



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Lisnisky**

2 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 2 March 2016 from 09 45 to 16 00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Lisnisky which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 23 October 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4*

The total number of recommendations include one recommendation stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager Edith Harrison as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Healthcare	Registered Manager: Edith Harrison
Person in Charge of the Home at the Time of Inspection: Edith Harrison	Date Manager Registered: 17 July 2009
Categories of Care: NH-DE, RC-I, RC-MP(E), RC-PH, RC-LD(E), NH-I, NH-TI	Number of Registered Places: 47 Nursing : 16 Residential Of the 47 residents accommodated in the nursing category there shall be a maximum of 14 assessed as DE.

Number of Patients Accommodated on Day of Inspection: 13 residential 45 nursing	Weekly Tariff at Time of Inspection: Residential £470.00 Nursing £593.00
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3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively
Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with registered manager
- discussion with staff
- discussion with patients
- discussion with relatives
- review of records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection, the inspector met with thirteen patients, two registered nurses, five care staff, two domestic assistants and two patient's relatives.

The following records were examined during the inspection:

- care records of five patients
- policies and procedures
- record of complaints and compliments
- staff training records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 25 February 2016. The inspection report had not been issued prior to this inspection.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 44.1 Stated: First time	It is recommended that a future phase of refurbishment should consider the replacement of vanity units whose surfaces or structure are damaged.	Partially Met
	Action taken as confirmed during the inspection: The registered manager confirmed that they were currently undertaking an assessment of the vanity units to identify those for replacement. It was confirmed that discussions had taken place within Four Seasons Healthcare with regard to a phased replacement of those vanity units. This recommendation is assessed as partially met and is stated for a second time.	
Recommendation 2 Ref: Standard 18.8 Stated: First time	It is recommended that when a lap strap is prescribed the required length is identified and recorded by an appropriately qualified person. The home must have systems in place to regularly check that the length of the lap strap is as prescribed.	Met
	Action taken as confirmed during the inspection: Staff spoken with confirmed that the identified lap strap had been reviewed by an occupational therapist (OT). A review of care record evidenced that the visit had taken place on 2 November 2015. Staff spoken with were knowledgeable regarding the advice given by the OT and what to check for when applying the belt. Records were maintained of when the lap strap was engaged and released. This recommendation is assessed as met.	

<p>Recommendation 3</p> <p>Ref: Standard 11.7</p> <p>Stated: First time</p>	<p>It is recommended that the TV signal in the dementia unit is reviewed and, if possible, a stronger signal secured. When the TV signal is weak and no programmes are available staff should provide an alternate, for example a dvd or the radio.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We spoke with one patient and a registered nurse who confirmed that the TV signal was good and that TV channels were available to watch.</p> <p>There were no issues observed with the TV signal during this inspection. This recommendation is assessed as met.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 48.3</p> <p>Stated: First time</p>	<p>It is recommended that following refurbishment work fire doors are checked to ensure that they close effectively and that a full smoke seal is in place.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that regular checks were completed with fire doors to ensure that they closed effectively and that a full smoke seal was in place. This recommendation is assessed as met.</p>		

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively. A copy of the DHSSPS regional guidance on breaking bad news was available in the home.

Training had not been provided on breaking bad news. However discussion with the registered nurses, and care staff evidenced that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication.

Is Care Effective? (Quality of Management)

Five care records evidenced that patients' individual needs and wishes in respect of aspects of daily living were appropriately recorded. However, there was limited evidence that end of life issues were discussed with the exception of 'Do Not Attempt Resuscitation' (DNAR) directives. This is discussed further in section 5.4.

Care records made reference to the patients' specific communication needs including sensory and cognitive impairment. There was evidence within the care records that patients and/or their representatives were kept informed of any changes to their condition and the outcomes of visits from healthcare professionals.

The registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. Care staff considered the breaking of bad news to be the responsibility of the registered nursing staff but felt confident that they would have the necessary skills and confidence to talk with patients and relatives following the receipt of bad news.

Is Care Compassionate? (Quality of Care)

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

Patients spoken with all stated that they were very happy with the quality of care delivered and with life in the home.

Patients and their representatives consulted were complimentary of staff and the care provided. Good relationships were evident between staff and the patients and visitors.

