

Unannounced Care Inspection Report

23 July 2020



Lisnisky Care Home

Type of Service: Nursing Home

Address: 16 Lisnisky Lane, Portadown, Craigavon BT62 5RB

Tel No: 02838339153

Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 56 persons. The home shares a building with Lisnisky Residential Home.

3.0 Service details

| | |
|---|---|
| Organisation /Registered Provider: Ann's Homecare Ltd Responsible Individuals: Charmaine Hamilton | Registered Manager and date registered: Jolly Joseph – 17 April 2018 |
| Person in charge at the time of inspection: Jolly Joseph | Number of registered places: 56 |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. TI – Terminally ill. | Number of patients accommodated in the nursing home on the day of this inspection: 47 |

4.0 Inspection summary

An unannounced inspection took place on 23 July 2020 from 10.00 to 19.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA was aware of recent changes regarding the ownership of the home; in response to this change RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate complaints/whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Care delivery
- Care records
- Governance and management

The findings of this report will provide Lisnisky Care Home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

The term 'patients' is used to describe those living in Lisnisky Care Home.

4.1 Inspection outcome

| | Regulations | Standards |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | *1 | 0 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jolly Joseph, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection. One area for improvement has been stated for the second time.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- The registration status of the home
- Written and verbal communication received since the previous care inspection
- The returned QIP from the previous care inspection
- The previous care inspection report

The following records were examined during the inspection:

- Staff duty rota from 20 July to 2 August 2020
- Five care records
- Accident and incident records from April to June 2020
- Sample of monthly monitoring reports from April to June 2020
- Staff training matrix
- Management and governance audits/ checks
- Certificate of registration

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 10 September 2019.

| Areas for improvement from the last care inspection | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 12 (1) (a) and (b) Stated: First time | The registered person shall ensure that falls management in the home is maintained in accordance with best practice guidance such as National Institute for Health and Care Excellence guidance. | Not met |
| | Action taken as confirmed during the inspection: We reviewed a sample of care records with regard to falls management and the monitoring of neurological observations following falls. We found the records were not maintained in keeping with the best practice guidance; therefore the area for improvement was not met and has been stated for a second time in the QIP appended to this report. | |
| Area for improvement 2 Ref: Regulation 13 (7) Stated: First time | The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system to ensure infection prevention and control compliance must be developed. | Met |
| | Action taken as confirmed during the inspection: Discussion with the manager, inspection of the home environment and review of relevant information showed that the infection prevention and control issues identified during the previous inspection had been addressed satisfactorily. In addition environmental audits were completed on a regular basis. | |

| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
|--|--|---------------------------------|
| Area for improvement 1 Ref: Standard 4.9 Stated: Third time | The registered person shall review the recording of wound care to ensure that records consistently evidence care delivery. | Met |
| | Action taken as confirmed during the inspection: Discussion with the manager and review of wound records showed that these records were maintained on an up to date basis and reflected care delivery. The manager advised a weekly audit is completed regarding the completion of wound care records in the home. | |
| Area for improvement 2 Ref: Standard 4.1 Stated: Second time | The registered person shall ensure that a comprehensive and holistic assessment is commenced on the day of admission to the home and completed within five days of admission. Initial plans of care should be in place within 24 hours of admission. | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and review of a sample of admission records showed that the initial plans of care were commenced within 24 hours of admission and holistic assessments were completed within five days of admission. | |
| Area for improvement 3 Ref: Standard 23.2 Stated: Second time | The registered person shall ensure that care plans are put in place to manage the care of patients identified as at risk of developing pressure ulcers. | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and review of a sample of care records showed care plans were in place regarding the care of patients identified at risk of developing pressure ulcers. | |

| | | |
|--|--|------------|
| Area for improvement 4 Ref: Standard 43 Stated: First time | The registered person shall ensure that pull cords, used to attract staffs attention, are accessible to patients at all times. | Met |
| | Action taken as confirmed during the inspection: During inspection of the environment and discussion with patients we could see that pull cords and nurse call buttons were accessible to patients. | |
| Area for improvement 5 Ref: Standard 30 Stated: First time | The registered person shall ensure that oxygen cylinders are stored in a safe manner at all times. | Met |
| | Action taken as confirmed during the inspection: Inspection of oxygen cylinder storage in the environment and discussion with the registered manager confirmed the cylinders were stored in a safe manner. | |
| Area for improvement 6 Ref: Standard 4.4 Stated: First time | The registered person shall ensure that patients' care plans are updated to reflect the recommendations of another healthcare professional or the reasons why not clearly documented. | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and review of a sample of care plans showed they had been updated to reflect the recommendations of other health care professionals. | |

6.2 Inspection findings

Staffing

We arrived at the home at 10.00am and were met by the nurse in charge. Discussion with the manager confirmed the planned daily staffing levels for the home. Staff duty rotas for the period of 20 July to 2 August 2020 were reviewed. Records showed shifts were covered and there were stable staffing arrangements in place. The rota reflected the nurse in charge of each shift and staff on duty during the inspection. An on call system was also recorded on the staff duty rota to ensure appropriate out of hours cover when needed. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. No concerns were raised by staff regarding staffing levels in the home.

We met with staff and discussed their experiences of working in the home. Staff were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Observations of staff practice showed they were kind and courteous to patients and responded promptly to call bell requests for assistance. Staff spoken with confirmed there was good team working within the home. Staff showed they were aware of the individual needs of patients.

