

Inspection Report

25 April 2023



Lecale Lodge

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Ann's Care Homes</p> <p>Responsible Individual: Mrs Charmaine Hamilton</p>	<p>Registered Manager: Miss Louise Mackle – not registered</p>
<p>Person in charge at the time of inspection: Miss Louise Mackle</p>	<p>Number of registered places: 41 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: 39</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 41 patients. Patients' bedrooms are located over two floors within three units. The Quoile and Slieve Patrick Units are on the ground floor and the Nendrum Unit is located on the first floor. Patients have access to communal dining and lounge areas.</p>	

2.0 Inspection summary

An unannounced inspection took place on 25 April 2023 from 9.50am to 5.15pm 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.

Staff provided care in a compassionate manner and were well trained to provide safe and effective care. Patients spoke positively on the care that they received and on their interactions with the staff. Comments received from patients and staff members are included in the main body of this report.

Two areas for improvement were identified in relation to wound care planning and auditing. RQIA were assured that the delivery of care and service provided in Lecale Lodge was safe, effective and compassionate and that the home was well led.

The findings of this report will provide the manager and management team 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 the manager and the regional manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with nine patients and nine staff. Patients were well presented in their appearance and appeared relaxed and comfortable in their surroundings. Patients told us that they were happy living in the home. Staff members were confident that they worked well together and enjoyed working in the home and interacting with the patients.

There were eight questionnaire responses received from patients. All respondents indicated that they were satisfied or very satisfied that the care in the home was safe, effective and compassionate and that the home was well led.

We received no feedback from the staff online survey.

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 12 May 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (2) (a) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12.25 Stated: Second time	The registered person shall ensure that dignified clothing protectors are provided for patients who require this form of protection.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 39 Stated: First time	The registered person shall ensure staff are trained for their roles and responsibilities.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 41 Stated: First time	The registered person shall ensure an accurate record is kept of all staff working over a 24-hour period.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 4 Ref: Standard 44 Stated: First time	The registered person shall ensure the building is kept clean and well maintained and suitable for it's stated purpose.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

A system was in place to monitor staffs' compliance with mandatory training. A recent monthly monitoring report indicated that the staff compliance rate was at 98 percent. Training was completed on a range of topics such as adult safeguarding, infection prevention and control (IPC), patient moving and handling and fire safety. Staff confirmed that they were happy with the training provision and that they could request additional training, pertinent to their role, if they identified this need.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff consulted confirmed they were satisfied that patients' needs were met with the staffing levels and skill mix on duty. Observation of staffs' practices and discussions with patients raised no concerns in relation to the staffing arrangements in the home.

The staff duty rotas accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the nurse in charge of the home when the manager was not on duty. Nurses given the responsibility for taking charge of the home first completed a competency and capability assessment prior to taking charge. A nurse in charge file had been created to aid in this role and included the contact details for senior management.

Staff spoke positively on the teamwork in the home. One told us, "The teamwork is brilliant; we all work really well together. Another commented, "We are all a good support for one another."

Patients consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance and told us that they were happy living in the home. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company.

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.

All patients had a pressure management risk assessment completed monthly. Where a patient had a wound, an initial wound assessment was completed and informed a wound care plan to guide staff on how to manage the wound. However, an area for improvement was identified to ensure that, when a patient had more than one wound, each wound would have an individual wound care plan where appropriate. Evaluation records monitored the progress of the care delivery. Body maps and wound photographs were in place to allow for a visual reference to the wound management.

An accident/incident form was completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly within each unit for patterns and trends to identify if any further falls could be prevented. We discussed the inclusion of a 24 hour falls proforma to be included following each accident to ensure the correct actions had been taken and appropriate persons notified.

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

Records of personal care delivery had been recorded electronically. Staff consulted were aware of the actions to take should a patient refuse to have assistance with personal care. While staff respected the patients' rights to refuse care, they were also aware of the importance of maintaining the dignity of patients.

