

Unannounced Care Inspection Report 26 September 2016



Lecale Lodge

Type of Service: Nursing Home
Address: 26 Strangford Road, Downpatrick, BT30 6SL
Tel No: 028 4461 6487
Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of Lecale Lodge Care Home took place on 26 September 2016 from 10.00 to 17.45 hours.

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

Is care safe?

The environment of the home was warm, well decorated, fresh smelling and clean throughout. There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skills gained, through training, was embedded into practice. Staff also confirmed that there were good communication and support systems in the home, including; staff appraisal and staff supervision systems, staff meetings and staff were required to attend a 'handover meeting' when commencing duty. One issue was identified in respect of the environment in the mental health unit and in relation to one reference received. Some areas in the home would benefit from high dusting. Three recommendations have been made.

Is care effective?

There was evidence of positive outcomes for patients. All staff demonstrated a high level of commitment to ensuring patients received the right care at the right time. Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted with clearly demonstrated the ability to communicate effectively with the patients, their representatives and other staff members.

One recommendation has been made in respect the provision of menus in the dementia and frail elderly units.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Responses received from patients, their representatives and staff would indicate a high level of satisfaction with this service.

There were no requirements or recommendations made in the compassionate domain.

Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. Discussion with the registered manager and staff; and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were no requirements or recommendations made in the well led domain.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Linda Graham, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 27 July 2016. There were no requirements or recommendations made. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered provider: Four Seasons Healthcare Maureen Claire Royston	Registered manager: Linda Graham
Person in charge of the home at the time of inspection: Linda Graham	Date manager registered: 29 January 2014
Categories of care: RC-PH, NH-DE, RC-I, NH-TI, NH-PH(E), NH-PH, NH-I, NH-MP, NH-MP(E)	Number of registered places: 56

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 20 patients, two relatives, two registered nurses, six care staff, one cook and one domestic staff.

Questionnaires for relatives (six), patients (six) and staff (12) to complete and return were left for the registered manager to distribute. One relative, one patient and six staff completed and returned questionnaires within the required time frame.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- staff recruitment records
- staff training records
- staff induction records
- staff competency and capability assessments
- staff supervision and appraisal planner
- complaints and compliments records
- accident and incident records
- records of quality audits
- minutes of staff meetings

- monthly monitoring report
- annual quality report
- three patient care records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 July 2015

There were no requirements or recommendations made following the previous care inspection completed on 27 July 2016.

4.2 Review of requirements and recommendations from the last care inspection dated 27 July 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for the weeks commencing 19 and 26 September 2016 evidenced that the planned staffing levels were adhered to. Discussion with patient, relatives and staff evidenced that there were no concerns regarding staffing levels.

There were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Two personnel files were viewed and one issue was raised regarding the documentation maintained. A second reference received was from the employee's email address instead of the referee's email address. This was discussed with the registered manager who agreed to follow up this issue immediately. A recommendation has been made in this regard.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Records for two staff members were reviewed and found to be well maintained.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Training records indicated that the majority of staff had completed mandatory training to date. Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility.

A planner was in place to ensure all staff received supervision and appraisal and there was evidence that supervision and appraisal meetings had taken place with the majority of staff to date in 2016.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was sufficiently robust.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Discussion with the registered manager confirmed that a range of audits was conducted on a regular basis. A sample of falls audits was reviewed and evidenced that the information had been analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

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 warm, well decorated, fresh smelling and generally clean. Some areas identified would benefit from high dusting particularly on top of wardrobes where items were observed to be stored. A recommendation is made in this regard. A review of the mental health unit environment was found to be bland in some patients' bedrooms and along one corridor area. The registered manager agreed to review this. A recommendation is made in this regard.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

Two recommendations have been made in respect of staff recruitment and induction records.

Number of requirements	0	Number of recommendations:	3
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that care had been assessed, planned, evaluated and reviewed in accordance with NMC guidelines. Risk assessments informed the care planning process.

