



Unannounced Care Inspection Report 12 February 2019



Lisnisky Care Home

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 47 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager: Jolly Joseph
Person in charge at the time of inspection: Jolly Joseph	Date manager registered: 17 April 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. TI – Terminally ill.	Number of registered places: 47 Of the 47 residents accommodated in the nursing category there shall be a maximum of 14 assessed as DE. The home is approved to provide care on a day basis only to 9 persons

4.0 Inspection summary

An unannounced inspection took place on 12 February 2019 from 09:15 to 15:50.

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.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to the caring attitude of staff, care delivery, breakfast in the dementia unit and the recording and management of complaints.

Areas requiring improvement were identified in relation to the recording of duty rosters, care records, the cleanliness of therapy dolls and the environment.

Patients said they were happy living in the home. Their comments are included in the report. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*7

*The total number of areas for improvement include one which has been stated for a second time.

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.

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

4.2 Action/enforcement taken following the most recent inspection dated 27 April 2019.

The most recent inspection of the home was an unannounced care inspection undertaken on 27 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with twelve patients, one patients' relative and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed on the entrance door to the home.

The following records were examined during the inspection:

- duty rota for all staff from 4 – 17 February 2019
- incident and accident records
- three patient care records
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 the most recent inspection dated 27 April 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 27 April 2018

Areas for improvement from the last care inspection		
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: First time	The registered person shall review the recording of wound care to ensure that records consistently evidence care delivery.	Not met
	Action taken as confirmed during the inspection: A review of one patient's wound records evidenced that wound care was not consistently recorded. This area for improvement has not been met and is stated for a second time.	

6.3 Inspection findings

Staffing

The registered manager confirmed the planned daily staffing levels for the home and explained that staffing levels were subject to regular review to ensure the assessed needs of the patients were met. The method used to record the staff roster had recently been changed; the rota for the week of the inspection did not accurately reflect the staff rostered to work. This was identified as an area for improvement. A review of staff records and discussion with staff evidenced that the planned staffing levels were adhered to for the period 4 -17 February 2019.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff advised that there were sufficient staff to meet the needs of the patients.

Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. We discussed the provision of housekeeping staff and were informed that the home was currently recruiting staff. It was agreed that the registered manager would record the nursing and residential home housekeeping rotas separately to give a clearer picture of actual hours for both homes.

We spoke with 12 patients individually who all commented positively on the care they received and the caring attitude of staff. One patient felt at times there wasn't enough staff. These are some of the comments received:

"It's extraordinary"

"Everyone is good to me"

"Very kind"

One patient spoken with was dissatisfied with the provision of equipment and their access to a physiotherapist. Care records evidenced that a referral had been made a number of days prior to the inspection for a physiotherapy assessment. This was explained to the patient by the inspector. All of the comments were shared with the registered manager who met with the patient following the inspection and provided RQIA with an update of the outcome of their meeting.

Questionnaires were provided for relatives, patients and staff; none were received within the timescale for inclusion in this report. Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action, if required.

Care records

We reviewed three care records and observed that a range of assessments and care plans were in place to meet the needs of the patients. However in two of the care records reviewed assessments to identify patients' nursing needs and initial plans of care had not been completed with five days of admission to the home. This was identified as an area for improvement.

We reviewed the management of skin care for one patient. Care plans contained a description of the patient's skin condition, the prescribed dressing regime and the monitoring arrangements. Care records did not consistently evidence that the monitoring arrangements were completed in accordance with the prescribed regime. An area for improvement was identified with wound care as a result of the previous inspection; this is now stated for a second time. There was no care plan in place to manage the risk of the patient developing pressure ulcers; this was also identified as an area for improvement.

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

Serving of breakfast

We observed the serving of breakfast in the dementia unit. The majority of patients were in the dining area enjoying breakfast when we arrived. One patient was still asleep in their bed and staff explained that they would have breakfast when they got up. There was a calm atmosphere and one relative, who was visiting their mother, informed us that this was a typical morning in the unit. Patients spoken with were enjoying their breakfast and were happy talking to the inspector. The registered nurse was overseeing the serving of breakfast.

