



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 13 March 2020



## Lisburn Intermediate Care Centre

**Type of Service: Nursing Home (NH)**

**Address: 119b Hillsborough Road, Lisburn, BT28 1JX**

**Tel No: 028 9266 9523**

**Inspectors: Sharon McKnight and Joseph McRandle**

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 63 patients. The home operates a ten bedded dementia care unit and a 26 bedded general nursing unit. The home also has a 27 bedded intermediate care unit which is supported by the South Eastern Health and Social Care Trust.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual(s):</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Alfie Corvea Registration pending
<b>Person in charge at the time of inspection:</b> Alfie Corvea	<b>Number of registered places:</b> 63
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b>  54

### 4.0 Inspection summary

An unannounced inspection took place on 13 March 2020 from 09:10 hours to 14:20 hours.

This inspection was undertaken by the care inspector supported by the finance inspector

The inspection assessed progress with all areas for improvement identified in the home since the last care and finance inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found in relation to staffing, care practices and preparedness for the Covid19 pandemic. Good practice was identified with the maintenance of up to date records of reconciliations (checks) of patients' monies and valuables and records of signed authorisations for members of staff to undertake transactions on behalf of patients.

Two areas for improvement identified at the last finance inspection in relation to patients' written agreements and the recording of patients' personal property have been stated for a second time. No new areas for improvement were identified as a result of this inspection.

The patients we spoke with were very happy with the care they were receiving. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>2*</b>

\*The total number of areas for improvement include two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Alfie Covera, 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 14 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 14 October 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- staff duty rota for week commencing 9 March 2020
- staff training records
- incident and accident records
- two patient care records
- four patient care charts including food and fluid intake charts and reposition charts

- a sample of governance audits/records
- three patients’ finance files including copies of written agreements
- a sample of financial records including patients’ personal allowance monies and valuables
- patients’ comfort fund monies
- two patients’ records of personal property.

Areas for improvement identified at the last care and finance inspections were reviewed and assessment of compliance recorded as either 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 previous inspections**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20(1)(a) <b>Stated:</b> First time	The registered person shall ensure that a cook is on duty daily in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A review of the duty rotas from 17-02-20 to 15 March 2020 evidenced that a cook was on duty daily. This area for improvement has been met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that RQIA are notified without delay of the occurrences listed in Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.</p> <p>Arrangements must be made, without delay, to ensure that, in the absence of the manager, identified staff can submit notifications to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed that three senior members of staff were now able to submit notifications in the absence of the manager. A review of accident and incident records evidenced that notifications were being submitted to RQIA in a timely manner. This area for improvement has been met.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27(4)(b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the manager monitors the identified area of the home to ensure that inappropriate storage of equipment does not compromise fire safety.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager explained that she checks the daily; staff have also been informed that this area must not be used for storage. No issues were identified with inappropriate storage of equipment. Staff spoken with were aware that that equipment must not be stored in the identified area. This area for improvement has been met.</p>	<b>Met</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that agency staff are deployed in a manner which provides a balance of home staff and agency staff on each unit.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>review of duty rotas and discussion with staff evidenced that this area for improvement has been met.</p>	<b>Met</b>

<b>Area for improvement 2</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time	The registered person shall ensure that the décor in the identified lounge is brought up to an acceptable standard.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Work was ongoing on the decoration of the first floor unit and the identified lounge. This area for improvement has been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time	The registered person must ensure that where food and fluid charts are maintained they are fully completed .	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of completed food and fluid charts evidenced that this area for improvement has been met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> First time	The registered person shall ensure that the manager monitors the quality and quantity of the meals served, the choices available and the supply of goods in the kitchen to ensure patients are happy with the meals served.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Discussion with the manager and a review of records evidenced that quality and variety of the meals served had been monitored by the manager. Patients spoken with reported an improvement in the quality and variety of food served. This area for improvement has been met.	



<b>Areas for improvement from the last finance inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 5 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that there is evidence available that each patient or their representative has been provided with an individual written agreement setting out the terms and conditions of their residency in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three patients' files evidenced that signed written agreements were retained within all three files. The agreements reviewed set out the terms and conditions of the patients' residency within the home.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.11  <b>Stated:</b> First time	The registered person shall ensure that the home administrator participates in adult safeguarding training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of records evidenced that this area for improvement was met.	