Compliment cards and letters are retained by the home. Review of these indicated that relatives were appreciative of the care provided by the home.

Areas for Improvement

There were no areas for improvement identified with this standard.

5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were held in the Palliative and End of Life Care Manual which was available in the home and referenced GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013. A copy of this best practice guidance was also available in the home.

A policy and procedure on the management of death and dying was available and reflected best practice guidance. The management of the deceased person's belongings and personal effects was included in the policy and procedure.

Training records evidenced that 76% of staff had completed training in palliative and end of life care in 2015. Training in the management of syringe drivers was attended by four registered nurses in March 2015; this training was provided by the local health and social care trust.

Discussion with the registered nurses and care staff evidenced that staff were knowledgeable in identifying when a patient's condition was deteriorating or nearing end of life and the appropriate actions to take.

The registered manager confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services through the local health and social care trust. Procedures for timely access to any specialist equipment or drugs were in place.

Is Care Effective? (Quality of Management)

A review of care records evidenced that death and dying arrangements were part of the needs assessment completed for each patient. The care records reviewed did not contain details of the patients' assessed needs or wishes with regard to end of life care.

The registered manager and registered nurse acknowledged that, whilst some discussion had taken place regarding the wishes of patients and relatives with the DNAR directives, there was a need to create further opportunities to discuss end of life care in greater detail; in particular in the event of patients becoming suddenly unwell.

Whilst we acknowledge there will be occasions when patients and/or their relatives do not wish to discuss end of life care, opportunities, to discuss end of life care, should be created by the registered nurses and any expressed wishes of patients and/or their representatives formulated into a care plan for end of life care. A recommendation was made.

Discussion with two registered nurses, two senior care assistants and three care staff evidenced that environmental factors, which had the potential to impact on patient privacy, for example shared rooms, had been considered. Staff confirmed that facilities were made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support were been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that these were reported appropriately.

Is Care Compassionate? (Quality of Care)

The religious, spiritual or cultural need of the patients had been identified but there was no evidence of consideration of these areas in respect of end of life care. Discussion with patients and staff evidenced that arrangements were in place on a day to day basis to meet patients' religious and spiritual needs within the home.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient who was ill or dying. Staff discussed how the home supported family members in providing refreshments and facilitating staying overnight with their loved ones in the final days and hours of their life.

From discussion with the registered manager, nine staff and a review of the compliments record, there was evidence that there were sound arrangements in the home to support relatives during this time. Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

- “Thank you for making his last few days and weeks so comfortable.”
- “...I would also like to express my gratitude for your kindness towards me during the time I spent with my All the cups of tea, friendliness, words of encouragement were greatly appreciated.”
- “As a family we were delighted to witness the dignity, humanity and compassion that was demonstrated to her especially in her last week.”

Areas for Improvement

Further opportunities, to discuss end of life care, should be created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients’.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1. Discussion took place with 13 patients individually and with the majority of others in smaller groups. Comments from patients regarding the quality of care, staff response to nurse call bells and life in the home were positive. Patients did not raise any issues or concerns about care delivery in the home.

One patients’ relative spoken with confirmed that they were happy with the standard of care and communication with staff in the home. Ten questionnaires were issued to patients’ relatives; six were returned by post. All of the respondents indicated that they were very satisfied or satisfied that the care in the home was safe effective and compassionate.

Comments included:

- “excellent care”
- “staff here are top class”.

Staff commented positively with regard to the delivery of care. Staff were knowledgeable regarding their patient’s needs, wishes and preferences. Ten questionnaires were issued to nursing, care and ancillary staff. Seven were returned. Staff indicated that they were very satisfied or satisfied that care was safe, effective and compassionate.

Comments included;

- "...have always found the care of the ill and dying resident and family are looked after and cared for with the greatest respect and dignity."
- "Staff are very supportive and compassionate..."

5.5.2. Mealtimes

The serving of lunch was observed in the dementia unit. All of the patients were present in the lounge or dining area for lunch. The tables were set with cutlery, condiments and napkins.

