completed for those staff taking charge of the home in the absence of the manager. This was confirmed on discussion with the manager and staff.

Regular staff meetings were in place to provide an opportunity for learning, an update on all aspects of care and services provided in the home and to give staff an opportunity to contribute and provide feedback to the management. A record of these meetings were kept in the home.

5.2.2 Care Delivery and Record Keeping

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. Observation and discussion with staff confirmed they knew the patients well and how best to help them.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN).

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example; buzzer mats were in place and bed rails were in use where this was deemed appropriate. Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. There was choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available. Patients were generally provided with dignified clothing protectors however one patient was noted to be wearing a plastic staff apron. This area for improvement has been stated for a second time.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

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; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

While some areas were in the process of being decorated some areas in toilets and communal rooms required attention to redecor or repair. An area for improvement was identified.

While most cleaning chemicals were stored appropriately in a locked cupboard, observation found that some cleaning chemicals were stored in an unlocked sluice room. This was brought to the attention of staff and immediately locked. This area for improvement has been stated for a second time.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

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.

Visiting arrangements were managed in line with DoH and IPC guidance.

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, patients confirmed that they could spend time in communal areas or their own bedrooms or have family visit and spend time in their rooms.

It was observed that staff offered choices to patients 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.

There was a range of activities provided for patients by staff. The range of activities included arts and crafts, shopping, one to one, bingo and my life story.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Aine Devine has been the manager in this home since 22 November 2021. The home is currently recruiting for a manager.

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

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report concerns and said they were confident that the manager would address any concerns. Review of the home's record of complaints confirmed that these were well managed.

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.

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

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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.

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 are 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 the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	1*	4*

* The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Aine Devine, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that all parts of the home to which patients have access to are free from hazards. This is in relation to access to cleaning chemicals. Ref: 5.1 and 5.2.3 Response by registered person detailing the actions taken: All staff have been reminded to ensure doors are closed to rooms where chemicals are stored and any deficits are reported immediately. Notice also placed on door.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 12.25 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that dignified clothing protectors are provided for patients who require this form of protection. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: Dignified aprons are available throughout the home for those residents who wish to use them. Extra supply also received.

<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2022</p>	<p>The registered person shall ensure staff are trained for their roles and responsibilities.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Training planner has been updated and staff who are due to complete on line training have been provided with course details with time frames set for completion.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure an accurate record is kept of all staff working over a 24-hour period.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: The staff member was on the roster but for another unit on the day but due to staffing deficit staff redeployment was necessary. Nurse in charge to ensure if staff are redeployed this is amended on the roster.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2022</p>	<p>The registered person shall ensure the building is kept clean and well maintained and suitable for it's stated purpose.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: The home has an ongoing environmental action plan and this is updated with progress and completion of works.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care