



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 14 October 2019



Lisburn Intermediate Care Centre

Type of Service: Nursing Home (NH)
Address: 119b Hillsborough Road, Lisburn, BT28 1JX
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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.

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 10 bedded dementia care unit and a 26 bedded general nursing unit. The home also has a 27 bedded intermediate/interim care unit which is supported by the South Eastern Health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Maureen Claire Royston	Registered Manager and date registered: Alfie Corvea Registration pending
Person in charge at the time of inspection: Alfie Corvea	Number of registered places: 63
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 patients accommodated in the nursing home on the day of this inspection: 56

4.0 Inspection summary

An unannounced inspection took place on 14 October 2019 from 08:50 hours to 17:20 hours.

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

Evidence of good practice was found in relation to the provision of nursing and care staff, staff training, staffs attentiveness to patients and patient safety.

Areas for improvement

The following areas were identified for improvement in relation to the deployment of agency staff, the daily provision of a cook and the notification of incident to RQIA. The décor in the identified lounge and the monitoring of the storage of equipment with regard to fire safety.

There were examples of good practice found in relation to the assessment of patients' needs and the delivery of care. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients required.

Areas for improvement

We saw that staff supported patients to make daily choices and that the culture and ethos of the home supported patient dignity and privacy.

There were stable management arrangements with systems in place to provide management with oversight of the services delivered.

The following areas were identified for improvement in relation to the deployment of agency staff, the daily provision of a cook and the notification of incident to RQIA. The décor in the identified lounge and the monitoring of the storage of equipment with regard to fire safety. Improvement is also required in relation to the completion of food and fluid charts and the choice and quality of meals served.

Patients described living in the home as being a good experience/ in positive terms. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	3	4

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 11 December 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 December 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 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. A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff from 7 – 20 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- seven patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- reports of monthly visits undertaken on behalf of the registered provider
- RQIA registration certificate

Areas for improvement identified at the last inspection 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 inspection(s)

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 13(1)(a) Stated: First time	The registered person shall ensure that recommendations made by health care professionals are consistently adhered to	Met
	Action taken as confirmed during the inspection: A review of care 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: Second 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. 	Met
	Action taken as confirmed during the inspection: A review of two recruitment records evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 4.9 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	

6.2 Inspection findings

6.3 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.

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. Due to staff vacancies shifts were being covered by agency staff. Agency staff should be deployed in a manner which provides a balance of home staff and agency staff on each unit; this was identified as an area for improvement.

Patients told us;

“They (staff) can’t do enough for you.”

“Staff are so kind and friendly.”

“Staff are very caring and respectful to us all.”

“We are treated with respect and dignity from the domestic staff to the manager.”

We spoke with the relatives of two patients; both were complimentary regarding the care.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff; five were received, two from patients and three from relatives. All of the respondents were very satisfied with staffing. The following comment was received with regard to staff:

“All grades of staff were so helpful and pleasant.”

Duty rotas for the week of the inspection confirmed that catering and housekeeping staff were rostered to meet the needs of the patients and to support the nursing and care staff. The post of assistant cook has been vacant for a number of months. Despite ongoing recruitment the post remains vacant. Staff to cover the assistant cook vacancy were being supplied by an employment agency however staff report that the agency cook does not always arrive and that provision has to be found at short notice from the staff on duty. Several patients complained to us about the varying quality of meals. The quality of food is further discussed in section 6.4. The daily provision of a cook was discussed with the manager as an area for improvement.

We reviewed two recruitment records which confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides a range of training for staff relevant to their roles and responsibilities. The manager monitors compliance with training for all staff. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered.

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how they could report any concerns.

Assessments to identify patients’ needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected; whilst this equipment had the potential to restrict patients’ freedom we were satisfied that these practices were the least restrictive possible and used in the patient’s best interest.

If a patient had an accident a report was completed. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise, the risk of further falls. Whilst RQIA were notified of a number of incidents there were further incidents and accidents recorded in the home that had not been notified; the incidents occurred when the manager was on leave. It was identified that no provision had been made for notifications to be submitted to RQIA when the manager was on leave. This was identified as an area for

improvement. The notifications were submitted retrospectively following the inspection. Patients' next of kin and the appropriate health and social care trust were informed of all accidents at the time of occurrence.

