The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Laganvale Care Home**

Provider: **Ann's Care Homes**

Date of Inspection: **8 April 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Ann's Care Homes Limited
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Clare McBride – not registered

Service Profile –
This home is a registered nursing home which provides nursing care for up to 72 patients. The home is divided into two units over two floors. The unit on the ground floor provides care for patients living with dementia and the first floor provides general nursing care. Patients have access to communal lounges, dining rooms and a garden space.

2.0 Inspection summary

An unannounced inspection took place on 8 April 2025, between 9.30 am to 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 1 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.
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.

As a result of this inspection, one area for improvement was assessed as having been addressed by the provider; and one area for improvement pertaining to medicines management has been carried forward for review at a future inspection.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients who were able to share their opinions on life in the home said or indicated that they were well looked after. Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Relatives spoken with reported satisfaction with the care and services provided to their loved ones.

Following the inspection, there were no responses received from the staff questionnaires or patient/relative questionnaires.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Staff should have the opportunity to attend supervision and appraisal sessions to review their role and enhance their professional development. A review of records and discussion with the manager confirmed that a plan was available for staff appraisal and 'group supervsions' had been implemented, however a schedule of individual supervsions was not available. The manager readily agreed to review, an area for improvement was identified.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Staff told us that the patients needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

Bespoke care arrangements were in place for a number of patients and staff were observed supporting patients with their assessed care needs. Patients who required bespoke care had individualised care plans in place and staff spoken with were knowledgeable about the patient's needs.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

The risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience.

The weekly programme of social events was displayed in the home advising of future events and activities for patients were provided which involved both group and one to one activities. Arrangements were in place to meet the patients social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a suitably qualified member of staff 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 healthcare professionals.

Care records were person centred and in general regularly reviewed to ensure they continued to meet the patients' needs; where gaps were identified, this was discussed with the manager for review and action as appropriate.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and welcoming with many patients' bedrooms personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regulary monitored by the manager and records kept.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Clare McBride has been managing the home since August 2024.

Staff 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.

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

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	2*

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 13 February 2024	The registered person shall ensure that when patients are prescribed rescue medicines for seizures, these are recorded on the personal medication record and a patient specific care plan/epilepsy management plan to direct their use is in place.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 40 **Stated:** First time **To be completed by:** 8 May 2025	The registered person shall ensure staff have recorded individual supervision at least twice a year. Ref: 3.3.1
	Response by registered person detailing the actions taken: Discussion with staff at the latest staff meeting in relation to the purpose of supervision. Individual sessions with staff on this process has also been completed. Supervision matrix in place and supervisions will be completed twice per year as a minumum. The Home Manager will monitor the progress monthly, review also being completed during monitoring visits by appropriate persons.

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

The Regulation and Quality Improvement Authority

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