Laganvale
RQIA ID: 1837
Dementia Unit
37 Laganvale Mews
Moira
BT67 0RE

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Unannounced Care Inspection
of
Laganvale – Dementia Unit

25 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 25 February 2016 from 09.40 to 15.25 hours.

The focus of this inspection was continence management which was underpinned by selected criteria from: **Standard 4: Individualised Care and Support; Standard 6: Privacy, Dignity and Personal Care; Standard 21: Health Care and Standard 39: Staff Training and Development** of the DHSSPSNI Care Standards for Nursing Homes (2015).

Overall 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. Please also refer to sections 5.2 and 6.2 of this report.

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 18 August 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	*6

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

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Shily Paul, 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 Dr Claire Royston	**Registered Manager:** Shily Paul
Person in Charge of the Home at the Time of Inspection: Deputy Manager Jancy Kuriakose 09.40 – 13.00 Registered Manager Shily Paul 13.00 – 15.25	**Date Manager Registered:** 7 November 2007
Categories of Care: NH-DE	**Number of Registered Places:** 36
Number of Patients Accommodated on Day of Inspection: 36	**Weekly Tariff at Time of Inspection:** £593 - £637

3. Inspection Focus

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

Standard 4: Individualised Care and Support, criterion 8
Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15
Standard 21: Health Care, criteria 6, 7 and 11
Standard 39: Staff Training and Development, criterion 4

4. Methods/Process

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

- discussion with the registered manager
- discussion with patients
- discussion with patient representatives
- discussion with staff
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback

The inspector met with 17 patients, two patient representatives, four care staff, three ancillary staff members, one visiting professional and two registered nursing staff.

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 returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report

The following records were examined during the inspection:

- a sample of staff duty rotas
- staff training records
- five patient care records
- selection of personal care records
- a selection of policies and procedures
- incident and accident records
- care record audits
- infection control audits
- regulation 29, monthly monitoring reports file
- guidance for staff in relation to continence care
- records of complaints

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 18 August 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref**: Regulation 13 (7) **Stated:** Second time	The registered person must ensure the following issues are addressed: • review bedroom vanity units with mahogany veneer which are worn and visible areas of bare wood exposed are repaired/replaced	**Met**
	Action taken as confirmed during the inspection: Observation during a tour of the premises and discussion with the maintenance person and the registered manager evidenced vanity units had been repaired / replaced.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 19.1 **Stated:** Second time	The registered person should ensure that fluid target calculations are recorded consistently in all records and robust systems are in place to record patient's bowel function referencing the Bristol stool guidance to evidence that this element of care is being properly monitored and validated by registered nurses.	**Met**
	Action taken as confirmed during the inspection: A review of five patient care records evidenced all five patients had fluid targets calculated and bowel function made reference to the Bristol stool chart.	
Recommendation 2 **Ref**: Standard 19.4 **Stated:** Second time	The registered person should ensure: • registered nurses are trained in female/male catheterisation and stoma care • care staff are provided with training in regards to continence/incontinence management	**Met**
	Action taken as confirmed during the inspection: Information received by RQIA from the registered manager following the inspection confirmed that 24 staff had received continence/incontinence management training. Three registered nurses had been trained and deemed competent in male/female urinary catheterisation. One registered nurse had been trained and deemed competent in supra pubic catheterisation and one registered nurse had been trained in stoma management.	

Recommendation 3 **Ref**: Standard 36 Criteria (1) (2) **Stated:** First time	The registered person should ensure that a policy on communication is developed which includes reference to current best practice guidelines. A system to implement the policy should confirm that all relevant staff have read the document with evidence of staff signature and date.	**Met**
	Action taken as confirmed during the inspection: A Palliative and End of Life Care Policy incorporating communication was issued in October 2015. The Four Seasons Health Care Palliative Care Manual includes a section on communication. Both the policy and the manual are readily available for staff reference.	
Recommendation 4 **Ref**: Standard 32 **Stated:** First time	The registered person should ensure that a protocol for timely access to any specialist equipment or drugs is developed. A system to implement the protocol should confirm that all relevant staff have read the document with evidence of staff signature and date.	**Met**
	Action taken as confirmed during the inspection: A protocol had been developed and made available for staff to review and make reference too.	
Recommendation 5 **Ref**: Standard 46 Criteria (1) (2) **Stated:** First time	The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Particular attention should focus on the areas identified on inspection.	**Partially Met**
	Action taken as confirmed during the inspection: Evidence of infection control audits and daily walk arounds having been conducted was available on inspection. However, during a tour of the premises there was evidence that compliance with infection control best practice had not been achieved. Please see section 5.4.2 for further clarification.	

