

Inspection Report

17 October 2022



Lisnisky Care Home

Type of Service: Nursing Home
Address: 16 Lisnisky Lane, Portadown,
Craigavon, BT63 5RB
Tel no: 028 3833 9153

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

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| Organisation/Registered Provider: Ann's Care Homes Limited Responsible Individual Charmaine Hamilton | Registered Manager: Sherly Mathai- not registered |
| Person in charge at the time of inspection: Sherly Mathai | Number of registered places: 56 A maximum of 14 patients in category NH-DE. The home is approved to provide care on a day basis only to 9 persons. |
| 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: 55 |
| Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 56 persons. General nursing is provided on the Brownlow Wing, Donard Wing and the Gardiner Wing on ground level. Patients with a dementia are accommodated on the lower ground level. Patients have access to communal lounges, dining rooms and a garden. | |

2.0 Inspection summary

An unannounced inspection took place on 17 October 2022 from 09:45am to 05:30pm by a care inspector.

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

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; "staff are very good, they would do anything for you" and "staff are very kind and helpful". Patients were positive about the cleanliness of the home and the care provided. Patients spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients and staff were shared with the management team for information and action if required.

Two responses were received from the resident/relative questionnaires following the inspection indicating that they were satisfied with the overall provision of care in the home.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

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 19 July 2021 | | |
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| Action required to ensure compliance with The Nursing 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 accurate records for the administration of thickening agents are maintained. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 4 Criteria (9) Stated: First time | The registered person shall ensure that care records such as reposition charts or fluid intake charts are monitored to ensure that these have been completed and/or timely action is taken when an issue is identified. | Not met |
| | Action taken as confirmed during the inspection: This area for improvement required further work to ensure it is met and is therefore stated for a second time. This is discussed further in section 5.2.2 | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employees' recruitment records evidenced that one employee had a reference in place that was not stated on their application form, no explanation was recorded for this, and two staff induction records had not been 'signed off' by the manager. This was discussed with the management team and an area for improvement was identified.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others and that they were satisfied with the level of communication between staff and management.

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.

While staff said that they were satisfied with planned staffing levels, they told us that these were not always achieved due to short notice leave. They did advise that the manager did attempt to cover shifts in the event of short notice leave and that teamwork was generally good. The comments made by staff were discussed with the management team and assurances were provided that staffing levels would continue to be monitored regularly to ensure the needs of patients were met.

Staff were observed to respond to patients requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a "handover" at the beginning of each shift to discuss any changes in the needs of the patients.

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

Patients' 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 patients' needs and included any advice or recommendations made by other health professionals. Patients care records were held confidentially.

Review of a sample of patient care records evidenced that generally they were well maintained except care plans did not always reflect the assessed needs of the patient and/or the care delivered. Details were discussed with the manager and an area for improvement was identified.

Where a patient is assessed as being at risk of falls, review of records and discussion with staff evidenced that measures to reduce this risk had been put in place.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise were assisted by staff to change their position regularly. Records were maintained of when the patient was assisted to reposition however the recording on the reposition chart was inconsistent with the patient's care plan. In addition patients' fluid intake charts were not consistently completed or totalled over each 24 hour period. This was discussed with the manager and the area for improvement identified at the previous inspection has been stated for a second time.

Care plans reflected the patients' needs regarding the use of pressure relieving mattresses. However the recommended mattress setting for specific mattresses were not consistently recorded. It was also established that there was no system in place to monitor that mattress settings were correctly maintained. This was discussed with the manager and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

It was noted that there was no menu board in the General or Dementia Units. This was discussed with the manager and an area for Improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic. Patients said that they were satisfied that the home was kept clean and tidy.

The majority of patient equipment was well maintained and clean. However, the underside of a small number of shower chairs had not been effectively cleaned. This was discussed with the manager and an area for improvement was identified.

Some of the bed linen was noted to be worn and creased, this was discussed with the regional manager and assurances were given that new linen had been ordered, this will be reviewed during subsequent inspections.

Cleaning chemicals were maintained safely and securely.

