

Unannounced Care Inspection Report

21 June 2017



Lisnisky

Type of Service: Nursing Home
16 Lisnisky Lane, Portadown, Craigavon
BT63 5RB
Tel no: 028 38 339153
Inspector: Sharon McKnight

www.rgia.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 and residential care for up to 63 persons.

3.0 Service details

Registered organisation/registered person: Four Seasons healthcare/ Dr Maureen Claire Royston	Registered manager: See box below
Person in charge of the home at the time of inspection: Susan Cooke	Date manager registered: Susan Cooke, Acting - No Application Required
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. TI – Terminally ill. Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory	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. 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 21 June 2017 from 09:30 hours to 17:00.

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 term 'patients' is used to describe those living in Lisnisky which provides both nursing and residential care.

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 management of staffing, adult safeguarding and ensuring the home's environment was safe.

Care records were well maintained and contained good details of patients' individual needs and preferences. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, activities and the caring and compassionate manner in which staff delivered care.

There were no areas requiring improvement identified during this inspection.

Patients said:

"Very good here." (general nursing unit)

"no complaints but would like to be at home." (general nursing unit)

"It's nice here and never too warm, well kept." (general nursing unit)

"I look forward to the activities." (residential unit)

"They are all very good to you, you can ask for anything." (residential unit)

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Susan Cooke, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 23 March 2017.

The most recent inspection of the home was an announced estates inspection undertaken on 23 March 2017. 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 11 patients, eight staff and three patients' relatives. Questionnaires were also left in the home to obtain feedback from relatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

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

The following records were examined during the inspection:

- duty rota for all staff for week commencing 19 June 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- three patient care records
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- 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 23 March 2017.

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

This QIP will be validated by the estates inspector at the next estates inspection.

6.2 Review of areas for improvement from the last care inspection dated 13 September 2016.

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 21(1)(b) Stated: First time	The registered provider must ensure that all information required in regard to the selection and recruitment of staff is obtained prior to the commencement of employment.	Met
	Action taken as confirmed during the inspection: A review of two recruitment files evidenced that all information required in regard to the selection and recruitment of staff was obtained prior to the commencement of employment. This area for improvement has been met.	
Area for improvement 1 Ref: Regulation 21(1)(b) Stated: First time	The registered provider must ensure that they have systems in place to check that staff, where appropriate, are registered with a professional regulatory body. Records must be maintained to evidence registration.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that a system was in place to check that staff, where appropriate, were registered with a professional regulatory body. They were records available to evidence that staff were appropriately registered. This area for improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: Third time	It is recommended that a future phase of refurbishment should consider the replacement of vanity units whose surfaces or structure are damaged.	Met
	Action taken as confirmed during the inspection: Observations confirmed that the vanity units throughout the home had been refurbished or replaced as required. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 40 Stated: First time	It is recommended that staff should receive individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily.	Met
	Action taken as confirmed during the inspection: The manager confirmed that staff now receive individual supervision sessions in addition to group supervision. We reviewed the supervision matrix which provided an overview of when supervision was completed and with whom. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 4.1 Stated: First time	It is recommended that the assessment and care planning process for patients in receipt of residential care should be reviewed to ensure their needs are appropriately assessed and care plans generated to meet identified needs.	Met
	Action taken as confirmed during the inspection: Care records for patients in the residential unit evidenced that they needs were appropriately assessed and included details of patients' social needs. This area for improvement has been met.	

Area for improvement 4 Ref: Standard 35.16 Stated: First time	It is recommended that areas for improvement identified during audit should be re-audited to ensure the required improvements have been made and compliance is achieved.	Met
	Action taken as confirmed during the inspection: Records of audit contained evidence of re-audit to ensure the required improvements were made and compliance was achieved. This area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were calculated using the Care Home Equation for Safe Staffing (CHESS). They confirmed that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 19 June 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily. Two Personal Activity Leaders (PAL) was employed to deliver activities. Observation of the delivery of care and discussion with patients evidenced that their needs were met by the levels and skill mix of staff on duty.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; eight were returned following the inspection. All of the respondents answered 'yes' to the question "Are there sufficient staff to meet the needs of the patients?".

Patients and relatives spoken with during the inspection commented positively regarding the staff and care delivery. Patients were satisfied that when they required assistance staff attended to them in a timely manner. We sought relatives' opinion on staffing via questionnaires; four were returned in time for inclusion in this report. All of the relatives were either very satisfied or satisfied with staffing. One relative in the dementia unit commented "...The staff have always been kind, considerate and caring to her."

