

Inspection Report

18 September 2023



Lisburn Intermediate Care Centre

Type of service: Nursing
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Beaumont Care Homes Ltd</p> <p>Responsible Individual: Mrs Ruth Burrows</p>	<p>Registered Manager: Mrs Alfie Corvera</p> <p>Date registered: 19 March 2020</p>
<p>Person in charge at the time of inspection: Sally Pacia, Deputy Manager</p>	<p>Number of registered places: 61</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: 56</p>
<p>Brief description of the accommodation/how the service operates: This is a registered nursing home which provides care for up to 61 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 18 September 2023 from 9:35 am to 5:00 pm 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. 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 am well looked after" and "staff are excellent; they are first class". Patients were positive about the cleanliness of the home and the care provided.

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.

Ten responses were received from the resident/relative questionnaire indicating that they were satisfied with the overall provision of care in the home.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team; this is good practice.

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 October 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure that the premises are kept in a good state of repair. This relates specifically to the following: <ul style="list-style-type: none"> • The malodour identified in a patient's bedroom • The stained carpet in a patient's bedroom 	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 (December 2022)		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.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and has been stated for a third time. Please refer to section 5.2.3 for further detail.	
Area for Improvement 2 Ref: Standard 22.10 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Standard 12 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for a second time.	
Area for improvement 4 Ref: Standard 36 Stated: First time	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	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was 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.

The deputy manager told us that agency staff received an induction to the home; however not all of the induction records were available for review. This had been identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded by the Manager when training was due. However; some staff were not up to date with mandatory training, for example Adult Safeguarding, manual handling and Infection Prevention and Control. This was discussed at feedback and identified as an area for improvement.

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. 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.

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. Review of a sample of patient care records relating to pressure area care evidenced that the recommended frequency of repositioning was not consistently recorded in the charts. This was identified as an area for improvement.

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.

Staff told us that on occasions throughout the night that snacks were not always readily available for patients requiring a modified diet. This was discussed at feedback and an area of improvement was identified.

Staff told us that at times, there was a shortage of crockery at meal times which delayed the provision of meals to some patients. Assurances were provided by the manager after the inspection that this had been addressed and will be reviewed at the next inspection.

The menu board on display on the dementia unit and first floor did not reflect the meal being served. This was discussed at feedback and this area for improvement has been stated for a second time.

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. Patients' fluid intake was being consistently and accurately recorded; however, there was a lack of evaluation in the patients' daily progress notes. Therefore, this area for improvement was only partially met and has now been stated for a third time. Discussion with the manager established that fluid intake records were being maintained for some patients which were no longer required; there was no regular system in place to monitor this and ensure only relevant records were being maintained. An area for improvement was identified.

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.

The home's most recent fire safety risk assessment was dated 21 June 2023. 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.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided.

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 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.

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.

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

There was a system in place to manage complaints.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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.

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. Some recently completed reports were not immediately available on the day on the inspection; these reports must be available for review by patients, their representatives, the Trust and RQIA. Following the inspection, the home provided written confirmation that this had been addressed, therefore an area for improvement was not required at this time.

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 the **Care Standards for Nursing Homes (December 2022)**.

	Regulations	Standards
Total number of Areas for Improvement	1	7*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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 20 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2023</p>	<p>The registered person shall ensure care staff have up to date mandatory training and there is a system in place to monitor this.</p> <p>This is specifically in relation to:</p> <ul style="list-style-type: none"> • Manual handling • Adult Safeguarding • Infection Prevention and Control <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home Manager or designated other undertakes weekly checks to verify training compliance. Reminders are sent to staff via email with a timeframe for completion. In cases where staff members do not respond to these reminders, an investigation is initiated to determine the reasons for their non-compliance. Mandatory training is also reviewed monthly by the Operations Manager via the Regulation 29 visit.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Third time</p> <p>To be completed by: With immediate effect</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 & 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Residents who require to use Fluid Balance Charts are reviewed daily by the registered nurse on duty to assess whether targets have been met in keeping with a resident's plan of care and a note made on the 24-hour shift report. These charts will also be reviewed weekly by the unit Sister/Charge Nurse with any concerns recorded on the 24-hour shift report. Compliance will also be monitored monthly with the Operations Manager as part of the regulation 29 visit.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</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: 5.1 & 5.2.3</p>
<p>Area for improvement 3</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken:</p> <p>As part of our daily governance procedures, during the daily walkabout, the Nurse in Charge of the unit will review the Menu Board. In addition, the Home Manager and Deputy Manager perform weekly checks, recorded on the daily walkabout, to ensure that the menu choices align with the information displayed on the menu board. The Operations Manager quality assures this via the Regulation 29 visit.</p> <p>The registered person shall ensure all agency staff who work within the home are inducted on arrival to the home and evidence of the induction is maintained.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>Agency Induction Forms for all grades of staff have now been fully implemented. Agency staff coming to work in LICC for the first time will complete this induction in addition to obtaining a copy of the agency staff profile. The Home Manager or Deputy Manager will review all new agency inductions and sign the document to confirm it has been fully completed. This process will be monitored via the Operations Manager during the completion of the Reg 29 audit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2023</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning, the recommended frequency is recorded on the repositioning chart.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>Residents who require the use of repositioning charts will have a weekly review by their allocated key nurse to determine if the current plan of care meets their current nursing needs and will ensure this is clearly documented on the repositioning chart. The Home Manager/Deputy Manager will select a sample of repositioning charts to review via the daily walkabout. The Operations Manager also reviews a selection of supplementary recording charts to review as part of the regulation 29 visit.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 12.17</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure there is a selection of suitable snacks available at all times for patients' who have swallowing difficulties.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 6</p> <p>Ref: Standard 37.4</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2023</p>	<p>Response by registered person detailing the actions taken:</p> <p>The snack options including those for residents requiring a modified diet have been reviewed. A wider range of snacks have been made available. Support has been sought from the regional support team to further review and quality assure what has been implemented. Compliance will also be reviewed by the Operations Manager as part of the Reg 29 visit.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered person shall review the management of patients on fluid balance charts to ensure that they are accurate, up-to-date and necessary.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has completed a full review of all the residents that had been using fluid balance charts and discussed relevance with the registered nurses. Those residents who no longer required fluids to be monitored the process was discontinued. Any resident who commences on a fluid balance chart or who is currently on a fluid balance chart is noted on the 24hr report The Registered Nurse must sign off the fluid balance charts at the end of their shift and document the outcomes in the nursing progress notes. Charts are to be spot checked by the Home Manager or designated other as part of the daily walkabout. A selection of supplementary recording charts are reviewed by the Operations Manager as part of the regulation 29 visit.</p>

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