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 could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Nutritional risk assessments were carried out regularly to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

Patients dined in their preferred dining area; the dining room, lounge or their own bedrooms.

Food was prepared and plated in the home's kitchen then transferred to the dining area in a heated trolley. Food served appeared appetising and nutritious. The menu was displayed and offered patients a choice of meals. The mealtime was well supervised. Staff wore personal protective equipment (PPE) and patients, who required, wore clothing protectors to maintain their dignity. Staff sat alongside patients when providing assistance with their meals. A range of drinks were served with the meals. There was a calm atmosphere at mealtime. Patients consulted were complimentary about the food provision in the home.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Appropriate doors leading to rooms which contained hazards to patients had been locked. The home was warm, clean and comfortable. There were no malodours detected in the home.

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. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to spend their day in the home and staff were observed supporting patients to make these choices.

The manager and regional manager confirmed recent environmental improvements in the home. For example, flooring had been replaced and identified rooms revamped. There was an ongoing programme of painting. New chairs and furnishings had been purchased.

Environmental infection prevention and control audits had been conducted monthly. Where deficits were identified, an action plan was in place to in how to manage these. However, there was no review of action plans to ensure that the identified actions had been completed. This was discussed with the manager and identified as an area for improvement. Additional audits were completed to monitor waste management, domestic cleaning and sluice/clinical rooms.

There were three domestics on duty each day and records were maintained of general cleaning and deep cleaning of rooms and areas within the home.

Review of records and observation of practice confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Patients confirmed that they received choices throughout the day. One told us, "The staff are very good; I like it in here". Another told us, "I am very happy; I like living here".

Four activity therapists oversaw the activity provision within each unit in the home. Activities were conducted on a group and on a one to one basis and included chatting, arts and crafts, pampering, baking, sewing and movie nights. An activity planner was available for review in each unit. Patients enjoyed outings for walks, shopping, coffee, lunch, picnics and visits to the pub and cinemas. Special days such as birthdays, St Patrick's day and Easter were celebrated. Each unit maintained their own individual activity participation records and details of patients interests and hobbies. These files were maintained in handwritten form and we discussed the potential of these records to be maintained electronically. The home had a hair salon where patients could attend or they had the option of having their hair dressed within their bedrooms if this was their preference. Musicians had been arranged to attend the home to entertain patients and patients and staff spoke fondly of a recent event where they dressed up for a Cheltenham themed day at the races.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Visiting was conducted in line with Department of Health guidelines. Patients were also free to leave the home with family members when they wished.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been a change in the management arrangements. Miss Louise Mackle has managed the home since 23 January 2023. An application to register as manager with RQIA had been received and was in process. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they found the manager and the management team to be 'approachable' and 'would listen to any concerns'.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about patients' safety, care practices or the environment. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required. Staff demonstrated good knowledge of the organisational structure in the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included patients' care records, wound care, medicines management, restrictive practice, staff training and professional registration checks.

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

A complaint's file was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. The number of complaints received in the home was low. We discussed that any area of dissatisfaction brought to staffs' or management attention should be recorded as a complaint. Cards and letters of compliments were maintained in a compliments file. The manager confirmed that all compliments received would be shared with the staff.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Louise Mackle, Manager and Lorraine Thompson, Regional 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 Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2023</p>	<p>The registered person shall ensure that when a patient has more than one wound, each wound will have a separate care plan in place which can be reviewed and evaluated accordingly.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Home Manager has spoken with all nurses and shared the feedback and information from the inspection. All wound care plans are now individual per wound. This will continue to be monitored on a monthly basis via wound audits by Home Manager and/or Deputy Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2023</p>	<p>The registered person shall ensure that audit action plans are reviewed to make sure that the deficits identified have been addressed.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home Manager and Deputy Manager have reviewed all action plans will ensure that these are all signed off in a timely manner.</p>

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