

# Unannounced Care Inspection Report 17 February 2021



## Lecale Lodge

**Type of Service: Nursing Home (NH)**  
**Address: 26 Strangford Road, Downpatrick, BT30 6SL**  
**Tel No: 028 4461 6487**  
**Inspector: Michael Lavelle**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that 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 the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 41 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual(s):</b> Mrs Natasha Southall	<b>Registered Manager and date registered:</b> Mrs Rita Denvir, registration pending.
<b>Person in charge at the time of inspection:</b> Mrs Rita Denvir	<b>Number of registered places:</b> 41  This number includes a maximum of 25 patients in category NH-MP/MP(E).
<b>Categories of care:</b> Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. TI – Terminally ill. PH(E) - Physical disability other than sensory impairment – over 65 years. PH – Physical disability other than sensory impairment. I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 37

### 4.0 Inspection summary

An unannounced inspection took place on 17 February 2021 from 10.25 hours to 18.05 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- leadership and governance.

Patients said they were happy living in the home. Examples of their comments are included in the main body of the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	*4

\*The total number of areas for improvement includes one under the care standards which has been carried forward to the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Rita Denvir, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with ten patients, one patient's relative and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to residents' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. Ten questionnaires were returned, five of which indicated they were completed by patients.

The following records were examined during the inspection:

- staff duty rota for the weeks commencing 15 February 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for five patients
- supplementary care charts, including fluid intake and personal care
- accident and incident reports

- record of complaints and compliments
- records of audit
- a selection of monthly monitoring reports
- staff supervision and appraisal planner
- nurse in charge competencies.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection 3 November 2020

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time	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.  Ref: 5.0	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> 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.  The manager advised that there was a delay in commencing planned works to the identified area. It is hoped the planned 'tea-bar' will be completed before the end of June 2021. The manager agreed to email the aligned inspector on completion of works.	

## 6.2 Inspection findings

### 6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staffing rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

Deficits were identified following review of the staffing rota. For example, it did not clearly identify the nurse in charge duty each shift, the full name of the staff working and it was not signed by the manager or a designated representative. An area for improvement was made.

Patients told us the following:

"I love it here believe it or not. The atmosphere from the staff is great. I get on well with them."  
 "There's plenty of staff."

We spoke with eight members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management. Staff also told us the following:

"It has been hard to get used to wearing the PPE (personal protective equipment)."  
 "I like it here. The staff are helpful. The staff treats the patients like a family."  
 "I like coming here to work. I love the patients."

Arrangements were in place to ensure that newly appointed staff received training as part of their induction to the home.

### 6.2.2. Care delivery

We walked around the home mid-morning. The atmosphere in the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

Patients told us:

“The staff are nice enough.”

“They are alright.”

“They are ‘Boss Hogg’ people, good people. They take good care of me.”

“I make the most of it in here.”

“I have lived here for two years. It’s nice accommodation. It almost feels like home. The staff are ok, nothing strange about.”

“Everything is perfect.”

“I am great. Doing the very best.”

“I’m doing rightly. Happy enough.”

One relative spoken with told us:

“It’s very good. The contact with the home is great.”

We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not available during the inspection. Ten were received within the timeframe for inclusion in this report; five of which indicated they were completed by patients. All respondents were very satisfied with the care provided across all four domains. One patient said:

“I’m very happy here and the care I get. Never been so happy.”

We observed the patient activity leaders (PAL) engage in a positive and compassionate manner with patients during the inspection. Patients were seen to enjoy the activities within the home. Review of the activity boards and discussions with patients confirmed seasonal activities were delivered in the home. Pancake making had taken place the day before the inspection and patients were completing their Lenten promise. Some patients had received their ashes as it was Ash Wednesday. Other activities included bingo, arts and crafts and religious services. Not all activity boards were completed in each unit. In addition, arrangements for provision of activities in the absence of the PAL were not in place in each unit of the home. This was discussed with the manager who gave assurances that activity provision would be reviewed. This will be reviewed at a future care inspection.

On the day of the inspection planned visits were taking place in the home with the assistance of staff to facilitate social distancing. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Systems such as video calls and regular telephone calls between the home, patient and their relatives were also in place. The manager confirmed the appointment of two visiting champions within the home who will work to support visiting for relatives over a seven day period.

We saw patients enjoying their lunch in the dining areas of the home. During our walk around the home mid-morning we saw staff providing patients with fresh drinks.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“I would like to say thank you to yourself and your staff for looking after my relative in their later years at Lecale Lodge. I don't think they had much love in their life so your care and kindness would have meant a lot.”

“Keep up the good work sunshine.”

### **6.2.3 Care records**

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), opticians, podiatrists and dieticians also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

We reviewed five patients' care records. Whilst it was positive to see evidence of patient centred care plans, some of the records contained repetitive nursing entries with some evaluations of care not personalised. One care plan reviewed had not been personalised to include the patient's name. This was discussed with the manager who agreed to discuss this with registered nursing staff and implement a qualitative element to the care records audit. An area for improvement was made.

Review of two patient care records evidenced care plans had not been developed to guide the staff in the delivery of daily care needs in a timely manner. Whilst there were records of assessment of patient need and associated risk assessments the care plans need to be completed within five days of admission to the home to guide staff on a daily basis. An area for improvement was made.