We observed staff to determine if there was good practice to minimise the risk of the spread of infection. A sign was displayed on the front door of the home asking visitors to consider delaying their visit until another day if they had been in contact, or had symptoms of illnesses, such as vomiting and diarrhoea or colds and flus etc. Gloves and aprons were available throughout the home and we noted that staff used these appropriately. Hand washing facilities liquid soap and disposable hand towels were widely available and well utilized through the home. Hand sanitising gel was available in the reception area as you entered the home and at a variety of locations throughout the home as an additional resource to support good hand hygiene.

The environment throughout the home was clean, warm and comfortable. New curtains were hung in the upstairs lounge during the inspection; however the damage to the wallpaper and general décor detracted from the overall improvements made by the addition of the new curtains. This was identified as an area for improvement. An issue with odour management was noted in one area of the home; confirmation was received from the manager following the inspection that the odour had been eliminated and action taken to manage the situation and prevent further malodours. The remainder of the home was fresh smelling. A wooden garden bench was observed under the stairwell on the lower ground floor; this was brought to the attention of staff and removed without delay. It was agreed that the manager would monitor this area of the home to ensure that inappropriate storage of equipment does not compromise fire safety. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of nursing and care staff, staff training, staffs attentiveness to patients and patient safety.

Areas for improvement

The following areas were identified for improvement in relation to the deployment of agency staff, the daily provision of a cook and the notification of incident to RQIA. The décor in the identified lounge and the monitoring of the storage of equipment with regard to fire safety were also identified as requiring improvement.

	Regulations	Standards
Total numb of areas for improvement	3	2

6.4 Is care effective?

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

We spoke with patients individually all of whom were happy with their care. Records evidenced that staff arranged visits from healthcare professionals as required, for example GPs, podiatry, opticians and dentists as needed. Those patients receiving intermediate care confirmed that they were kept up to date with their progress, with changes to their regimes for example following physiotherapy reviews and of the outcome of the weekly multidisciplinary reviews. If patients were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home. From these, care plans, which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

We reviewed the management of nutrition, patients' weight and 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.

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.

We reviewed how patients' needs in relation to wound prevention and care were met. Records confirmed that wound care was in keeping with the care plan instructions. Records also evidenced that, where necessary, advice on the management of wounds was sought from healthcare professionals in the local health and social care trust, for example podiatrists and tissue viability nurses (TVN).

Patients' nutritional needs were identified through assessment and appropriate care planning to detail the specific support required by each patient. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight. Referrals were made to dietetic services as required and details were recorded in the patients' care records. We reviewed a selection of food and fluid charts and observed that not all meals were recorded. This was identified as an area for improvement.

We reviewed the prevention and management of falls. Care records evidenced that a post falls review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary. We reviewed the accident book and can confirm that recorded accidents were appropriately managed with medical advice sought as required.

We observed the serving of lunch in the dementia unit. Patients had the choice of coming to the dining room or having their meals brought to them on a tray. The meals served looked and smelt appetising. Staff were present throughout the mealtimes to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help with their meal. We spoke with one relative who informed us there was always a choice and that, generally the quality of meals served was good.

A significant number of patients in the general nursing unit and the intermediate care unit complained to us about the quality of food and the range of meals served; most said that it varied greatly from day to day. The complaints included the standard of food served, the temperature of the meals, for one patient, the quantity of the meals served and on one occasion a shortage of bread and butter. We visited the kitchen and spoke with the cook and kitchen staff; no issues were identified with the provision of meals or the supply of goods on the day of the inspection. The manager was aware that there was some dissatisfaction amongst patients with regard to the meals served and was working with patients to try and resolve the individual issues. It was agreed that the manager would monitor the quality and quantity of the meals served, the choice available and the supply of goods in the kitchen to ensure patients are happy with the meals. This was identified as an area for improvement.

Staff were well informed with regard to patients’ needs, what areas patients were independent with and the level of assistance they required in daily life. Staff worked well as a team and reported that there were good relations between differing roles within the team.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients’ needs and the delivery of care. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients required.

