

# Inspection Report

**5 September 2023**



## Lisgarel

Type of service: Residential  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust (NHSCT)  <b>Responsible Individual</b> Ms Jennifer Welsh	<b>Registered Manager:</b> Mrs. Louanne Bakker – not registered
<b>Person in charge at the time of inspection:</b> Mrs Louanne Bakker	<b>Number of registered places:</b> 40
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 11
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides health and social care for up to 40 residents. This includes residents staying for a period of respite from their own homes.  Residents have access to communal lounges, bathrooms, the dining room and a patio area.	

## 2.0 Inspection summary

An unannounced inspection took place on 5 September 2023, from 11.45 am to 5.45 pm by a care inspector.

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

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that staying in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents confirmed that they would have no issue with raising any concerns or complaints to staff.

Staff were knowledgeable with regards to the residents' needs and preferences and were well trained to deliver safe and effective care.

Specific comments received from residents and staff are included in the main body of this report.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

Two new areas for improvement were identified during this inspection with regards to recruitment records and the storage of prescribed creams. Addressing these areas for improvement will further enhance the quality of care and services in Lisgarel.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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 Mrs Louanne Bakker, Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents told us that they were happy living in the home. Residents' comments included, "It is marvellous here," and "this is a great place."

All staff spoken to said that they felt well supported in their roles within the home and were all encouraged to complete any training relevant to their roles and responsibilities.

A visiting professional told us “this is a great place, I go around a lot of places and this is one of the best.”

Comments made by residents and staff were brought to the attention of the manager for information.

Six questionnaires were returned from residents and two questionnaires were received from relatives, all respondents’ confirmed that they were satisfied with the care provided in the home. Comments on the returned questionnaires included, “I am really pleased with the care I have been given,” and “I have never been in such a caring and clean home before.”

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments referred to the “care and professionalism” of the staff. One compliment commented, “the senior care assistants and the care assistants were very welcoming and warm and they always greeted me with a smile.”

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Lisgarel was undertaken on 10 November 2022 by a care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. The manager told us that staff are recruited through a central system, however, gaps were identified in the checklist held by the manager in the home. This was discussed with the manager for action, an area for improvement was identified.

There were systems in place to monitor staffs’ registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that all staff were registered with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), Mental Capacity Act (MCA) and safeguarding. Some staff had not completed their dysphagia training within the required timeframe, however the manager provided written confirmation that this training had been completed post inspection therefore an area for improvement was not identified at this time.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, some residents expressed a wish to sit outside in the patio area, while other residents were attending the hairdresser in the home, staff were able to facilitate this.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management. One member of staff told us, “there is good support here, the residents are really well looked after.”

One resident said, “the staff are so obliging, they are very good” while another resident told us “the staff are brilliant there are none better, this is the best service.”

### 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 residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents’ needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff were observed to be prompt in responding to call bells throughout the day. Staff were skilled in communicating with residents; they were understanding and sensitive to residents’ needs.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and individual residents’ care plans reflected this.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

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

There was evidence that residents’ needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents’ nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents. ‘Safety Pause’ posters were visible on the dining room walls and care plans reflected the needs of individual residents requiring a modified diet. A review of Speech and Language Therapist (SALT) assessments reflected staff knowledge of the needs of identified residents.

There was evidence that residents’ weights were checked at least monthly to monitor weight loss or gain.

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

A review of care records confirmed that care plans were either in place or in the process of being implemented within the required timeframe.

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

Where appropriate there was evidence that each resident had an annual review of their care.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. New chairs had been purchased for the lounge area. Residents' commented "the place is really clean," and "this place is spotless."

There was evidence that the environment was well maintained and a review of records confirmed that the required safety checks and measures were in place and regularly monitored. Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured.

Fire safety measures were in place and well managed to ensure residents, 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. The most recent fire risk assessment was carried out on 23 September 2022 by the organisations' fire safety officer. Work is being planned to compartmentalise parts of the home with regards to fire safety, RQIA have been appropriately informed of these changes.

Prescribed creams had been left unattended in one residents' bedroom, the importance of ensuring that these are locked away was discussed with the manager. An area for improvement was identified.

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. There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, there was ample supply of personal protective equipment (PPE) throughout the home and staff adhered to IPC and hand hygiene measures at all times.



### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as arm chair exercises, arts and crafts and church services. The hairdresser visited the home on a regular basis and residents had the opportunity to attend to get their hair done. Recent activities also included a Hawaiian day and a movie night.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Louanne Bakker has been the Manager of the home since 11 April 2022. Mrs Bakker is in the process of applying to RQIA to become the registered manager of Lisgarel.

There was evidence in place of auditing to monitor the quality of care and other services provided to residents.

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 home has this in place and the staff confirmed that they knew who to report safeguarding concerns to. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff presented as knowledgeable with regards to the safeguarding process and a review of the training records confirmed that staff had completed their mandatory safeguarding training.

Residents and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would take any concerns seriously and deal with them appropriately.

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 residents, 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 residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

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 residents, 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 residents, 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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Louanne Bakker, 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 Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection 5 September 2023	<p>The registered person shall ensure that the pre-employment checklist held in the home contains confirmation that the following has been completed;</p> <ul style="list-style-type: none"> <li>evidence of references, one of which must be from most recent employer</li> <li>evidence that gaps in employment have been discussed</li> <li>evidence of reason for leaving last employment</li> <li>evidence that a relevant access NI check has been completed</li> </ul> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            A pre-employment check list is in place to ensure the required information is available and easily accessible. This checklist had been implemented and is being completed for newly appointed staff.</p>



<b>Area for improvement 2</b>  <b>Ref:</b> Standard 32.1  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection 5 September 2023	The registered person shall ensure that medicines are stored securely under conditions that conform to statutory and manufactures requirements.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b>  As highlighted on page 5 point 5.2.3 all prescribed creams will be stored securely. All staff who have responsibility for this have up to date training in medicines management. This has been discussed with all relevant staff and a reminder has been circulated in relation to this finding also

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



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