

Inspection Report

13 October 2022



Lisburn Intermediate Care Centre

Type of Service: Nursing Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Beaumont Care Home Limited</p> <p>Responsible Individual: Mrs Carol Cousins</p>	<p>Registered Manager: Mrs Alfie Corvera</p> <p>Date registered: 20 March 2020</p>
<p>Person in charge at the time of inspection: Mrs Alfie Corvera</p>	<p>Number of registered places: 63</p> <p>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).</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 45</p>
<p>Brief description of the accommodation/how the service operates: This is a registered nursing home which provides care for up to 63 patients. The home is divided into three units over three floors. The Lagan Suite on the ground floor is a 12 bedded dementia care unit. The units on the first and second floor provide general nursing care. The home also has a 12 bedded intermediate care unit which is supported by the South Eastern Health and Social Care Trust.</p>	

2.0 Inspection summary

An unannounced inspection took place on 13 October 2022 from 10:00am to 5:00pm by a care inspector.

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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedrooms or in one of the communal rooms. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified including infection prevention and control and menu provision. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP)

Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; "I get well looked after here" and "staff are excellent, so kind and helpful". Patients were positive about the cleanliness of the home and the care provided. The meal provision was described as "food is good, I never leave any of it".

Staff said they were happy working in the home and they felt well supported by the manager. Relatives stated they were satisfied with communication and all aspects of the care provided. Comments made by patients, staff and relatives were shared with the management team for information and action if required.

One response was received from the resident/relative questionnaire. No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 January 2022		
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 employees have a full employment history. Any gaps in an employment record must be explored and explanations recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • appropriate use of hypochlorite solution • staff knowledge and training regarding the use of cleaning chemicals • a robust audit system to ensure compliance with best practice on infection prevention and control practices should be in place. 	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure that fluid balance charts are totalled daily and evaluated in the patient's progress notes. Action taken as confirmed during the inspection: This area for improvement required further work to ensure it was met. This is discussed further in section 5.2.2.	Not met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited properly to protect patients.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said there was good team work and that they felt satisfied with the level of communication between staff and management.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager had a competency and capability assessment in place. Review of these found the assessments to be comprehensive in detail to account for the responsibilities of this role.

It was observed that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other health professionals. Patients care records were held confidentially.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place. Patients' falls were audited on a monthly basis, however there was no analysis undertaken to monitor for any emerging patterns or trends. This was discussed with the manager and an area for improvement was identified in relation to monitoring falls within the home.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly and their care records accurately reflected their needs.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff had ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented, smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality and choice of meals provided.

There was no menu board on display in the dementia unit or the first floor dining room, this was discussed with the manager and an area for improvement was identified.

Staff advised that they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet. If required, records were kept of what patients had to eat and drink daily. Review of records evidenced that patients' fluid intake was generally well recorded; however the charts were not consistently totalled for a 24 hour period or evaluated by nursing staff in the patients' daily record. This area for improvement has been stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean and tidy throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

Concerns were identified about the management of patients' toiletries in the dementia unit's ensuite bathrooms. A number of ensuites in the general nursing unit were untidy and cluttered with toiletries which would not allow them to be effectively cleaned.

Details were discussed during feedback and the importance of ensuring that all areas of the home are hazard free. An area for improvement was identified.

A malodour was noted in one patient's bedroom and a stained carpet was observed in a patient's bedroom. This was discussed with the manager and an area for improvement was identified.

The home's most recent fire safety risk assessment was dated 7 July 2022. An action plan was in place to address the recommendations made by the fire risk assessor. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

5.2.4 Quality of Life for Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time. The genre of music and television channels played was appropriate to patients' age group and tastes.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. Patients advised that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

Visiting arrangements were in place in line with the current guidance in this area.

Patients said that they felt staff listened to them and would make an effort to sort out any concerns they might have.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Alfie Corvera has been the registered manager since 20 March 2020.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. It was not clear from the care record audits reviewed who had responsibility to make improvements where deficits were noted and if the recommended actions had been addressed. This was discussed with the manager and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. An area for improvement was identified previously in section 5.2.2 that the monthly review of falls/accidents in the home should be analysed to identify any emerging patterns or trends which might inform the action plan to manage falls/accidents occurring in the home.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2	4*

* the total number of areas for improvement includes one standard that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Alfie Corvera, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 14 2(a)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is in relation to the safe storage of toiletries.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: The storage of toiletries has been reviewed in the identified area and a designated storage area has been put in place. Compliance with use of the storage area is monitored by the Nurse in Charge of the Unit and is recorded on the Daily walkabout form.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2022</p>	<p>The registered person shall ensure that the premises are kept in a good state of repair.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • The malodour identified in a patient's bedroom • The stained carpet in a patient's bedroom <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Carpets identified during this inspection have been replaced. A review of all other carpeted areas have taken place and will be reviewed on a rolling basis.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2022</p>	<p>The registered person shall ensure that fluid balance charts are totalled daily and evaluated in the patient's progress notes.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Staff supervisions have been completed on the use of fluid balance charts. For robust monitoring, the Daily Walk about form as well as the shift report has been modified. Oversight by way of spot checks by the HM or designated person will be</p>

	completed at least twice weekly for Residents with a Fluid Balance Chart in use.
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<p>Area for improvement 2</p> <p>Ref: Standard 22 (10)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2022</p>	<p>The registered person should ensure that falls are reviewed and analysed on a monthly basis to identify any emerging patterns or trends that may require action.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Completion of Falls Analysis reviewed and monitoring form is in place to support the identification of any emerging trends across the separate units. Falls analysis will be a standing item on the Home's clinical governance meetings.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p>	<p>The registered person shall ensure that the daily menu displayed reflects the meals served and is displayed in a suitable format for patients to read or understand it.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Display of menu choices were reviewed and revised. New Menu Boards are now in place. Review of menu boards will be included in the monthly dining experience audit for each unit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 36</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2022</p>	<p>The registered person shall ensure that deficits identified by the homes audit processes are included in an action plan that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. The manager should also evidence that they are monitoring this process.</p> <p>Ref:5.2.5</p>
	<p>Response by registered person detailing the actions taken: Internal audits are reviewed and signed off by the Home Manager/Deputy Manager. The Home Manager/Deputy Manager are responsible for ensuring that an action plan has been implemented where appropriate and that the relevant actions have been followed up with evidence that they have been completed within the identified time frame.</p>

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