

Unannounced Care Inspection Report 21 June 2016



Lisgarel

Type of Service: Residential
Address: Gloucester Park, Larne, BT40 1PD
Tel No: 02828274833
Inspector: Bronagh Duggan

1.0 Summary

An unannounced inspection of Lisgarel took place on 21 June 2016 from 10:15 to 17:45.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One requirement and one recommendation were stated. The requirement related to the completion of a plan to identify and improve the home environment to ensure it is kept in a good state internally. A recommendation was made to develop a schedule for annual staff appraisals and staff supervision.

Is care effective?

One recommendation was made that staff meetings should be held regularly and at least quarterly. Some examples of good practice included a person centred approach to care, records reflected multi-professional input into the service users' health and social care needs, records were stored safely and securely in line with data protection.

Is care compassionate?

Some examples of good practice included systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in matters affecting them. Observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Is the service well led?

Some examples of good practice included regular audit of accidents and incidents, information in regard to current best practice guidelines was made available to staff, there was a clear organisational structure and staff were aware of their roles, responsibility and accountability within the overall structure.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Andrew Jamison, 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 type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Northern HSC Trust/Anthony Stevens	Registered manager: Mr Andrew Jamison
Person in charge of the home at the time of inspection: Mr Andrew Jamison	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category	Number of registered places: 40
Weekly tariffs at time of inspection: £494 per week	Number of residents accommodated at the time of inspection: 31

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, notifications of accidents and incidents submitted to RQIA since the previous inspection, and the returned Quality Improvement Plan (QIP).

During the inspection the inspector met with 17 residents individually and others in groups, three care staff, one senior carer, one resident's visitor/representative and the registered manager. The following records were examined during the inspection:

- Three care records
- Staff duty rota
- Supervision and appraisal information
- Induction programme
- Records of staff meetings
- Records of residents meetings
- Relevant policies and procedures
- Accidents and incident records
- Audit records
- Fire safety risk assessment
- Staff training records
- Monthly monitoring reports
- Two competency and capability assessments

Eighteen satisfaction questionnaires were distributed for completion and return to RQIA. These included six for residents, six for representatives and six for staff. In total six completed questionnaires were returned to RQIA. These all reflected satisfaction with the care provided.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18/03/2016

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last care/medicines/estates/finance inspection dated 16 June 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14.5 Stated: First time	The acting manager should ensure resident's wishes in the event of their death are obtained through a process of consultation and or care review.	Met
	Action taken as confirmed during the inspection: Three care records inspected contained residents wishes in the event of their death.	
Recommendation 2 Ref: Standard 6.2 Stated: First time	The acting manager should ensure that care plans relating to more complex continence needs including catheter and stoma care should include greater detail regarding their management.	Met
	Action taken as confirmed during the inspection: Inspection of one specific care plan showed detailed information and guidance relating to the management of more complex continence needs including catheter care.	

Recommendation 3 Ref: Standard 9.2 Stated: First time	The acting manager should ensure that staff training on continence management is updated. This training should incorporate the management of more complex continence products including catheter and stoma care.	Met
	Action taken as confirmed during the inspection: Review of training records and discussion with the registered manager confirmed staff completed relevant training in October 2015.	
Recommendation 4 Ref: Standard 10.1 Stated: Second time	The need to notify RQIA on each occasion restraint is used should be included within the homes policy and procedure relating to the managing challenging behaviour and the use of restraint.	Met
	Action taken as confirmed during the inspection: The policy has been amended and is pending approval by the Trust. The policy stipulates the need to notify RQIA on each occasion restraint is used.	
Recommendation 5 Ref: Standard 13.4 Stated: Second time	All care staff should complete training relating to managing behaviours on an annual basis in keeping with RQIA Guidance on Mandatory Training 2012.	Met
	Action taken as confirmed during the inspection: Review of staff training records and discussion with the registered manager confirmed that staff had completed training relating to the management of challenging behaviours.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty –

Registered manager

Senior Carer x2

Care Assistant x 4

Domestic Assistant x3

Kitchen Assistant x4 (The kitchen staff also provide services to the adjoining day centre).

Review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A recommendation was made that a schedule for annual staff appraisals and staff supervision should be developed and maintained in the home.

The registered manager and staff confirmed that competency and capability assessments were recently undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

The registered manager confirmed a small number were still due to be completed, these would be done without delay. A review of a sample of two staff competency and capability assessments showed staff had been assessed and were in agreement regarding the skills required to be in charge of the home in the registered managers absence.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The registered manager confirmed arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council.