Areas for improvement

The following areas were identified for improvement in relation to the completion of food and fluid charts and the choice and quality of meals served.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 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 09:35 hours and were met immediately by staff who offered us assistance. We walked round the home mid-morning; patients were in the lounges, walking around the units or in their bedrooms, as was their personal preference. Some patients remained in bed. The atmosphere in the home was calm and relaxed.

Patients told us that they were supported to make daily choices, for example, where to spend their day, have their meals and what time they liked to go to bed. As previously discussed patients receiving intermediate care were well informed with regard to their treatment plan and associated timescales for medical appointments and potential discharge. Patients told us:

“It’s a friendly place to live.”

“This place is marvellous.”

“We are treated with respect and dignity from the domestic to the bosses.”

“Home from home.”

“Nothing is too much trouble.”

We spoke with the relative of two patients; both were complimentary regarding the staff and the care their loved ones were receiving. One relative visited daily and confirmed that she was always made to feel welcome by staff.

As previously discussed completed questionnaires were received from two patients and three relatives following the inspection. All of the respondents were very satisfied with all aspects of care. The following comments were received:

“The care here is remarkable...I am kept aware of all my care and each day the nurse comes to to greet me.” (patient)

“Manager approachable to deal with any concerns I have had regarding my father”

“My mum is well looked after.”

“Our mother was very well looked after during her stay.”

A previous issue of communication with a patient admitted for intermediate care was discussed; the patient’s first language was not English. We discussed what learning had followed from the incident and what action, if any, had been taken regarding contact details for local interpreting services. No information was available in the home. It was agreed the manager would find out what interpreting services were available locally, how to access them and make this information available in the home. Progress with this will be reviewed at the next inspection.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

“My ... has really enjoyed her stay with you. Thank you very much for your care, support and kindness.”

“My family hold Lisburn Intermediate Care Centre’s memory as a caring and dedicated unit for clients requiring long term care and will recommend your dedication and commitment to other families.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, patient choice and the daily routine.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 manager was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. An application to register as the manager with RQIA had been received at the time of the inspection and was being processed.

The manager described the staff team as being committed and reliable with a focus on delivering patient centred. Staff reported that the manager was very approachable and available to speak to. Support is also provided by the regional manager. The manager reviews the services delivered by completing a range of monthly audits. Areas audited included the environment, medications, care records and accidents and incidents.

Four Seasons Healthcare, as the operators of the home, are required to check the quality of the services provided monthly and complete a report. This was done through a monthly unannounced visit. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home and included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment.

Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined. Patients and relatives told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

Examples of compliments received have been provided in section 6.5 of this report.

In relation to the management arrangements and the systems to provide management with oversight of the services delivered.

Areas for improvement

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection</p>	<p>The registered person shall ensure that a cook is on duty daily in the home.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The new Assistant Cook has been in post from 05 November 2019. The Home will continue to ensure when staff are on leave that all shifts are covered.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection</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>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Nursing Sisters now have access to the RQIA portal to submit notifications in the absence of the Registered Manager</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27(4)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection</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>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Supervision sessions have been carried out with all staff to ensure fire exits are kept clear at all times. This will be monitored daily by the Home Manager and senior staff and by the Regional Manager during completion of the Reg 29 Audit.</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 41.2</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the day of the inspection.</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>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: There is ongoing recruitment of care staff. When duty rosters are being completed skill mix in relation to own staff and agency staff is reviewed, senior staff are aware, via supervisions, when completing allocations that this skill mix must be considered, with the exception of emergency situations.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2019</p>	<p>The registered person shall ensure that the décor in the identified lounge is brought up to an acceptable standard.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A Painting plan and redecoration were discussed and agreed with Regional Manager during the Reg 29 visit</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the day of the inspection.</p>	<p>The registered person must ensure that where food and fluid charts are maintained they are fully completed .</p> <p>Ref:6.4</p> <p>Response by registered person detailing the actions taken: A review of the EPIC electronic Nursing records within the Home will take place to ensure all required records are being kept. Whilst this review takes place a paper Daily food and fluid intake chart is being used to ensure the accurate recording of food and fluid intake for residents with ongoing weight loss</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the day of the inspection.</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A food survey was carried out. A meeting was held with food suppliers to ensure orders are correctly placed and delivery of orders are on time. Part of the discussion included an online order system that is to be undertaken for easy tracking</p>

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



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