Recommendation 6 **Ref**: Standard 6 Criteria (14) **Stated:** First time	The registered person should ensure that patients are presented in a manner which protects their dignity.	**Met**
	Action taken as confirmed during the inspection: During a tour of the premises the inspector spoke with 17 patients. All patients were presented well in a manner protecting their dignity.	

5.3 Continence Management

Is Care Safe? (Quality of Life)

A care policy on continence was available, dated October 2007. However, an updated policy on the promotion of continence had recently been made available by Four Seasons Health Care to guide staff regarding the management of continence. A recommendation is made to ensure updated policies are made available to staff in a timely manner and staff are made aware of the new policies when they are available.

Best practice guidance on continence care was not available in the home for staff to make reference too. It was recommended that best practice guidance on continence management be sourced and made available to staff.

Discussion with the registered manager and staff and a review of the training records confirmed that staff had received training in continence product management.

Discussion with the manager and staff and information sent to RQIA following the inspection confirmed there were three registered nurses trained and deemed competent in male/female urinary catheterisation. One registered nurse had been trained and deemed competent in supra pubic catheterisation and one registered nurse had been trained in stoma management.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Observation during the inspection and discussion with staff evidenced that there were adequate stocks of continence products available in the nursing home.

A continence link nurse had not been identified for the home. However, in discussion the registered manager stated that plans were in place to establish a continence link nurse for the home.

Is Care Effective? (Quality of Management)

Review of three patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients. However, the

specific type of continence product the patient required was not recorded in four of five assessments reviewed. A recommendation was made.

There was evidence in all five patient care records reviewed that Malnutrition Universal Screening Tool (MUST) risk assessments and Braden assessments had been reviewed consistently on a monthly basis.

Five continence care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. There was evidence within the care records of patient and/or representative involvement in the development of the care plans.

Bowel assessments had been completed in the five patient care records reviewed. Records relating to the management of bowels were reviewed which evidenced that staff made reference to the Bristol Stool Score. Stool observation charts were maintained to monitor bowel function.

Records reviewed evidenced that urinalysis was undertaken as required and patients were referred to their GPs appropriately.

Is Care Compassionate? (Quality of Care)

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were very evident between patients and staff. Staff were observed to respond to patients' requests promptly. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Patients who could not verbally communicate appeared well presented and displayed no signs of distress. The patients appeared comfortable in their surroundings.

Areas for Improvement

A recommendation has been made that Updated policies should be made available to staff and staff should be made aware of the new policies.

A recommendation has been made that best practice guidance on continence should be sourced and made available for staff to refer too.

A recommendation has been made that the specific continence products required to meet the continence needs of the patient should be identified in the continence assessment and care plan.

Number of Requirements:	**0**	**Number of Recommendations:**	**3**

5.4 Additional Areas Examined

5.4.1 Consultation with Patients, Representatives and Staff

During the inspection process, 17 patients, two patient representatives, four care staff, three ancillary staff members, one visiting professional and two registered nursing staff were spoken with to ascertain their personal view of life in Laganvale . The feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Laganvale.

Some patients' comments received are detailed below:
'I like it here. It's fine.'
'I find it good.'
'They are all good to me.'
'It's alright. I'm comfortable and well fed.'

Two patient representatives consulted were positive in their experience of Laganvale and a sample of comments received are detailed below:

'It's good here.'
'We're satisfied with the care.'

The view from staff during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

Some staff comments received are detailed below:
'I love it here.'
'I'm happy with work. It's like home.'
'I enjoy getting to know the residents.'
'I like it. A few people don't pull their weight.'
'The girls are very good.'
'I really enjoy working here.'

The visiting professional found staff 'very helpful' and had 'no negative comment' to make in regards to Laganvale.

5.4.2 Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of issues were identified within the homes which were not managed in accordance with infection prevention and control guidelines:

- inappropriate storage in identified rooms
- identified chair ripped
- shower chair not effectively cleaned after use
- un-replenished personal protective equipment holders
- chipped wall tiles in an identified bathroom
- labels removed from topical preparations
- same personal protective equipment worn from the care area to outside the care area then back to the care area
- poor hand hygiene observed during mealtime

The above issues were discussed with the registered manager on the day of inspection. An assurance was provided by the registered manager that these areas would be addressed with staff to prevent recurrence. A previous recommendation, that management systems were put in place to ensure compliance with best practice in infection prevention and control, has been stated for a second time.