We reviewed one patient's needs in relation to wound prevention and care. Wound care documentation evidenced that the podiatrist had been involved in the patients' care and treatment. Records confirmed that the wounds were not consistently dressed in keeping with the care plan instructions. It was pleasing to see examples of robust wound assessments and meaningful evaluations after the wounds were redressed; however, these were not always completed in a consistent manner. Photographs were taken to evidence the improvement or deterioration in the wounds although one wound had not been photographed since September 2020. An area for improvement was made.

We examined the management of patients who had falls. Review of two unwitnessed falls evidenced appropriate actions were not consistently taken following the falls in keeping with best practice guidance. This was discussed with the manager and an area for improvement was made.



#### **6.2.4 Infection prevention and control (IPC) measures and environment**

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

We identified inconsistencies in staff knowledge regarding the correct use of PPE and when they should take an opportunity for hand hygiene. Most staff wore face masks appropriately although we saw staff applying and removing PPE inappropriately. There was a lack of hand sanitising gel throughout the nursing home at PPE stations, lounges and dining areas. Audits, including hand hygiene and use of PPE, were completed monthly and evidenced good compliance with best practice; this was not evidenced during the inspection. These deficits were identified with the manager and an area for improvement was made. The manager confirmed in an email following the inspection that a member of the regional support team visited the home the day after the inspection. They carried out training in relation to applying and removing PPE and supervised staff regarding the wearing of PPE and hand hygiene.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be generally clean and warm. Fire exits and corridors were observed to be clear of clutter and obstruction. We did identify some deficits in environmental cleaning, walls that required painting and equipment that needed replacing. Some bedrooms were also missing their room numbers and patient's name. The manager confirmed she would action this as required. We asked the manager to audit the bedrooms in the home to ensure they were in keeping with standard E20 of the Care Standards for Nursing Homes 2015 and all equipment is fit for purpose. This will be reviewed at a future care inspection.

#### **6.2.5 Leadership and governance**

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. The certificate of registration issued by RQIA was appropriately displayed in the home. There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by the deputy manager. Staff commented positively about the manager and described her as supportive, approachable and available for guidance and support. We discussed the registered categories of care and an ongoing variation application that RQIA received. We asked the manager to review the current categories of care within the home and amend the variation application as required.

We looked at accidents/incidents records since December 2020 in comparison with the notifications submitted by the home to RQIA. There was evidence that at least four notifications were not submitted in accordance with regulation. This was discussed with the manager who agreed to submit all outstanding notifications retrospectively. An area for improvement was made.

Review of records confirmed systems were in place to monitor staffs' registrations with their relevant professional bodies. The manager confirmed that staff training was actively managed. Review of mandatory training compliance rates evidenced appropriate records were maintained. Discussion with staff and the manager confirmed that supervision and appraisal was well maintained and actively managed. We asked the manager to ensure all supervisory staff are trained in supervision and performance appraisal. Supervision and appraisal records should include the dates the supervision and appraisal take place and be planned at appropriate intervals. This will be reviewed at a future care inspection.

We reviewed records which confirmed that there was a system of audits which covered areas such as falls, dependencies, IPC, hand hygiene, care records and accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas. Given the deficits identified during the inspection, we discussed ways the manager could enhance the current governance systems particularly with regards to the care records, hand hygiene and PPE use. The manager agreed to review these.

We examined the reports of the visits by the registered provider for December 2020 and January 2021. All operational areas of the management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

### Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between patients and staff.

### Areas for improvement

Seven areas for improvement were identified. These related to the planning of care, falls management, infection prevention and control practices, notification of notifiable events, the staffing rota, evaluation of care and wound care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	3

## 6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Throughout the inspection, patients within the home were attended to by staff in a prompt and respectful manner.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Lecale Lodge was safe, effective, compassionate and well led.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Rita Denvir, 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

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 Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>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.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p><b>Ref:</b> 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The latest new admissions records have been reviewed and all assessments and care plans have been completed in line with minimum standards. This will be monitored for all new admissions.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>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.</p> <p><b>Ref:</b> 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A new falls folder has been put in place in each unit. Staff have received supervision on falls management to include CNS observations. All falls will be monitored daily by Home Manager to ensure correct procedures are followed</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p><b>Ref:</b> 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have received further supervision sessions on PPE and hand hygiene to include the use of sanitizer and donning and doffing. Additional sanitizer dispensers have been ordered and are now in place in the Home both in and outside of the units. PPE and hand hygiene observations are carried out weekly in all units and any defects addressed with staff immediately.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>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.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All incidents from December 2020 to day of inspection were reviewed and any outstanding notifications forwarded. Incidents to be monitored daily to ensure ongoing compliance with reporting.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 March 2021</p>	<p>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.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Rosters now include staff full names and hours worked. The nurse in charge of the Home is recorded on template which is included in each units roster folder. The nurse in charge board in the front foyer will be updated daily.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure monthly care plan review and daily evaluation records are meaningful and patient centred.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Care plan training has been arranged for staff on 7<sup>th</sup> April and will incorporate the need for meaningful entries in both care plans, evaluations and daily progress notes. This will be monitored through care file audits</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>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.</p> <p>Ref: 6.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Wound care issues discussed with staff and also to be reiterated to AHP who record details of their prescribed plan of care in residents records. Records will be reviewed/monitored to ensure compliance maintained</p>

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



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