

Inspection Report

29 March 2022



Lisgarel

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Ms Jennifer Welsh, Acting	Registered Manager: Mrs Margaret Montgomery – not registered
Person in charge at the time of inspection: Mrs Margaret Montgomery	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: 19
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. 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 29 March 2022 at 10:50 am to 4:50 pm by the care inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and sought 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.

One new area for improvement has been identified in relation to the availability of monthly monitoring reports. The total number of areas for improvement includes one regulation that was not reviewed during this inspection and has been carried forward for review at the next inspection.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents.

Staff members were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

Residents said that living 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.

Comments received from residents and staff members are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. 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 and 'Tell Us' cards 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 Margaret Montgomery, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with five residents individually, small groups of residents in the dining room and five staff. Visitors were unavailable to consult with. Residents told us that they felt well cared for, enjoyed the food and that staff members were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received ten completed resident questionnaires and one staff questionnaire. All returned questionnaires indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led.

A staff member spoken with commented:

“I’ve worked here for many years and have no concerns. I’m happy here and we receive good training to do our job. The manager is approachable and I would be confident that she would address any concerns immediately”.

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

“I write to offer my sincere thanks for all the care and attention you have shown ... The girls are also so pleasant and go ‘the extra mile’ as nothing is a bother. Thank you for keeping me up to date by phone. It is very much appreciated”.

5.0 The inspection

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

The most recent inspection was undertaken by the pharmacist inspector on 9 September 2021. One area for improvement identified was not reviewed during this inspection and has been carried forward for review at the next inspection.

Areas for improvement from the last inspection on 09 September 2021		
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. Ref: 5.2.1	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2021/2022 evidenced that staff had attended training regarding basic life support, first aid, behaviours that challenge, adult safeguarding, infection prevention and control (IPC), control of substances hazardous to health (COSHH) and fire safety.

A staff member spoken with said:

“I’ve worked here a long time. I’m very happy here and have no main issues or concerns, although I would like more face to face training as most of our training has been online since the pandemic began, due to social distancing guidelines. Hopefully we will receive more face to face training when everything settles down again”.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. The manager’s hours, and the capacity in which these were worked, were clearly recorded. It was noted that the duty rota for some staff did not include their full name or job title. This was discussed with the manager who advised she would address the matter.

Correspondence from the manager on 31 March 2022 confirmed that the identified staff duty rota has been reviewed with the full name and job title of each staff member included.

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.

Two residents spoken with said:

"They're very good people. They are lovely people who I would rate very highly. The manager is approachable and would sort out any concerns very quickly".

"This is home from home. The staff are attentive and I was so happy to know that I was coming to Lisgarel".

Deprivation of liberty safeguards (DoLS) and restrictive practices were discussed. Staff members were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff told us they were confident that they could report concerns about resident's safety and poor practice.

5.2.2 Care Delivery and Record Keeping

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.

Review of care records regarding mobility, risk of falls, nutrition and weight evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed. The manager advised that no residents in the home required wound management.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

A review of records evidenced that care plans were in place for the management of alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

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.

Review of residents' supplementary care records in relation to personal hygiene evidenced that residents were offered a bath or shower on a regular basis.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians.

There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner and offered personal care to residents discreetly.

The manager advised that resident and staff meetings were held on a regular basis. Minutes were available.

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.

We observed the serving of the lunchtime meal for residents in the dining room and noted that this meal time provided residents with an opportunity to socialise together. Staff had made an effort to ensure residents were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids for those on specialised diets and how to provide personalised care to residents who needed varying degrees of assistance with eating and drinking. Staff assisted residents in an unhurried manner. Residents said that they enjoyed lunch.

5.2.3 Management of the Environment and Infection Prevention and Control

On arrival to the home, observation of the external building evidenced that the fascia board that runs along the lower edge of the roof, was noted to be in disrepair and is required to be painted. This was discussed with the manager who advised she would check progress regarding this, as a request for the work to be completed had already been submitted.

Correspondence from the manager on 31 March 2022 confirmed that costing for the external painting of the fascia board by the Trust's Estates Officer, would be completed as soon as possible, in order for the work to commence.

We observed the internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout. Review of the daily cleaning schedule confirmed that tasks had been well documented and signed by staff on completion.

Residents' bedrooms were personalised with items important to them. 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.

The treatment room was observed to be securely locked to prevent any unauthorised access. The manager confirmed that a replacement, wall bracket for the medicine trolley, stored in the treatment room, will be completed as soon as possible. The sluice room was noted to be appropriately locked.

Equipment such as walking aids were seen to be clean and well maintained. However, it was noted that the wheels of an identified commode were rusted and could not be effectively cleaned. This was discussed with the manager who advised that she would address the matter.

Correspondence from the manager on 31 March 2022 confirmed that the commode has been replaced.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of their time in their room and staff were observed supporting residents to make these choices.

There was a range of activities provided for residents by staff. Review of the residents' activity record book and discussion with staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities, such as baking, armchair exercises, bowls, reminiscence sessions, singalongs and quizzes.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

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. Ms Amanda Burgess, Adult Safeguarding Team, Northern Health and Social Care Trust, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of staff supervision and appraisal records evidenced that they had commenced for 2022. The manager advised they are ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

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 and their care manager and appropriate action had been taken.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls and infection prevention and control (IPC) practices including hand hygiene.

It is required that the home is 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. These reports should be made available for review by residents, their representatives, the Trust and RQIA. Not all requested reports were available to view on the day of inspection. The availability of monthly quality monitoring reports for inspection was discussed with the manager and an area of improvement was identified.

The manager advised no complaints have been raised during 2022 and that systems were in place to ensure that complaints were managed appropriately. Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive and approachable.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005.**

	Regulations	Standards
Total number of Areas for Improvement	2*	0

* the total number of areas for improvement includes one regulation which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Margaret Montgomery, 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 Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection (9 September 2021)</p>	<p>The registered person shall ensure that records for the administration of thickening agents are accurately maintained.</p> <p>Ref: 5.2.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29 (4) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>The monthly monitoring reports have been printed and filed and made readily accessible for future inspections by RQIA</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care