We spoke with one patient who was actively involved with doll therapy during breakfast. It was obvious from the patient's behaviour the reassurance the dolls provided her. It was good to note that authentic therapy dolls were provided. Therapy dolls are made entirely from cloth; the dolls faces were covered with dried food as a result of the patient including them at mealtimes. The dolls in the patient's bedroom were also stained with food. A system must be established to ensure that the dolls are regularly washed. This was identified as an area for improvement.

Accidents and incidents

We reviewed accidents/incidents records completed in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation. The registered manager completes a monthly analysis of accidents to identify any trends with the patients involved, time of the accident and the location.

Complaints and compliments

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"We really appreciate your thoughtfulness and attentive care, particularly in the last 2 months before mum passed away."

"Sending you a heartfelt thank you for looking after my lateduring his time in your care."

Environment

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, lounges and the dining room. The home was found to be warm and generally clean throughout. One cubicle in the visitors required some additional cleaning and this was brought to the attention of the registered manager. An area for improvement was made to address the following minor repairs:

- Privacy curtain in the identified room requires to be hung
- ceiling roses in two identified rooms were broken and require replacing
- chairs with damaged upholstery must be repaired or replaced

One identified bathroom was being used to store equipment. Whilst fire detectors had been fitted in the bathroom rooms must only be used for the purpose for which they are registered; therefore the equipment should be removed and stored elsewhere. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the caring attitude of staff, care delivery, breakfast in the dementia unit and the recording and management of complaints.

Areas for improvement

The following areas were identified for improvement in relation to the recording of duty rosters, care records, the cleanliness of therapy dolls and the environment.

	Regulations	Standards
Total number of areas for improvement	0	6

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: 12 March 2019</p>	<p>The registered person shall review the recording of wound care to ensure that records consistently evidence care delivery.</p> <p>Ref: 6.2 & 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Registered Manager has completed a full review of wound management. Supervision has been completed with Registered Nurses relating to wound management. Registered Manager will monitor compliance in documentation ensuring care plan and associated risk assessments are fully updated following each dressing change.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2019</p>	<p>The registered person shall ensure that the staff duty roster is accurately maintained to reflect the staff working.</p> <p>Ref 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager is monitoring the staff off duty on a daily basis to ensure it is reflecting to the staff working hours.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2019</p>	<p>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.</p> <p>Initial plans of care should be in place within 24 hours of admission.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registerd Manager has completed a supervision on a detailed plan of care and holistic assessment of a Resident's admission to include an assessment must be commenced on the day of admission and completed within 5days of admission to the Home.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2019</p>	<p>The registered person shall ensure that care plan are put in place to manage the care of patients identified as at risk of developing pressure ulcers</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Registered Manager has completed a full review of wound management. Supervision has been completed with Registered Nurses relating to wound management and devising the relevant Care plans.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11.7</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2019</p>	<p>The registered person shall ensure that a system is established to ensure the therapy dolls are regularly washed.</p> <p>Ref 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Registered Manager has devised a cleaning schedule for the Therapy Dolls and will monitor on daily walk abouts.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2019</p>	<p>The registered person shall ensure that the following minor repairs are completed:</p> <ul style="list-style-type: none"> • Privacy curtain in the identified room requires to be hung • ceiling roses in two identified rooms were broken and require replacing • chairs with damaged upholstery must be repaired or replaced. <p>Ref 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: * the Privacy Curtain has been replaced On19/02/19</p> <ul style="list-style-type: none"> • Ceiling roses in the two identified rooms replaced on 13/02/19 • Chairs with damaged upholstery replaced on 13/02/19. Other Identified Chairs have been sent for Repair.
<p>Area for improvement 7</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2019</p>	<p>The registered person shall ensure that the equipment stored in the identified bathroom is removed.</p> <p>Ref 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Following inspection the storage is minimised in the identified Bath room and an alternative storage area will be arranged according to the Fire Risk assessment.</p>

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



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