5.4.3 Documentation

Five patient care records were reviewed in relation to continence care. These records did not consistently evidence that skin checks had occurred and/or the condition of the patients' skin on checking. Two care records had no evidence of skin checks. Three patient care records had 'skin checked and observed' written within the records. A recommendation has been made.

5.4.4 Moving and Handling

During a tour of the premises, on five separate occasions, patients were observed to be transported on a wheelchair without the safety lap belt fastened. A recommendation is made to ensure the registered person evidently ensures that staff carry out the moving and handling of patients in line with training provided and best practice.

5.4.5 Mealtime Experience

The mealtime experience for patients appeared to be a pleasant one. Staff were observed to be encouraging and assisting patients with their meals appropriately. Patients who required appropriate clothing protectors were observed to be wearing them. Patients were offered a choice of meal and drinks and food transferred to patients' rooms was covered on transfer. A pictorial menu was on display reflecting the food served. The food was well presented and looked nutritious. Condiments were appropriately placed on the dining tables. Personal protective equipment (PPE) was worn by staff. However, two staff were observed to be wearing their PPE from the dining area to the living area then back to the dining area again. A hand hygiene facility was present in the dining area. However, staff were not always availing of this facility between patient contacts. The two shortfalls identified in this section are also identified in section 5.4.2. The recommendation stated for the second time in section 5.4.2 incorporates these shortfalls.

Areas for Improvement

Staff should ensure skin checks are evidenced within patient care records and the condition of the patients' skin at the time of checking is recorded.

The registered person should ensure that staff carry out the moving and handling of patients in line with training provided and best practice.

Number of Requirements:	**0**	**Number of Recommendations:**	**2**

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Shily Paul, 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	
Recommendation 1 **Ref:** Standard 46 Criteria (1) (2) **Stated:** Second time **To be Completed by:** 31 May 2016	The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Particular attention should focus on the areas identified on inspection. **Ref: Section 5.2, 5.4.2, 5.4.5**
	Response by Registered Person(s) Detailing the Actions Taken: The identified item had been removed from the bed room The Kirton chair has been removed and is no longer in use Staff have been reminded about the cleaning and decontamination of equipment, especially shower chairs, this will be monitored by HM and Deputy PPE holders have been replenished and will be monitored by Infection control lead, DM and HM Chipped wall tile has been repaired Nurses have been reminded of the use of cream and to ensure the labels are present if the topical application used for resident. Staff have been reminded regarding removing their apron prior to leaving the dinning room after assisting residents. Staff have been reminded about the importance of hand hygeine in the dinning room. Deputy and HM observed that this is being performed by all staff now, and same for PPE outside caring area.
Recommendation 2 **Ref:** Standard 36 **Stated:** First time **To be Completed by:** 30 May 2016	Updated policies should be made available to staff in a timely manner and staff should be made aware of all policies which have been updated. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: A copy of the policy was provided to staff and signatures obtained to ensure staff were aware of the policy
Recommendation 3 **Ref:** Standard 19 Criteria (2) **Stated:**First time **To be Completed by:** 30 May 2016	The registered manager must ensure that guidelines on continence management are made available to staff. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: The guidelines on continence management is readily available for all staff now.

Recommendation 4 **Ref:** Standard 4 Criteria (1) (7) **Stated:** First time **To be Completed by:** 31 May 2016	It is recommended that patients' continence assessments and care plans are fully completed to include the specific continence products required by the patient. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: Residents continence products are specified in the assessment and care plan. This issue was immediately adressed to all nurses.
Recommendation 5 **Ref:** Standard 4 Criteria (9) **Stated:** First time **To be Completed by:** 30 April 2016	It is recommended that repositioning charts contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning. **Ref: Section 5.4.3**
	Response by Registered Person(s) Detailing the Actions Taken: Reposition charts now have evidence of skin condition written by staff, all staff including care staff are have been aware of the need to document skin condition at each position change.
Recommendation 6 **Ref:** Standard 47 Criteria (3) **Stated:** First time **To be Completed by:** 30 April 2016	The registered manager should observe staffs moving and handling of patients within the home to ensure training is embedded into practice. **Ref: Section 5.4.4**
	Response by Registered Person(s) Detailing the Actions Taken: Staff are transporting residents in their wheel chair with the safety lap belt fastened. This procedure had been observed by the HM.

Registered Manager Completing QIP	Shily Paul	**Date Completed**	13.04.2016
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	18.04.16
RQIA Inspector Assessing Response	Dermot Walsh	**Date Approved**	20.04.2016

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