

Inspection Report

10 October 2022



Lisgarel

Type of service: Residential
Address: Gloucester Park, Larne, BT40 1PD
Telephone number: 028 2827 4833

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT) Responsible Individual Ms Jennifer Welsh	Registered Manager: Mrs. Louanne Bakker – not registered
Person in charge at the time of inspection: Mrs Louanne Bakker	Number of registered places: 40
Categories of care: Residential Care (RC) I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 9
Brief description of the accommodation/how the service operates: 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' bedrooms are located over two floors. Residents have access to communal lounges, the dining room and a patio area.	

2.0 Inspection summary

An unannounced inspection took place on 10 November 2022, from 9.50am to 4pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during and 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.

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

Residents said that living in the home was a good experience. Residents specifically commented on the quality of the activities with in the home. 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. Specific comments received from residents are included in the main body of this report.

Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other.

The home was clean, tidy and warm and had a homely, inviting atmosphere.

There were no areas for improvement identified during this inspection. RQIA were sufficiently assured that the delivery of care and service provided in Lisgarel was safe, effective and compassionate, and that 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. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 the 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, "lovely staff", "I like it here, the girls are really good", "I can really do my own thing if I want to" and "this place is brilliant, I love it. I would change nothing." One resident attending the daily activity of a step challenge said "this is the best activity, I love coming up to the lounge for this."

We spoke with one resident's relative who told us they had no concerns about the home, commenting; "This place is brilliant, I really do not know what I would do without them." This relative also highlighted the great communication between the staff in the home and the family.

Staff commented that the home was “a good place to work, and “all activities are based on the choice of the residents.” Staff also commented on the enthusiasm of the new manager stating that “Louanne really pushes our training, it’s great to be able to put our learning into practice: she is very supportive.”

One questionnaire was received following the inspection by a relative who highlighted the professionalism of the staff and stated “My aunt is enjoying her stay here; I can see her confidence growing daily.”

No additional feedback was provided by residents or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team at team meetings and handovers, this is good practice.

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 29 March 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records for the administration of thickening agents are accurately maintained.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 2 Ref: Regulation 29 (4) (b) Stated: First time	The registered person shall ensure that monthly monitoring visits are conducted and that written reports are prepared and made available to representatives of the RQIA on inspection.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The manager had a system in place to monitor staff's professional registration with the Northern Ireland Social Care Council (NISCC). Following discussion at inspection, the manager implemented a new system to improve their oversight of recruitment checks.

There were systems in place to ensure staff were trained and supported to do their job. On the day of the inspection Deprivation of Liberty Safeguarding (DoLS) training was taking place in the home. Staff had recently attended training with regards to activity planning and there was clear evidence that this training had been put into practice within the home.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels, training arrangements and the level of communication between staff and management. One staff commented, "I love all the extra training, it really helps with my practice."

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The duty rota did not have the full names of the staff on duty. This was highlighted to the manager for immediate action and review.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

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, on the day of the inspection the majority of the residents in the home wanted to attend the daily activity and staff were able to facilitate this.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

Residents said that staff responded to call bells very quickly with one resident explaining "when I need help during the night, I just need to press my bell and the staff come to help me very quickly".

Residents' relatives said that the staff were excellent at keeping them informed with regards to their loved ones needs and any changes in their health.

5.2.2 Care Delivery and Record Keeping

Observation of practice and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed supporting the residents at the daily activity, supporting residents to attend to personal care and supporting residents with their lunch time meal in a respectful manner.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Where a resident was at risk of falling, measures to reduce this risk were put in place. 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. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. There was evidence of a monthly falls audit being carried out by the manager.

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 were being met. There was evidence that residents' weights were checked regularly to monitor weight loss or gain. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records are reviewed to ensure residents received the correct consistency of diet. Records for those residents requiring thickening agents were accurately maintained. Staff confirmed there was a system in place to ensure all meals were checked before being served to residents on a modified diet. '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.

The dining experience was a relaxed and sociable experience; residents were seen to be chatting with staff throughout the meal. The food smelled appetising and portions were generous. The menu for the day was on display and both residents and staff confirmed that choices for meals were always offered.

Residents' needs were assessed at the time of their admission to the home. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. 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. Any concerns raised by staff with regards to residents were recorded and addressed in a timely manner.

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 and tidy. Some areas of the home, such as some bedrooms required redecoration. The manager confirmed this had already been requested from the estates department.

Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

One empty bedroom was being repurposed and changed into a new reminiscence area for residents. This change of use to the home's registration had not been discussed with or approved by RQIA. This was escalated to the RQIA estates inspector. Following discussion with the home, the manager confirmed that the use of the bedroom was not appropriate and the planned reminiscence room has now been moved to a communal lounge in the home which was not being used.

Art work and comments by residents from different activity programmes were displayed along the corridor. For example, photographs of local areas were on display and used by staff as discussion points with residents. Resident's comments of their individual memories were then recorded beside these photos.

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.

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 COVID-19 infection and other infectious diseases. For example, there was ample supply of personal protective equipment (PPE) throughout the home and staff adhered to IPC 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.

On the day of the inspection a 'step' activity was taking place. This involved the residents sitting in their chairs and stepping to music. All but two of the residents were taking part in this activity. Before the activity started a resident told us "this is the best activity, we are stepping our way to Portrush and we do something different at every village we stop at". Another resident told us later in the day "the steps are great, everyone loves it".

Staff discussed the importance of a person centred approach when it came to activities for the residents. Staff told us that they had attended a recent course 'Christmas planning for the elderly' and they provided us with the daily Christmas planner, which included activities such as Christmas quizzes, movies, party nights and art activities.

Evidence from residents' meetings showed the residents were involved in the planning of activities and that their views and opinions were sought on various topics.

Visiting in the home was in place. We spoke with a relative who confirmed that staff were very accommodating when it came to facilitating visits and that they always felt welcomed when they visited.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Louanne Bakker is now the manager of the home. 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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Louanne Bakker, manager at the conclusion of the inspection.

	Regulations	Standards
Total number of Areas for Improvement	0	0

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