



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Lisnisky**

23 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 23 October 2015 from 10 20 to 14 30 hours.

The inspection sought to assess progress with the issues raised during and since the previous care inspection.

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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of 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

Following an unannounced care inspection on 2 July 2015 issues with regard to the cleanliness of the environment, care records and the general décor in the home identified during previous inspections had not been adequately addressed. A serious concerns meeting was held in RQIA with the registered person and management from Lisnisky. At this meeting assurances were given to RQIA and an action plan presented outlining how the organisation planned to address the identified deficits of the cleanliness to the environment and the décor. It was agreed that a follow-up inspection would be undertaken to monitor the progress made.

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	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the manager Mrs Jolly Joseph 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 Health Care	Registered Manager: Jolly Joseph
Person in Charge of the Home at the Time of Inspection: Jolly Joseph	Date Manager Registered: Mrs Joseph has been in post from 3 November 2014. To date no application for registered manager has been submitted to RQIA
Categories of Care: NH-DE, RC-I, RC-MP(E), RC-PH, RC-LD(E), NH-I, NH-TI 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.	Number of Registered Places: 47 Nursing 16 Residential
Number of Patients Accommodated on Day of Inspection: 44 nursing 15 residential	Weekly Tariff at Time of Inspection: Residential £470.00 Nursing £593.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

- discussion with the manager
- discussion with staff
- discussion with patients
- 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, we met with twelve patients individually and with the majority generally, two registered nurses and six care staff.

The following records were examined:

- care records
- equipment cleaning schedules.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Lisnisky was an unannounced care inspection dated 2 July 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care (Same specialism) Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 27,(2)(a)(b)(c)(d)(l)</p> <p>To be Completed by: 30 July 2015</p> <p>Stated: Third time</p>	<p>The registered person must ensure the following issues are effectively addressed and RQIA are informed of the action taken;</p> <ul style="list-style-type: none"> • equipment used by patients' is properly cleaned and maintained in accordance with the manufacturers' instructions including equipment such as fall out mats, wheelchairs and commodes • implement an effective process for cleaning extractor fans in the home • confirm that woodwork and paintwork in the residential unit dining room has been upgraded and a water stain on the ceiling has been removed • all areas in the home must be hygienically cleaned and the management of odours in identified bedrooms including one double bedroom, bathrooms, shower rooms and toilet, corridor and identified sluice areas must be addressed • robust processes are implemented to ensure patient bedrooms are kept clean and tidy • patients and residents accommodated in overlooked bedrooms are offered privacy screening to assist in maintaining their privacy and meeting their needs. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Discussion with the manager and staff, observations and a review of cleaning schedules evidenced that:</p> <ul style="list-style-type: none"> • equipment in use was observed to be clean. Schedules were in place to ensure that the equipment was regularly cleaned. Following discussion with the manager it was agreed that the nurses in charge of each unit would check that schedules were an accurate reflection of the cleaning completed and sign the schedules to confirm this. • extractor fans throughout the home were observed to be clean. A cleaning schedule was in place and records of cleaning completed in the maintenance record book • the dining room in the residential unit had been redecoration. The woodwork and paintwork were in a sound stated of repair. The dining room ceiling had been repainted and there were no water stains evident • the home was clean throughout and there were no malodours detected • patients bedrooms were observed to be tidy and staff confirmed that they encouraged and assisted patients to keep their bedrooms tidy • this element of the requirement was met during the previous inspection. The manager confirmed that as an additional measure to ensure patient privacy window blinds had been ordered for the five identified bedrooms. <p>This requirement has been met.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 19(1)(a), schedule 3, (3)(k)</p> <p>Stated: Third time</p>	<p>It is required that the registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <ul style="list-style-type: none"> • Repositioning charts must be accurately maintained to evidence the care delivered. <p>Review the data inputting of contemporaneous records to ensure records accurately reflect the time care and treatment is actually delivered.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>A review of repositioning charts for two patients evidenced that they were accurately maintained and evidenced care delivery.</p> <p>The manager and staff confirmed that they could accurately record the time care was delivered for repositioning and fluid intake. Work was ongoing with the computerised system to allow staff to accurately record the time for all care delivery. In the interim staff were manually recording the time on the patients' progress notes.</p> <p>This requirement has been met.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: First time</p>	<p>The registered person must ensure that any electrical equipment which is damaged is removed from use immediately until it has been tested and deemed safe by an appropriately qualified person.</p> <p>The internal processes to ensure the safe management of equipment which does not pass the electrical PAT must be reviewed.</p> <p>Action taken as confirmed during the inspection:</p> <p>There were no issues identified with electrical equipment during this inspection.</p> <p>The manager confirmed that the process for the management of portable appliance testing (PAT) had been reviewed by Four Seasons Health Care and the external contractor following the previous inspection. Maintenance staff were knowledgeable regarding the correct process to follow.</p> <p>This requirement has been met.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 27 (2)(d)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the décor in the home is maintained to an acceptable standard.</p> <p>Action taken as confirmed during the inspection:</p> <p>Extensive refurbishment had been completed throughout the home. Rooms had been redecorated, floorings were replaced and new curtains and bedding had been provided. The refurbishment plan was ongoing with work to</p>	Met