The registered manager confirmed that there are plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion and the accompanying updated policy and procedure is currently being developed at trust level. Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. The registered manager confirmed there had been no recent ongoing safeguarding investigations.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments including manual handling and falls were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that they were appropriately maintained and reviewed regularly for example Control of Substances Hazardous to Health (COSHH) and fire safety.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Cleaning records were maintained and available for inspection.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. The registered manager confirmed unannounced infection prevention and control audits are completed on a regular basis by the IPC nurse. Records of these visits were maintained in the home. The registered manager confirmed these have had a positive impact on the home. The registered manager confirmed a recent outbreak was minimised and quickly controlled following identified procedures within the home.

A general inspection of the home was undertaken to examine resident bedrooms, shared bathrooms, and communal lounges. The overall décor of the home was found to be dated and in need of improvement. The condition of the flooring and wall coverings in one particular resident's bedroom was shared with the registered manager. The wall coverings in the communal lounge areas were also of a poor standard. Carpet was noted to be uneven in places.

It was noted that a number of chairs and side tables in the communal lounge area were in a poor state of repair. A requirement was made that a plan should be put in place to identify and improve the home environment to ensure it is kept in a good state internally. The home was found to be fresh smelling and clean throughout.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 14 March 2016 identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually.

The most recent fire drill was completed in September 2015, records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

Two areas of improvement were identified during inspection in regard to the condition of the internal environment, and the completion of a supervision / appraisal schedule.

Number of requirements	1	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. For example residents were encouraged to participate in activities, residents wishes including their likes and dislikes around meals and rising and retiring times were taken into consideration.

The care records reflected multi-professional input into the service users' health and social care needs. The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

Audits of accidents and incidents (including falls) infection control measures, and equipment checks including mattresses and commodes were completed regularly and were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports these sought the views of residents and representatives and also included the breakdown of complaints.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, and staff shift handovers. It was noted that the most recent senior staff meeting was held in November 2015 the need to ensure staff meeting occur on a least a quarterly basis was discussed with the registered manager. A recommendation was made. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and the representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

One area of improvement was identified during inspection in regard to staff meetings, a recommendation was made.

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

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents, and one representative confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents and one representative, staff and observation of interactions demonstrated that residents were treated with dignity and respect.

Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example staff were aware of the need to ensure records were stored securely. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Some comments received from residents included:

- "I couldn't ask for better, I have been here a long time. I have no complaints what so ever. All very satisfactory."
- "The staff are very patient, they deserve medals".
- "This place is like a diamond, all the staff are very helpful, I couldn't be in a better place".
- "They are all very good, the food is very good".
- "I like it here".

The registered manager confirmed that residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example during care review, during monthly monitoring visits resident and their representatives would be spoken with and during residents meetings.

The registered manager confirmed residents are consulted about the standard and quality of care and about the home environment. This consultation is carried out at least annually. The findings from the consultation are then collated into a summary report which is made available for residents and other interested parties. The registered manager confirmed the most recent quality review report had been completed and would be forwarded to RQIA following the inspection. However, a copy of this report did not arrive within the specified time scale. The quality review report shall be viewed during the next inspection.

Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas of improvement were identified during inspection.

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of leaflets and information posted around the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. There were no new complaints recorded since the previous inspection.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and

procedures. However, following the inspection the registered manager was requested to provide information retrospectively as review of records in the home and of previous notifications received by RQIA showed that a notification had not been documented/ categorised correctly.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas of improvement were identified during 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 Andrew Jamison, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 Residential Care Home. 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 Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Residential Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered provider 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 Care.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

Statutory requirements

Requirement 1

Ref: Regulation 27.2 (b)

Stated: First time

To be completed by: 21 September 2016

The registered provider must ensure that a plan is put in place to identify and improve the home environment to ensure it is kept in a good state internally.

Response by registered provider detailing the actions taken:

A Minor capital works was forwarded to line management prior to the inspection date to procure funding and indentify what is needed to improve the home environment. A plan will be put in place by 21 September on how the Trust intend to take this forward.

Recommendations

Recommendation 1

Ref: Standard 24.3

Stated: First time

To be completed by: 21 August 2016

The registered provider should ensure a schedule for annual staff appraisals and staff supervision is developed and maintained in the home.

Response by registered provider detailing the actions taken:

Staff appraisals and staff supervision are being carried out in line with current guidance, as requested a schedule will be created to reflect this.

Recommendation 2

Ref: Standard 25.8

Stated: First time

To be completed by: 21 September 2016

The registered provider should ensure staff meetings occur on a regular basis and at least quarterly.

Response by registered provider detailing the actions taken:

Staff meeetings are currently held for individual groups of staff on a monthly basis and will be consolidated, so that quarterly meetings of the full staff team take place as requested.

Please ensure this document is completed in full and returned to Care.Team@rqia.org.uk from the authorised email address



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