The home's most recent fire safety risk assessment was dated 19 July 2022. An Action Plan was in place to address the recommendations made by the fire risk assessor. Discussion with the manager confirmed that they were addressing all of the recommendations. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. Patients said that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

Visiting arrangements were managed in line with regional guidance.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last care inspection. Mrs Sherly Mathai has been the acting manager since 15 August 2022. The manager said she felt well supported by senior management and the organisation.

Staff members 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 patients, care practices or the environment. Records confirmed that staff meetings were held regularly.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls.

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 regional manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, 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 reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

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

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1 | 5* |

* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sherly Mathei, manager and Patricia Greatbanks, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| 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: First time To be completed by: 31 December 2022 | <p>The registered person shall ensure that patient care records are person centred and reflect the individual assessed need of the patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has met with all Registered Nurses and requested that a full review of each Resident care record is undertaken to ensure that assessed needs are fully reflected in care plans and associated risk assessments. This will be monitored by Registered Manager through care plan auditing process.</p> |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | |
| Area for improvement 1 Ref: Standard 4 Criteria (9) Stated: Second time To be completed by: 30 November 2022 | <p>The registered person shall ensure that care records such as reposition charts or fluid intake charts are monitored to ensure that these have been completed and/or timely action is taken when an issue is identified.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has met with all Registered Nurses and requested that a full review/base line audit of each Resident is undertaken to ensure only Residents are on the required reposition or fluid intake chart. This base line audit has been communicated with all care staff and the importance of contemporaneous recording has been reiterated. Registered Nurses have been advised of their accountability to sign on the chart when they are overseeing the completion and what action to take should an issue be identified. The 24 hour shift report also includes a section for Registered Nurses to record four Supplementary booklets that they have spot checked. The Registered Manager will also sign charts when completing daily spot checks and should issues arise these will be discussed and recorded during flash point meetings.</p> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 35.13</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p> | <p>The registered person shall ensure that if another recruitment reference is requested that the reason for this is recorded; and that staff induction records are signed off when complete by the manager.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager understands the importance of this oversight. Going forward the recruitment file will be a working document until all areas are complete and final sign off can be made. As an additional internal governance oversight the Registered Manager will complete a HR traccia on each recruitment file.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p> | <p>The registered person shall ensure that when a pressure relieving mattress requires a specific setting that this setting is reflected in the patients care plan and that the setting is monitored regularly to ensure it is maintained.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has requested Registered Nurses to complete a base line audit of Residents who require to be on a pressure relieving mattress. This audit has been triangulated with care plans, associated risk assessments and reposition chart if applicable to ensure that the specific setting is reflective. The Registered Manager has also placed on each mattress pump the Resident prescribed setting, thus allowing easier referencing for care staff and or Registered Nurses to check during the day that the pump remains at correct setting. The 24 hour shift report requires day and night Nurses to record that the air flow mattress settings have been checked and are correct. The Registered Manager will also complete daily spot checks and should issues arise these will be discussed and recorded during flash point meetings.</p> |

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| <p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p> | <p>The registered person shall ensure that there is a daily menu displayed in a suitable format and in an appropriate location.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has met with catering manager and assistant cook to discuss their responsibility in ensuring that the daily menu is displayed and reflects what is being served. The autumn and winter menus have recently been reviewed, the catering manager and cook have been in the process of taking a picture of each meal thus allowing Residents to view and to select their choice of meal as an alternative to reading the menu. Registered Manager will monitor compliance during daily walk abouts and should an issue be identified this will be further discussed and recorded during flash point meetings.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 45.5</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p> | <p>The registered person shall ensure that a system is in place to ensure shower chairs are effectively cleaned between each use with particular attention paid to the underside of the seat.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed decontamination schedules that include shower chairs. Effective cleaning has been discussed with nursing and care staff, their individual responsibility in ensuring infection control has been adhered to has been reiterated. The Registered Nurses have been advised to sign that they have completed spot checks on the decontamination schedules. This will also form part of Registered Manager spot checks during walk abouts. Should an issue be identified this will be further discussed and recorded during flash point meetings.</p> |

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