

# Inspection Report

**Name of Service:**

**Lisgarel**

**Provider:**

**Northern Health and Social Care Trust**

**Date of Inspection:**

**26 November 2024**

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Northern Health and Social Care Trust
<b>Responsible Individual:</b>	Ms Jennifer Welsh
<b>Registered Manager:</b>	Mrs Louanne Bakker – not registered
<b>Service Profile</b>	
<p>This home is a registered residential care home which provides health and social care for up to 40 residents. This includes residents staying for a period of respite from their own homes.</p> <p>Residents have access to communal lounges, bathrooms, the dining room and a patio area.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 26 November 2024, between 9.30 am and 3.30 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 5 September 2023; 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 residents 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 residents and that staff were knowledgeable and trained to deliver safe and effective care.

Residents said that living and staying in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection all areas for improvement identified at the last care inspection were assessed as having been addressed by the provider. Other areas for improvement have been carried forward for review at the next medicines management 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 resident'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

Residents said that living in the home was "very good". Residents' comments included, "I don't have to be here, my family are on holiday and I choose to come here," and "I have only just arrived here and so far so good, the staff have helped me to settle."

One resident told us, "there is lots to do during the day, staff are always offering choices of what to do and what food we want, they are very good."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Staff were seen to be offering residents choices on what morning activity they wished to attend.

Resident questionnaires returned confirmed that, resident were happy with the care provided in Lisgarel. Comments included, "they are always there to help," and "staff make me feel safe." One comment regarding communication was shared with the manager for action if required.

A professional who was visiting the home at the time of this inspection said, "I think that it is amazing here, the staff are so helpful."

Staff told us that they enjoyed working in Lisgarel. One staff member said, "it is really important that we promote the residents' independence to help support them to return home, we all work together to do that."

No questionnaires were received from relatives or visitors. No responses were received from the staff online survey.

### 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 residents. There was evidence of robust systems in place to manage staffing.

Residents 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. One member of staff said, "staffing levels are ok, we cover for each other."

Observation of the delivery of care evidenced that residents' 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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff confirmed that they attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Staff were observed offering residents' choices and involving them in decisions, for example; whether or not to visit the hairdresser who was in the home at the time. Choices on planned activities, food and where to sit were also offered throughout the day.

Residents' confirmed that they knew when appointments were made and knew when other professionals were visiting the home.

At times some residents 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 residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents 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 residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was evident that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff and residents were observed to be chatting and joking during the lunchtime meal.

The importance of engaging with residents was well understood by the manager and staff. Staff and residents were observed enjoying a general knowledge quiz. It was observed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Residents told us that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices. Observation of records confirmed that residents' meeting took place on a regular basis.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were also in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or hand massage and visits to the hairdresser.

Residents told us that they were well informed of the activities planned in the home and of their opportunity to be involved and looked forward to attending the planned events. one resident told us, "There is so much to do during the day, lots of choices."

### 3.3.3 Management of Care Records

Residents' 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 residents' needs and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

The home is moving to a new electronic recording system and the manager and staff said that they have been well supported with this change. A review of care records confirmed that care plans were either in place or in the process of being implemented within the required timeframe.

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

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and individual residents' care plans reflected this.

### 3.3.4 Quality and Management of Residents' Environment

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

Some areas in the home were in need of redecoration and a programme is in place to address this. Other areas of the home required further maintenance, for example the ceiling in the dining room was showing areas of dampness and the ceiling in one bathroom had holes in the tiles. Furthermore, in the dining room a cupboard was noted to be chipped. This was discussed with the manager and an area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, and water checks.

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.

### 3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Louanne Bakker has been the manager in this home since 11 April 2022. Mrs Bakker has confirmed her intention to come forward to register with RQIA.

Residents and staff commented positively about the manager and described her 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.

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address their concerns. One resident said, "I would be happy to raise any concerns, they are very helpful here."

Compliments to the home were shared with the staff team, compliments included, "thank-you so much for the wonderful care," and "everyone is very pleasant, helpful and caring."

### 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
<b>Total number of Areas for Improvement</b>	0	3*

\* the total number of areas for improvement includes two standards that have been carried forward for review at the next inspection.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> From Date of inspection 3 October 2024	The Registered Person shall ensure that obsolete personal medication records are cancelled and archived promptly.  Ref: 2  <b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 10  <b>Stated:</b> First time  <b>To be completed by:</b> From Date of inspection 3 October 2024	The Registered Person shall ensure that the reason for and the outcome of the administration, are recorded for medicines prescribed on a 'when required' basis for the management of distressed reactions.  Ref: 2  <b>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.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2025	The registered person shall ensure that the areas identified at this inspection in regard to the home's environment are addressed.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Environmental issues identified have been raised with the Estates department to be actioned and repaired.

*\*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

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