



Unannounced Care Inspection Report 11 December 2018



Lisburn Intermediate Care Centre

Type of Service: Nursing Home (NH)
Address: 119b Hillsborough Road, Lisburn, BT28 1JX
Tel No: 028 9266 9523
Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 63 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Maureen Claire Royston	Registered Manager: See box below
Person in charge at the time of inspection: Alfie Corvea, Acting Manager	Date manager registered: Alfie Corvea – Acting No application Required
Categories of care: 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.	Number of registered places: 63 There shall be a maximum of 12 patients accommodated within category of care NH-DE and located within the designated dementia unit (lower ground floor).

4.0 Inspection summary

An unannounced inspection took place on 11 December 2018 from 08:40 to 16:45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to staffing, the notification of accidents and the management of the environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need and care planning and the management of nutrition and wound care. We observed good practice in relation to the culture and ethos of the home and the dignity and privacy of patients. Good practice was evident in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

An area for improvement was identified in relation to ensuring that recommendations made by health care professionals were consistently adhered to.

Patients said they were happy with the care they were receiving. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*2

*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 Corvera, 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 19 October 2018.

The most recent inspection of the home was an unannounced finance inspection undertaken on 19 October 2018. 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 13 patients individually and with others in small groups, five patients' relatives and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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 nursing and care staff week commencing 17 December 2018
- incident and accident records
- two staff recruitment and induction files
- five patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- complaints record
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 October 2018.

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

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

6.2 Review of areas for improvement from the last care inspection dated 20 June 2018.

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 person shall ensure that confirmation of registration with the NMC with is confirmed prior to the candidates commencing employment as a registered nurse.	Met
	Action taken as confirmed during the inspection: A review of recruitment records evidenced that 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 38.3 Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> • where a candidate submits a reference from an agency, the home should receive a satisfactory reference from the last home (or relevant employer) in which the candidate worked, • gaps in employment had been explored and explanations recorded. 	Partially met
	Action taken as confirmed during the inspection: A review of two recruitment records evidenced that references had been maintained in accordance with standards. There was no evidence in one recruitment file that gaps in employment had been explored and explanations recorded. This area for improvement has been assessed as partially met and is stated for a second time.	
Area for improvement 2 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that a new carpet cleaning machine is purchased as a matter of priority to ensure that staff have the facilities to keep carpets clean and free from odours.	Met
	Action taken as confirmed during the inspection: Staff spoken with confirmed that a new carpet cleaning machine had been purchased and was available in the home. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that a review of all of the bedtable throughout the home is undertaken; those which are worn must be replaced.	Met
	Action taken as confirmed during the inspection: The acting manager confirmed that following a review of bedside tables 32 have been replaced and a further 8 have been ordered. No issues were identified with the condition of bedside tables during this inspection. This area for improvement has been met.	

<p>Area for improvement 4</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that pressure ulcers, which do not require a dressing are monitored daily to ensure any changes to the pressure ulcers or any further deterioration is identified.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records for two patients evidenced that this area for improvement has been met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the frequency with which patients require to be repositioned is consistently recorded and records maintained to evidenced that the prescribed frequency is adhered to.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of three patients care records evidenced that, whilst patients were repositioned regularly, two of the three patients were not repositioned in accordance with their prescribed care. This area for improvement is assessed as partially met and is stated for a second time.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that routines and care practices within the home are patient centred, specifically, all patients shall be assisted to/from their wheelchairs in a timely manner.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observations throughout the inspection confirmed that patients were assisted to/from their wheelchairs in a timely manner. This area for improvement has been met.</p>		

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 explained that staffing levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from week commencing 17 December 2018 evidenced that the planned staffing levels were adhered to. Staff confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were of the opinion that when the planned staffing was provided there were sufficient staff to meet the needs of the patients.

We spoke with the relatives of five patients; no issues were raised with regard to staffing provision. Questionnaires were provided for relatives and patients; four were received within the timescale for inclusion in this report from relatives. Whilst all of the respondents indicated that they were satisfied with staffing one relative commented "more staff needed."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

As previously discussed on section 6.2 a review of two recruitment records evidenced that there was no evidence in one file that gaps in employment had been explored and explanations recorded. This was identified as an area for improvement during the previous care inspection and has now been stated for a second time.