Care records generally reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

There were a number of patients seated in chairs which had restraints. This was discussed with the registered manager who confirmed that this measure was to ensure the safety of patients who were not independently mobile. Risk assessments and care plans were in place and reflected best practice guidelines in the management of this type of seating.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was also evidence of regular communication with representatives within the care records.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. Staff confirmed they found the level of communication from the registered manager to be very good and clarified what was expected of them.

Patients' representatives expressed their confidence in raising concerns with the home's staff/management.

The management of meal times evidenced that all dining rooms were well organised. The main meal is served in the evening time. The lunch time meal consisted of poached or scrambled eggs, pancakes and beans or a filled baked potato. The meal served appeared appetising and was served in a timely way. Personal mealtime placement mats were in use and appropriately stored away following the meal time. This is good practice. There were no menus on display in the dementia unit and in the frail elderly unit the menus were too small and were too high up on the wall. Patients were unable to read them. A recommendation was made to ensure menus are available in all dining areas and are appropriately displayed and easily read.

Areas for improvement

One recommendation has been made in respect of the provision and management of menus.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. A choice was also available for those on therapeutic diets.

An individualised programme of activities was provided for all patients. The registered manager stated that two or three patients often go out each day to a local cafe or go shopping. Other patients were engaged in arts and crafts or enjoying the enclosed garden. Some patients were observed to enjoy watching television while others relaxed in their bedrooms reading or listening to the radio.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon. Four Seasons Health Care, (FSHC) have introduced 'A Quality of Life Programme' which provides patients, relatives and visitors an opportunity to have their say about their experiences regarding the home. The manager also informed the inspector that she formally seeks views from two patients and relatives at least weekly. The findings are recorded in the home's 'TRaCA system'.

As part of the inspection process, we issued questionnaires to staff and patients' and their representatives. There was one relative and one patient questionnaires received in time for inclusion in the report. Six staff returned completed questionnaires in time for comments to be included in the report. Some comments from the questionnaires and discussions held on during the inspection are detailed below.

Staff

- "We are very content and happy here"
- "I love it here we are well trained and Linda the manager is so approachable if we need anything"
- "What the patients, need the patients get"
- "There is a good high standard so care here"
- "I would not work anywhere else"
- "I love this unit, we work as a team"
- "I have no complaints"
- "When staff are sick we can be left short"
- "Team meetings are less frequent, recent meetings have been about the new mental health unit"

Patients

- “We are well looked after, all the staff are kind”
- “Sometimes the food is cold by the time it reaches my bedroom”
- “Sometimes there is not enough staff”
- “This is a very well run establishment”
- “Linda the manager is great”
- “I don’t think there is anywhere that can beat here”
- “We get choices and staff are very patient with me”
- “I think the care and food is good”

Patients’ representatives

- “I’m very pleased with the care provided”
- “the staff are all very good. I have no complaints”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and stated that management were responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home’s complaints record and discussion with the registered manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients’ representatives confirmed that they were aware of the home’s complaints procedure.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager and staff, and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

Review of records for June, July and August 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Linda Graham, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 (Insert Service Type). 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered person should ensure that high dusting is completed regularly, particularly on top of wardrobes where items were observed to be stored.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: This has been addressed with the domestic staff and the registered manager will continue to monitor on her daily walkabout around the home.</p>
<p>Recommendation 2</p> <p>Ref: Standard 43.6</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered person should review the environment in the mental health unit and personalise it where possible.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: A resident's meeting was held on 11/10/16 and the environment was discussed. Minutes are available. Some residents do not want to personalise their rooms and some had ideas which staff are acting on. More pictures have been placed in corridors to help the environment being careful to maintain the environment as low stimulus.</p>
<p>Recommendation 3</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered person should ensure references are sourced from the person providing the reference.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: The person who provided the reference via email was contacted and confirmed that she had supplied the reference for a staff member.</p>

<p>Recommendation 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered person should ensure menus are available in all dining areas and are appropriately displayed and easily read.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: Menus are available and have been repositioned on walls.</p>
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