The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisburn Care Home**

Provider: **Beaumont Care Homes Ltd**

Date of Inspection: **18 January 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:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Ms Ana Maria Roman
Service Profile – This home is a registered nursing home which provides general nursing care and care for patients with a physical disability for up to 38 patients. The home is laid out over one floor at ground level. Patients have access to communal lounges and the dining room.	

2.0 Inspection summary

An unannounced inspection took place on 18 January 2025 from 9:45 am to 4:30 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 13 December 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced 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.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated again. 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 told us they were happy with the care and services provided. Comments made included "there are plenty of staff and they are lovely" and "the food is delicious".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients 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.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "the manager is very approachable" and "I visit all the time and the girls are lovely here".

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

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.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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 knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

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 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.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 and their diet modified.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was clear evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Discussion with staff confirmed that the planned menu was not always adhered to due to a number of external factors. Assurances were given that a menu variation record would be put in place. This will be reviewed at the next inspection.
The menu board in the dining room was not at eye level and difficult to read, assurances were given after the inspection that this had been addressed.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. We discussed the importance of ensuring the activities provided were varied and suited to both groups of patients and individuals. This will be reviewed at the next inspection.

Patients were well informed of the activities planned and of their opportunity to be involved. Patients looked forward to attending the planned events.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

Access to confidential patient information was evident within two areas of the home. This was identified as an area for improvement.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Observation of the environment evidenced that a bathroom door was unable to close fully due to clutter and a fire exit door in an office was obstructed. This was identified as an area for improvement.

Observation of the environment identified a number of concerns regarding the management of avoidable risk and patient safety. For example, two domestic stores were unlocked with access to cleaning chemicals and cleaning products were observed to be unsupervised on a domestic trolley. This area for improvement was stated for a third time.

In a number of bedrooms, it was identified that prescribed topical creams were not stored securely. This was identified as an area for improvement.

We discussed the management of patients' who smoke within the home and ensuring that provision is made in accordance with legislation and the home's smoking policy. Assurances were given after the inspection that the manager had addressed these issues. This will be reviewed at the next inspection.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Ana Maria Roman has been the manager in this home since 10 January 2020.
Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the Manager would address their concerns.

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

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	3*	2

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Princess Lidasan, deputy 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	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** Third time	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health. Ref: 2.0 & 3.3.4
To be completed by: 18 January 2025	**Response by registered person detailing the actions taken:** The Home Manager has purchased 2 new keys for each domestic store on 20th January 2025 which are now retained in the nurse's station so they are available for staff to access at all times. Borrowed staff who work in the Home have been informed by the Home Manager of the location of the keys, which they can access and keep on their possession during their shifts so they can lock the stores when needed, keys are to be returned to nurses' station at end of each shift. Compliance to be monitored during walkabout audits and any identified issues addressed at the time with the staff on duty. Spot checks will be carried out by the Operations Manager during Regulation 29 visits.
Area for improvement 2 **Ref:** Regulation 19 (5) **Stated:** First time	The registered person shall ensure that patients' confidential records are securely stored. Ref: 3.3.3

To be completed by: 31 January 2025	**Response by registered person detailing the actions taken**: A lockable letter box has been installed outside the Administrators office. Mail which is delivered at weekends will be retained in the letter box for security. Information regarding residents has been removed from computer room which is located in foyer. Confidentiality of records has been discussed with staff during handovers focusing on resident's mail and accessibility of resident's information. Compliance to be monitored by Home Manager during walkabout audits and spot-checked during Regulation 29 visits by the Operations Manager.
Area for improvement 3 **Ref:** Regulation 27 (4) (b) (c) **Stated:** First time **To be completed by:** 31 January 2025	The registered person shall ensure there is a system in place to ensure that fire doors are not obstructed. Ref:3.3.4
	Response by registered person detailing the actions taken: The chairs that were obstructing the fire exit door in Home Manager's office were removed on the day of the inspection. The Manager's office has been re-organised to ensure fire exit is kept clear. Bathrooms have been cleared of excessive shower chairs/commodes to ensure doors can close. Compliance to be monitored during walkabout audits and any identified issues addressed at the time with the staff on duty. Spot checks will be carried out by the Operations Manager during the Regulation 29 visits.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 39.1 **Stated:** First time **To be completed by:** 18 January 2025	The registered person shall ensure that induction records are maintained for all agency staff who work in the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Home Manager is to identify in advance the shifts when agency staff are due on duty and place a reminder in the nurse's diary to ensure an induction is completed and attached to the agency profile. Agency profiles and induction forms to be kept together in the designated files in the nurse's station. Compliance to be monitored by Home Manager and evidenced on the walkabout audit. Spot checks will be carried out by the Operations Manager during the Regulation 29 visits.

Area for improvement 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 31 January 2025	The registered person shall ensure that prescribed topical creams are stored safely and securely. Ref: 3.3.4
	Response by registered person detailing the actions taken: Baskets have been purchased for each bedroom to store toiletries and prescribed creams, a different colour has been provided to separate the two, these are kept inside the resident's vanity units. Safe storage of creams has been discussed during handovers by Home Manager reminding staff to ensure creams are stored inside vanity units. Compliance to be monitored during daily walkabouts and any non-compliance will be addressed at the time with individual staff. Spot checks will be carried out by the Operations Manager during Reg 29 visits.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews