# Unannounced Follow-up Care Inspection Report
# 6 March 2019

# Lisgarel

**Type of Service: Residential Care Home**
**Address: Gloucester Park, Larne BT40 1PD**
**Tel No: 028 2827 4833**
**Inspector: Alice McTavish**

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.

## 1.0 What we look for


## 2.0 Profile of service

This is a residential care home with 40 beds that provides care for older people.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Northern HSC Trust<br><br>**Responsible Individual:**<br>Tony Stevens | **Registered Manager:**<br>Andrew David Jamison |
| **Person in charge at the time of inspection:**<br>Andrew David Jamison | **Date manager registered:**<br>17 August 2015 |
| **Categories of care:**<br>Residential Care (RC)<br>I - Old age not falling within any other category | **Number of registered places:**<br>40<br><br>The home is approved to provide care on a day basis only to 4 persons. |

## 4.0 Inspection summary

An unannounced care inspection took place on 6 March 2019 from 10.20 to 14.50.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

This was a focused inspection to assess progress with any areas for improvement identified during and since the last care inspection and to examine care records and fire safety arrangements.

Evidence of good practice was found in relation to the detail and quality of care records.

No areas requiring improvement were identified.

Residents said that the staff treated them well and that they enjoyed living in Lisgarel.

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

## 4.1 Inspection outcome

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Andrew Jamison, registered manager, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 October 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, two care staff and two visiting professionals.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and met with three residents. The comments provided to the lay assessor are included within this report along with a summary of observations made by the lay assessor.

A total of 10 questionnaires was provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Four questionnaires were returned by residents or residents' representatives. No questionnaires were returned by staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff training schedule
- Individual written agreements
- Care files of two residents
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

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 the most recent inspection dated 23 October 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 23 October 2018

| Areas for improvement from the last care inspection | | |
|---|---|---|
| **Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Standard 23.3<br><br>**Stated:** Second time | The registered person shall ensure that mandatory staff training is kept up to date.<br><br>Ref: 6.2 | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with the registered manager and inspection of the staff training records confirmed that mandatory staff training was kept up to date. | |
| **Area for improvement 2**<br><br>**Ref**: Standard 20.15<br><br>**Stated:** First time | The registered person shall ensure that any unplanned activations of the fire alarm are notified to RQIA in line with current guidance.<br><br>Ref: 6.4 | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with the registered manager and inspection of records of incidents and notifications made to RQIA confirmed that this had been addressed. | |
| **Area for improvement 3**<br><br>**Ref**: Standard 4.6<br><br>**Stated:** First time | The registered person shall ensure that a system is put in place for individual written agreements to be kept up to date.<br><br>Ref: 6.5 | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with the registered manager and inspection of individual written agreements confirmed that a system was put in place and the agreements were now kept up to date. | |

## 6.3 Inspection findings

### Care records

The care files for each resident were stored securely. Any changes or updates to the care records were completed in the staff offices and this ensured confidentiality.

A review of the care records confirmed that these were maintained in line with the legislation and standards. The records were written in a professional manner using language which was respectful to the individual. The files contained pre-admission information which allowed staff to become familiar with the specific needs of each individual and to make preparations to meet these needs in the home.

Staff in the home completed care needs assessments, risk assessments and care plans for each resident. The risk assessments covered such areas as moving and handling, nutrition, falls, where necessary. The care plans provided staff with guidance as to how the identified needs should be met and how any risks present could be minimised. The care documentation was completed in detail and with a focus on individualised, person-centred care.

All documents were kept up to date, regularly reviewed and appropriately signed and dated. The care plans noted consent and residents were offered the choice of having a copy of their care plans if they wished, although many declined this. Giving this choice and recording the outcome represented good practice.

Multi-professional involvement in the residents' health and social care needs was documented where necessary and this was kept up to date to accurately reflect any changes. The care records noted visits from General Practitioners (GPs), community nursing, dieticians, speech and language therapists and other associated professionals.

Residents were weighed regularly and any significant weight loss was appropriately referred to the residents' GPs; care staff reported that there was good communication between care and catering staff to ensure that any residents at risk of losing weight were provided with an enriched diet.

There were regular reviews of the care provided in the home which were attended by all relevant parties. Staff in the home completed a care review preparation report; this was completed in a high level of detail and demonstrated that staff were very familiar with the care needs of individual residents. The individual written agreements were up to date and accurate.

It was evident that there were systems in place to ensure that written and verbal information was accurately and comprehensively recorded. This supported the delivery of safe and effective care whilst also supporting person-centred, compassionate care to the individual residents. It was also evident that the manager ensured that care records were maintained to a good standard and that care in the home was well led.

### Fire safety arrangements

The last fire risk assessment available in the home was dated 15 February 2018 and this was slightly out of date. This was brought to the attention of the registered manager who undertook to liaise with the trust estates department. The registered manager later advised that a fire risk

assessment was completed on 13 March 2019. One recommendation was made and was being addressed.

A review of staff training records confirmed that staff completed fire safety training twice annually. The registered manager advised that fire drills were completed during fire training and there were also practice drills carried out on a regular basis, the last drills being on 10 October 2018 and 18 January 2019. The records of these drills included the staff who participated and any learning outcomes.

A review of fire safety records identified that fire alarm systems were tested weekly. Emergency lighting and fire-fighting equipment were checked monthly; means of escape were checked daily. All equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- "I get out a lot to my day centre and to visit family and my family comes to visit often. It's not quite like my own home, but it's the next best thing. The food is good."
- "The food is fine…I'm waiting to have my room painted…the staff are very good and I have no real worries."
- "The staff are good and are helpful. The food is good and there is choice. People for the churches come in and some people go out to church, if they are able."

A member of staff spoken with during the inspection made the following comments:

- "The care provided to the residents is very good. We work hard to meet their needs, especially since we get so many people coming in from hospital to recover after being ill. The staff is second to none, very caring and genuine."

A visiting professional spoken with during the inspection made the following comments:

- "The care here is excellent….I would be happy to place my relatives here."

The lay assessor noted that the residents spoke warmly of the staff. Residents reported that they felt able to talk to staff about any concerns or worries and that their family and friends were welcomed in the home. The lay assessor observed how staff attended to the comfort of residents, for example, by adjusting the window blinds to shade them from the sun. A member of staff provided comfort to a resident who was upset; "The interaction was appropriate and the member of staff took (the resident) to a quiet space" where they could talk.

Four questionnaires were returned by residents or residents' representatives. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

**Areas of good practice**

Good practice was present with regard to obtaining and recording consents, giving residents the choice of having copies of their own care records and to the records supporting person-centred, compassionate care.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 0 |

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.

The **Regulation** and
**Quality Improvement**
**Authority**


The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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


Assurance, Challenge and Improvement in Health and Social Care