Whilst one relative was satisfied with staffing they were of the opinion that at times there were not enough staff in the general nursing unit. This comment was shared with the manager.

We discussed the use of staff supplied by an employment agency. The manager confirmed at present, due to nursing vacancies, there was an agency nurse on each night. The manager confirmed that they attempted to secure the same nurses to support continuity of care. We discussed the systems in place to ensure patients' care needs were communicated to agency nurses. The manager explained that a handover report sheet was in place in each unit. This provided an easy reference report of the key areas of care. The report we reviewed detailed each patient's moving and handling needs including number of staff required for assistance and any equipment, dietary and fluid needs. Staff spoken with were of the opinion it was a beneficial tool to aid good communication.

A nurse was identified on the staffing rota to take charge of the home when the acting manager was off duty. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments had been signed by management to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

A review of two staff recruitment records evidenced that they were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records confirmed that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the manager. A review of the records of NMC registration evidenced that all of the nurses on the duty rota for the week of the inspection were included in the NMC check. The record of the checks of care staff registration included the expiry date of their registration with NISCC.

The manager confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe.

We discussed the provision of mandatory training with staff and reviewed the training records for 2016/2017. Training records evidenced good compliance; for example from January 2017 93% of staff had completed fire safety training, 88% adult safeguarding and 87% had completed the theory element of moving and handling. All staff have attended practical moving and handling training in the past 12 months. The manager confirmed that they had systems in place to facilitate compliance monitoring.

The manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified and the policy was currently being updated to reflect the new terminology and roles.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA in January, February and April 2017 confirmed that these were appropriately managed. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends.

We observed a cylinder of oxygen in a bedroom; the cylinder was the small transportable type. There was no signage on the bedroom door to indicate that oxygen was stored in the bedroom. Staff explained that the patient only used this type of cylinder when they were going out and that it was normally taken to the treatment room when the patient returned to the home. Following discussion with staff a temporary signage was erected on the bedroom door and an official sign ordered. Appropriate signage for the storage of oxygen was displayed on the treatment rooms and on the cupboard where the emergency oxygen was stored.

Infection prevention and control measures were adhered to. We spoke with one member of housekeeping staff who were knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. Sluice rooms and bathroom/toilets were observed to be clutter free and well organised. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Patients spoken with were complimentary in respect of the home's environment. The manager explained that refurbishment was planned to include new flooring for the mall area at the entrance of the home and an upgrade to the flooring, shelving and décor of the laundry. There were also plans to relocate the hairdressing room. The estates officer for Four Seasons Healthcare (FSHC) was knowledgeable of the necessity to submit an application to vary the registration of the home to RQIA prior to any work commencing to change the use of rooms.

We discussed the management of fire safety with the manager who confirmed that fire checks were completed weekly. The FSHC estates officer confirmed that the most recent fire risk assessment was completed on 31 May 2017 and that all of the recommendation that required to be completed immediately had been fully addressed. The company was currently working towards those with a six month timescale. Fire exits and corridors were observed to be clear of clutter and obstruction. Upgraded door release units have been fitted to all of the bedroom doors.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of staffing, adult safeguarding, infection prevention and control, fire safety and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

A review of three care records evidenced that a comprehensive assessment of need and a range of validated risk assessments were completed for each patient. Assessments were reviewed as required and at a minimum monthly. There was evidence that assessments informed the care planning process. Care records contained good details of patients' individual needs and preferences. The assessments and care plans for one patient, who transferred from the residential unit to the nursing unit, were reviewed and updated to reflect their changing needs on transfer to the nursing unit.

We reviewed the management of catheter care for one patient. A care plan was in place which detailed the frequency with which the catheter was due to be changed and systems were in place to alert staff to when the next change was due. Care records evidenced that the catheter was changed in accordance with the prescribed frequency. Records evidenced that the patient's intake and urinary output were recorded daily and totalled at the end of every 24 hour period.

We reviewed the management of wound care for one patient. Care plans contained the grade and size of the wound, the prescribed dressing regime and the frequency dressing were recommended for renewal. An assessment of the wound was recorded after each dressing change. A review of wound care records for the period 1 - 28 May 2017 evidenced that prescribed dressing regimes were adhered to.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that communication was good within the home and that they provided with the relevant information in response to patients daily needs and changing needs. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that they enjoyed working in the home and with colleagues and if they had any concerns, they could raise these with the manager who was in the home daily. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The manager confirmed that staff meetings were held regularly and records were maintained of the staff who attended, the issues discussed and actions agreed. The most recent staff meetings were held on 28 March 2017 and 21 April 2017.