We reviewed accidents/incidents records completed in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm, clean and, with the exception of two bedrooms, fresh smelling. We discussed the management of odours in two identified bedrooms with the house keeper who confirmed that replacement flooring had been requested; confirmation that these requests had been approved was received following the inspection. A number of bedrooms were in need of redecoration. This was discussed with the manager who explained that a rolling programme of redecoration was in place; it was agreed that the identified rooms would be prioritised. Progress with these improvements will be reviewed at the next inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the notification of accidents and the cleanliness and management of 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.

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. Records for patients admitted for intermediate care evidenced that care was planned and delivered with support from a range of healthcare professionals, for examples physiotherapists and occupational therapists. Discussion with patients and observations made confirmed that there was a programme of active rehabilitation. Patients spoken with were well informed of their plan of care.

We reviewed the management of nutrition, patients' weight and the management of wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition and weights for two patients. A nutritional risk assessment was completed monthly; care plans for nutritional management were in place. Food and fluid intake charts were maintained for both patients.

We reviewed the management of three patients with swallowing difficulties. The recommendations made by the speech and language therapist (SALT) were available in the patients' care records. Care plans were in place and were reflective of the SALT recommendations. It was identified with one patient that the SALT recommendations were not consistently adhered to with regard to the provision of snacks. This was brought to the attention of the registered nurse who contacted the SALT for advice. Recommendations made by health care professionals must be consistently adhered to. This was identified as an area for improvement.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records and repositioning charts evidenced that contemporaneous records were maintained. As previously discussed in section 6.2 a review of three patients supplementary charts evidenced that, whilst patients were repositioned regularly, two of the three patients were not repositioned in accordance with their prescribed care. This was identified as an area for improvement during the previous care inspection and has now been stated for a second time.

Staff confirmed that there continued to be effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patient need and care planning and the management of nutrition and wound care.

Areas for improvement

An area for improvement was identified in relation to ensuring that recommendations made by health care professionals were consistently adhered to.

	Regulations	Standards
Total number of areas for improvement	1	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 08:40 and were greeted by staff who were helpful and attentive. Patients were being assisted with their morning routine in preparation for breakfast. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

There was a calm atmosphere and the home was noted to be quiet, despite the busy morning routine. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

We observed the serving of the breakfast in the dementia unit. Patients were assisted to the dining room or had trays delivered to them as required. Staff were present in the dining room throughout the meal and were observed assisting patients with their meal as required. Patients able to communicate indicated that they enjoyed their meal.

We spoke with thirteen patients individually, and with others in smaller groups. All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were received:

“No complaints they do their best”

“The staff are very good.”

“The staff couldn’t be nicer.”

We spoke with the relatives of five patient; they all commented positively regarding the care their loved one was receiving.

As previously discussed questionnaires were also provided for patients and relatives; four completed questionnaires from relatives were received. Relatives replied that they were either very satisfied or satisfied with the care delivered across the four domains. The following comments were provided:

“My ... is very well looked after. We have never worried about him once since he has been here.”

“All the staff are great and the manager is wonderful.”

“ I have every confidence in ... and her team on the ground floor.”

Staff were asked to complete an on line survey; we received no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after this report is issued will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the dignity and privacy of patients.

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 was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager’s hours, and the capacity in which these were worked, were clearly recorded. A deputy manager has recently been appointed to support the manager with the day to day operation of the home. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

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.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, a monthly audit was completed regarding accidents/incidents to identify trends with patients, location and times of falls. Systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Alfie Corvera, acting 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection.</p>	<p>The registered person shall ensure that recommendations made by health care professionals are consistently adhered to.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Discussed with nurses that when receiving feedback from MDT member, staff must ensure that evidence is obtained to ensure the care plan and intervention provided are in line with the recommendation of health care professionals. This will be monitored via audits by the Home Manager and Deputy Manager.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the day of the inspection.</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • where a candidate submits a reference from an agency, the home should receive a satisfactory reference from the last home (or relevant employer) in which the candidate worked, • gaps in employment had been explored and explanations recorded. <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: The identified issue relating to the gap in employment was discussed at point of interview however it was not recorded in the same format as another employee had detailed. FSHC HR are currently reviewing interview questionnaires to include triggers to questions which will explain gaps in the employment.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: 8 January 2019</p>	<p>The registered person shall ensure that the frequency with which patients require to be repositioned is consistently recorded and records maintained to evidence that the prescribed frequency is adhered to.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: Discussed with all trained staff to carefully review care plans and maintain records up to date to ensure the recorded interventions are in line with the plan of care.</p>

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



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