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.25</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records confirmed that reconciliations of patients' monies and valuables (including monies held in the bank account) were undertaken in line with the Care Standards for Nursing Homes (2015).</p> <p>The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by the manager.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of two patients' property records evidenced that the records had not been updated and reconciled in line with the Care Standards for Nursing Homes (2015).</p> <p>This area for improvement has not been met and is stated for a second time.</p>		

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of three patients' files evidenced that signed written agreements were retained within all three files. However, there was no evidence that the agreements reviewed had been updated to show the current fee.</p> <p>This area for improvement has not been met and is stated for a second time.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 14.6, 7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the resident's records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of three patients' files evidenced that up to date copies of signed authorisation forms for staff to make purchases or pay for additional services on behalf of patients were retained.</p>		

## 6.2 Inspection findings

### 6.2.1 Staffing

The registered manager confirmed the daily staffing levels for the home and explained that staffing levels were kept under review in response to the needs of the patients and the occupancy of the home. Observation of the delivery of care throughout the morning of the inspection 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 interactions with patients were observed to be compassionate, caring and timely. When providing reassurance to patients who were unable to say why they were anxious, we observed staff spend time with the patient in an attempt to find out what they needed. Patients receiving intermediate care were well informed of their treatment plan and discharge pathway.

We spoke with a number of patients, all of whom spoke highly of the staff and their caring attitude. They said:

"Everyone is very pleasant."

"Staff are exceptionally kind."

"They are all marvellous, I am very happy with the care."

"The food is well improved"

Staff stated there was good team work between the grades of staff and good support from the manager who they described as approachable and readily available to listen. Staff were satisfied that there were sufficient staff to meet the needs of the patients.

### 6.2.2 Care delivery

We walked round the home throughout the morning; patients were in the lounges or in their bedrooms, as was their personal preference. Some patients remained in bed. The atmosphere in the home was calm and relaxed. Patients were well presented with obvious attention being paid their appearance.

A new activity co-ordinator had recently been appointed. They spoke enthusiastically of the importance of meaningful activities. Patients in the dementia unit were engaged in a balloon exercise activity which they all enjoyed.

We observed the lunchtime meal. Patients could have their lunch in the dining rooms, in the lounge or in their bedrooms depending on their choice or their assessed needs. Staff were well organised and all of the patients received their meals without delay. There was a choice of two main dishes on the menu; staff confirmed that alternatives meals were also provided in response to their requests. The meals served were appetising and patients were complementary regarding the home cooked nature of the meal.

### 6.2.3 Infection prevention and control practices

Signage had been placed at the entrance which provided advice and information about Covid-19, hand washing and visiting restrictions. Alcohol based hand sanitiser was available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

PPE was also readily available. No issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE.

#### **6.2.4. Care records**

A range of assessments, to identify each patient's needs, were completed on admission to the home. From these, care plans were produced and reviewed monthly,

We reviewed care records in relation to patients' skin and wound care. Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. As previously discussed records of what individual patients eat at each meal were completed for patients with a poor appetite.

#### **6.2.5 Management of service users' monies**

A review of a sample of patients' records was taken to validate compliance with the financial areas for improvement identified from the last inspection. These included; copies of patients' written agreements, records of the reconciliations of patients' monies and valuables, records of patients' personal property, patients' comfort fund and training records for the home's administrator.

A review of three patients' files evidenced that copies of signed authorisations for members of staff to undertake purchases or pay for additional services (e.g. hairdressing), on behalf of patients, were retained within all three files.

A review of the three files also confirmed that written agreements between the home and the patients were retained within the files. The agreements reviewed did not show the current weekly fee paid by, or on behalf of, the patients. This was identified as an area for improvement at the last finance inspection and has been stated for a second time.

A review of two patients' personal property records evidenced that the records were not updated and checked in line with the Care Standards for Nursing Homes (2015). This was identified as an area for improvement at the last finance inspection and has been stated for a second time.

A review of records confirmed that reconciliations (checks) between the monies held on behalf of patients and the records of monies held were undertaken on a monthly basis.

Good practice was observed as the records of the reconciliations were signed by the home's administrator and countersigned by the manager.

A review of records also showed that the record of patients' items held within the safe place was up to date at the time of the inspection.

## Areas of good practice

There were examples of good practice found in relation to staffing, care practices and preparedness for the Covid19 pandemic. Good practice was identified with the maintenance of up to date records of reconciliations (checks) of patients' monies and valuables and records of signed authorisations for members of staff to undertake transactions on behalf of patients.

## Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Alfie Covera, 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><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 April 2020</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1 and 6.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Inventory of belongings now diarised and done quarterly, signed by a Registered Nurse and care staff. Copy held at the resident's care file at the nurses' station.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 April 2020</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.1 and 6.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> By end of April 2020, updated terms and conditions were posted to nominated next of kin. Copy of the covering letter kept at the resident's financial file held at the Admin office.</p>



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