A record of patients including their name, religion, address, date of birth, marital status, religion, date of admission, date they left the home (where applicable) and details of where they were transferred to, details of death (where applicable) and the name of the public body responsible for arranging each patient's admission was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, care delivery and the communication of patients' needs.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.25. There was a calm atmosphere and staff were busy attending to the needs of the patients. Patients were observed either in their bedrooms as was their personal preference, walking around the home or seated in the mall area, dining rooms or lounges again in keeping with their personal preference. Staff interaction with patients was observed to be compassionate, caring and timely. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There was evidence that patients were involved in decision making about their care. Patients were consulted with regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. Staff encouraged those patients who could express their preference to do so and demonstrated a detailed knowledge of patients' likes and dislikes for those patients who were unable to express their opinion.

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Discussion with patients individually and with others in smaller groups, confirmed that they were content living in the home. These are examples of some of the comments received:

"Very good here." (general nursing unit)

"no complaints but would like to be at home." (general nursing unit)

"It's nice here and never too warm, well kept." (general nursing unit)

"I look forward to the activities." (residential unit)

"They are all very good to you, you can ask for anything." (residential unit)

We spoke with the relatives of three patients, all of whom commented positively with regard to the standard of care and communication in the home. These are examples of some of the comments received from relatives:

"We have great confidence with staff in their ability to support mum." (residential unit)

"The staff are 100% with everything...it's a great place and if he asks for the toilet he gets taken straight away" (dementia unit)

"It's like coming to visit family. I have great confidence in Edith the manager." (general nursing unit)

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments received on thank you cards:

“Mum always looked well cared for and she was treated with respect and dignity by all the staff” (30 April 2017)

“...as a family we were delighted to witness the dignity, humanity and compassion that was demonstrated to her especially in her last weeks”

“...thanks a lot to everyone for your love, care and attention to the patients in Lisnisky...be assured of our love and prayers in the future.” (24 April 2017)

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home. The home continues to use the “Quality of Life” system which patients, relatives/visitors and staff can access through the portable iPad available in the reception of the home.

We reviewed the summary report for the period 1 January 2017 – 20 June 2017; there was a total of 19 questionnaires completed by relatives during this period with an overall satisfaction rate of 99%, 168 questionnaires completed by patients with an overall satisfaction rate of 99% and 192 questionnaires completed by staff with an overall satisfaction rate of 90%. The manager confirmed that when a questionnaire is submitted they receive an alert by e mail and are required to review the completed questionnaire and respond to any areas for improvement.

We reviewed the provision of activities and were informed by patients that they looked forward to the different events that were planned throughout the day. We spoke with one of the PAL’s who continues to be enthusiastic regarding their role in the home. They confirmed that there was wide a variety of activities planned each week. A copy of the weekly activity programme was displayed throughout the home and included events to meet the patients’ religious wishes.

We issued questionnaires for ten relatives; four were returned within the timescale for inclusion in this report. All of the relatives were very satisfied that care was safe, effective and compassionate and that the service was well led.

We issued ten questionnaires to nursing, care and ancillary staff; eight were returned within the timescale for inclusion in this report. Staff were either very satisfied or satisfied with the care provided across the four domains. One staff member commented that in the residential unit they do not always received the information they need from the Trusts before admission; on occasion the information they do received is no longer relevant to the person’s needs. This comment was shared with the manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, activities and the caring and compassionate manner in which staff delivered care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available in the home.

There were temporary management arrangements in place at the time of the inspection. Staff spoken with were aware of the management arrangements and who to raise concerns with in the absence of the registered manager. Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described management support in positive terms and felt confident that they would respond positively to any concerns/suggestions raised.

Discussion with the manager and review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of records evidenced that at the time of taking up their position in the home the manager had undertaken a significant number of audits to provide them with a baseline of activities with the home. Areas audited included:

- mandatory training compliance
- recording of patients manual handling needs
- trend analysis of accidents and incidents recorded over past 12 months
- wound care
- patients weights
- complaints

The records of audit evidenced that any identified areas for improvement had been reviewed to check compliance and drive improvement

A review of notifications of incidents submitted to RQIA in January, February and April 2017 confirmed that these were managed appropriately.

Review of records evidenced that unannounced quality monitoring visits were completed on a monthly basis by the regional manager on behalf of the responsible person. An action plan was included within the report to address any areas for improvement. The action plan was reviewed at the next visit. A copy of the quality monitoring reports were available in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management support and the maintenance of good working relationships between staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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