Comments received from staff included:

- “I think this is probably the nicest place I have ever worked, there is good team work, everyone works well together.”
- “Staffing is very good...it works well.”
- “Happy enough, aware of the procedures.”

Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Upon arrival at the home inspectors temperatures were taken and they were asked if they had been displaying any symptoms associated with Covid 19. This information was recorded accordingly. The manager confirmed all patients and staff had temperatures taken twice daily. All visitors, though limited due to visiting restrictions, had temperatures taken upon arrival at the home. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance. Supplies were readily and easily available during the inspection.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Domestic staff confirmed they had a good supply of products available to do their job and had clear procedures and schedule in place.

During a walk around the home it was found to be warm, clean and tidy. Communal areas including lounge, dining areas and bathrooms were generally well maintained. Some paintwork was observed as being in need of improvement on corridors and some door frames. The registered manager advised that an action plan had been completed with regard to identifying environmental improvements and these were due to be addressed in the near future as environmental improvements were delayed due to the Covid 19 situation. A copy of the action plan was available for review during the inspection. Progress regarding the environmental improvements will be followed up at a future inspection.

Care delivery

We observed staff practice in the home, interactions with patients were warm and friendly. Staff showed good knowledge of patients' individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of patients' personal preferences.

There was a relaxed and unhurried atmosphere in the home. Most patients were observed relaxing in their bedrooms, while others rested in larger communal areas. Patients appeared comfortable; staff were available throughout the day to meet their needs. Call bells were observed to be in easy reach for patients throughout the day.

We noted that the central point for the call bell system for the entire home was located close to two patients' bedrooms in an identified wing. This meant that call bells appeared to be regularly buzzing in the same area. One patient spoken with shared with the inspector that they heard the buzzers frequently due to the central location of the system. This issue was discussed with the registered manager who confirmed the call bell system would be considered as part of the environmental review. This shall be followed up at a future inspection.

Comments from patients included:

- "They (staff) are very good, the food is lovely. I am very happy here."
- "It's dead on, I like it alright, its good."
- "I like it, staff they are nice."
- "It's nice, the only thing is the buzzers."

Care records

A sample of five care records was reviewed; these were completed on an electronic records system. Records included an assessment of needs, risk assessments, care plans and daily evaluation records. Care needs assessments and risk assessments were reviewed and updated on a regular basis or as any changes occurred. Wound care records were detailed and included all relevant information and evidenced that regular review and evaluation was undertaken. Staff spoken with advised that a weekly audit was completed regarding wound care to ensure good practice. We reviewed a sample of neurological observation records completed for patients following falls; we noted these records were not maintained in line with best practice. An area for improvement was identified in this area during the previous inspection; this has not been met and has been stated for the second time in the QIP appended to this report.

Governance and management arrangements

The manager outlined the management arrangements within the home and explained how the establishment had transferred to a new provider. The manager confirmed she felt well supported during the process; staff also confirmed they were kept well informed of changes as they happened.

We reviewed a sample of audits which were completed on a regular basis including complaints, handwashing, environment, equipment checks, accidents and incidents. There was a system in place regarding complaints management. A complaints analysis was completed on a monthly basis to help identify any patterns or trends. There was a system in place regarding the reporting of notifiable events. Review of records showed RQIA had been notified appropriately. A monthly audit was completed which reviewed accidents and incidents to help identify any patterns or trends.

Monthly monitoring reports had been completed; a sample of these was viewed from April to June 2020. The reports showed an oversight of the home was maintained and action plans were in place to highlight any areas to be addressed as a result of the monitoring visits. The reports also showed the views of residents and representatives; some of these had been gathered via telephone during the peak of the Covid 19 situation. We discussed with the manager the benefit of including within the template a space to show when and by whom actions had been completed.

There was a staff training matrix in place which evidenced regular review and updating to ensure staff mandatory training was completed as necessary. Staff competency logs were also maintained on an up to date basis. We could see staff and patient meetings were being held regularly; minutes were available which reflected attendance, agenda and any outcomes. The home's certificate of registration was displayed appropriately. Staff spoken with confirmed they were aware of how to report any issues or concerns if they had any to the manager or senior management team.

Areas of good practice

Areas of good practice included communication between patients, staff and other key stakeholders; infection prevention and control; the culture and ethos of the home; governance arrangements; and maintaining good working arrangements.

Areas for improvement

No new areas for improvement were identified during the inspection. One area for improvement relating to falls management and best practice has been stated for a second time.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 0 |

6.3 Conclusion

The purpose of this inspection was to follow up on the QIP from the previous inspection and to review the transfer of the home to a new provider. The majority of items from the previous QIP were assessed as being met. One area for improvement has been stated for a second time. Discussions with the manager and staff in the home, as well as review of records and discussion with patients, showed stability had been maintained following the transition of the home to a new provider.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jolly Joseph, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 nursing 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 12 (1) (a) and (b) Stated: Second time To be completed by: 25 July 2020 | <p>The registered person shall ensure that falls management in the home is maintained in accordance with best practice guidance such as National Institute for Health and Care Excellence guidance.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Registered Manager has completed a full review of post fall management and an audit system has been put in place to ensure the identified deficit is addressed.</p> <p>Supervisions have been completed with Registered Nurses in relation to the completion of CNS observations as per NICE guidelines.</p> <p>Registered Manager will monitor compliance of post fall documentation through audits; ensuring CNS and associated observations are carried out and documented following each witnessed head injuries and all unwitnessed falls.</p> |

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



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