Meals were transported to the unit in a heated trolley where they remained until staff were available to assist patients. The serving of the lunch was observed to be well organised with patients being attended to in a timely manner. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch

5.5.3. Care practices

A tour of the home was undertaken early afternoon. There was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Patients were observed to be sitting in the dining rooms, lounges or in their bedroom as was their personal preference. Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed in clean matching attire and were relaxed and comfortable in their surroundings.

The care needs of an identified patient during the serving of lunch were discussed with the nursing sister. Following this discussion it was recommended that the patient's care was reviewed to ensure that infection prevention and control measures were not compromised and that the patient's dignity was preserved.

5.5.4. Staffing

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Staff spoken with were satisfied that there were sufficient staff to meet the patients' needs.

A review of the domestic assistant roster for the week of the inspection evidenced that the planned staffing level was not adhered to on six days. This was discussed with the registered manager who explained that a number of staff were off with long term sickness. In light of the serious issues of cleanliness identified during an inspection in July 2015 it was concerning that the planned staffing of four domestic assistants daily was not being achieved. The provision of domestic assistants was discussed with the registered manager who agreed to review the availability of staff to ensure that the daily planned staffing was adhered to.

5.5.5. Management arrangements

The recent changes to the management arrangements in the home were discussed. The registered manager confirmed that they had returned to their substantive post in the home on 29 February 2016. We had not been notified of the changes to the management arrangements. It was agreed that the registered manager would speak with the regional manager and request that formal notification was provided to RQIA.

5.5.6. General environment

A general inspection of the home was undertaken to examine a number of patients' bedrooms, lounges, bathrooms and toilets at random. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

During the previous care inspection on 23 October 2016 we were informed that the planned upgrade to an identified bathroom was due to commence the day after the inspection. It was good to note during this inspection that the bathroom had been refurbished. However it was not operational. This was discussed with the registered manager who explained that there was a problem with positioning the bath to ensure there was adequate space around the bath to safely assist patients; the bath was not plumbed in. It was agreed that the registered manager would discuss the issue with the estates officer in Four Seasons Healthcare and provide RQIA with an update on the refurbishment of this bathroom and a completion date when it will be operational. A recommendation was made.

Areas for Improvement

The identified patient's care should be reviewed to ensure that infection prevention and control measures are not compromised and that the patient's dignity is preserved

An update on the refurbishment of the identified bathroom, with a completion date when it will be operational, should be provided to RQIA by 30 March 2016.

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Edith Harrison, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 44.1 Stated: Second time To be Completed by: 27 April 2016	It is recommended that a future phase of refurbishment should consider the replacement of vanity units whose surfaces or structure are damaged.		
	Response by Registered Person(s) Detailing the Actions Taken: Vanity units have been reviewed with property manager who has identified those vanity units requiring repair and or replacement.		
Recommendation 2 Ref: Standard 20.2 Stated: First time To be Completed by: 13 April 2016	It is recommended that further opportunities, to discuss end of life care, are created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients'.		
	Response by Registered Person(s) Detailing the Actions Taken: A staff meeting was held on 31.03.2016 and the contents of the inspection was discussed with all staff. Palliative care and the implementation of information in relation to end of life care was the main subject. Staff are making opportunities to meet with relatives and care plans are being updated in relation to the residents individual needs.		
Recommendation 3 Ref: Standard 4.8 Stated: First time To be Completed by: 30 March 2016	It is recommended that the identified patient's care is reviewed to ensure that infection prevention and control measures are not compromised and that the patient's dignity is preserved.		
	Response by Registered Person(s) Detailing the Actions Taken: The indentified patient has sadly passed away. However the identified issue was discussed with all staff regarding infection control and how to prevent a reoccurrence with future residents.		
Recommendation 4 Ref: Standard 44 Stated: First time To be Completed by: 30 March 2016	It is recommended that an update on the refurbishment of the identified bathroom, with a completion date when it will be operational, is provided to RQIA by 30 March 2016.		
	Response by Registered Person(s) Detailing the Actions Taken: The identified bathroom was completed on 03.03.2016. Registered manager advised this completion to inspector on 22.03.16		
Registered Manager Completing QIP	Edith Harrison	Date Completed	01.04.2016
Registered Person Approving QIP	Dr Claire Royston	Date Approved	11.04.16
RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	11-04-16

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