	<p>upgrade the bath and shower rooms in the general nursing unit due to commence on 26 October 2015.</p> <p>The manager explained that the refurbishment was being completed on a phased basis. It is recommended that a future phase of refurbishment should consider the replacement of vanity units whose surfaces or structure are damaged.</p> <p>This requirement has been met.</p>	
Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 19.2</p> <p>Stated: Second time</p>	<p>The manager must confirm that all nursing and care staff have received continence care training.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of training records evidenced that continence training was delivered on four occasions and that all staff have attended a session.</p> <p>This recommendation has been met.</p>	<p>Met</p>

5.3 Additional Areas Examined

5.3.1 Care Practices

During a tour of the building it was noted that patients were well presented with their clothing suitable for the season. Patients were observed spending time in their bedrooms or sitting in the lounges and communal areas of the home. In one lounge a member of staff was reading aloud to a group of patients. Staff were observed to respond to patients' requests promptly. Staff were knowledgeable regarding their patient's needs, wishes and preferences.

One patient had a lap strap fastened whilst they were sitting in their chair. A review of the patient's care records evidenced that the use of the lap strap had been discussed with the multidisciplinary team. However there was no record of what length the lap strap should be to minimise the risk of the patient sliding down the chair and placing themselves at risk of strangulation. 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 prescribed length is adhered to. It was agreed that the manager would contact the identified patients care manager.

During a tour of the dementia unit it was noted that the television lost reception on several occasions. Patients were left to sit for long periods looking at a screen with a message displayed. Staff spoken with reported that this was an ongoing problem. It is recommended that the TV signal 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.

5.3.2 Fire Safety

During a tour of the building it was noted that the door into the smoke room did not fully close without assistance. As a result the smoke seal was not effective. This was brought to the attention of the manager who arranged for the necessary adjustments to be made. Confirmation of the action taken was received by electronic mail on the afternoon of 23 October 2015. The manager explained that the floor in the smoke room had been replaced as part of the ongoing refurbishment and that the replacement flooring impeded the door closing securely. 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 in compliance with NI Health Technical Memorandum (HTM) 84.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Jolly Joseph, 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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be Completed by: 15 January 2015</p>	<p>It is recommended that a future phase of refurbishment should consider the replacement of vanity units whose surfaces or structure are damaged.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: An assessment will be completed of all vanity units throughout the home and these will be replaced as required as part of the refurbishment plan in the home</p>
<p>Recommendation 2</p> <p>Ref: Standard 18.8</p> <p>Stated: First time</p> <p>To be Completed by: 20 November 2015</p>	<p>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.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The identified lap strap was assessed by the OT the day following inspection and issue addressed. Staff will continue to monitor and action any issues as required.</p>
<p>Recommendation 3</p> <p>Ref: Standard 11.7</p> <p>Stated: First time</p> <p>To be Completed by: 20 November 2015</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>Response by Registered Person(s) Detailing the Actions Taken: This issue has now been resolved, however if there are any further issues with TV signal, staff will seek further assessment of area</p>
<p>Recommendation 4</p> <p>Ref: Standard 48.3</p> <p>Stated: First time</p> <p>To be Completed by: 20 November 2015</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>Response by Registered Person(s) Detailing the Actions Taken: The identified door was fixed on day of inspection, however an assessment of all fire doors was completed following refurbishment and can be confirmed that all doors are closing effectively ensuring a full smoke seal is evident</p>

Registered Manager Completing QIP	Jolly Joseph	Date Completed	10.12.15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	10.12.15
RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	14-12-15

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