Inspection Report

30 April 2024

Lisnisky Care Home

Type of service: Nursing Home
Address: 1 Lisnisky Lane, Portadown, Craigavon, BT63 5RB
Telephone number: 028 3833 9153

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 **Responsible Individual** Mrs Charmaine Hamilton	**Registered Manager:** Ms Sherly Mathai – not registered
Person in charge at the time of inspection: Ms Sherly Mathai	**Number of registered places:** 56 A maximum of 14 patients in category NH-DE. The home is approved to provide care on a day basis only to 9 persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 40
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 56 persons. General nursing is provided on the Brownlow Wing, Donard Wing and the Gardiner Wing on ground level. Patients with a dementia are accommodated on the lower ground level. Patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 30 April 2024 from 9:45 am to 4:25 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 bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs

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; "there is enough staff and they are very nice" and "the staff are great; I have no worries". Patients spoke warmly about the provision of care, their relationship with staff and the provision of meals.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients and staff were shared with the management team for information and action if required.

No responses were received from the patient/relative or 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 22 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13 (1) (a) **Stated:** First time	The registered person shall ensure that neurological observations are accurately and consistently recorded in line with best practice guidance.	**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.

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 and that they were satisfied with the level of communication between staff and management.

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.

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.

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

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.

Any patient assessed as being at risk of falls, had measures in place to reduce this risk.

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 were less able to mobilise were assisted by staff to change their position regularly.

Wound care records were reviewed, in one record, the dressing regime for a wound could not be determined. In another record reviewed, the recommended frequency of dressing changes in the care plan was different to the frequency of dressing changes being carried out. This was discussed with the management team and an area for improvement was identified.

Care plans reflected the patients' needs regarding the use of pressure relieving mattresses.

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.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff 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 and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

Care plans were in place for patients who required their diets to be modified. However, choking risk assessments reviewed lacked detail of the patients' diet and the care required. This was discussed with the manager and an area for improvement was identified.

The records for patients who required to have their fluid intake/output monitored were not fully completed and there was no evidence that these were reviewed daily by the registered nurses. This was discussed with the manager and 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. However, some IPC deficits were noted, namely: a number of bumper covers and crash mats were found to be stained, this was discussed with the manager and an area for improvement was identified.

The home's most recent fire safety risk assessment was dated 4 January 2024. 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

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example, staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

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 said that activities were provided which involved both group and one to one sessions. A weekly activity planner and the monthly newsletter was on display.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last care inspection. Ms Sherly Mathai has been the manager since 15 August 2022.

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 of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls.

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. 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 Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Sherly Mathei, registered manager and Patricia Greatbanks, regional 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4.8 **Stated:** First time **To be completed by:** 31 May 2024	The registered person shall ensure that wound care plans reflect the recommended dressing frequency. Ref:5.2.2
	Response by registered person detailing the actions taken: Following the inspection, the Registered Person completed a full review of wounds on GoldCrest to triangulate the wound care plan, associated risk assessments and wound analysis audit. A supervision was completed as part of a Nurse meeting covering the required areas of wound care documentation. For additional oversight the wound analysis will be completed more often than the usual monthly completion. Registered Manager and or Nursing staff will complete wound Traccas.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 31 May 2024	The registered person shall ensure that choking risk assessments are recorded accurately and reflect the current needs of the patient. Ref: 5.2.2
	Response by registered person detailing the actions taken: Following the inspection, the Registered Person completed a full review of GoldCrest to triangulate care plan, associated assessments/supporting Trust documentation and a record of Resident at risk choking audit to ensure that all areas reflects Residents individual assessed needs. This was discussed as part of a Nurse meeting covering the required areas in risk assessment and oversight.
Area for improvement 3 **Ref:** Standard 21 **Stated:** First time **To be completed by:** 31 May 2024	The registered person shall ensure that for those patients who require a fluid restriction: • Detailed care plans are in place including the medical reason for the restriction and actions to be taken if deficits are identified. • Registered nurses document daily an evaluation of the patients fluid intake and any actions required as necessary. Ref: 5.2

	Response by registered person detailing the actions taken: Following the inspection, the Registered Person completed a full review of Residents who require their fluids to be restricted. GoldCrest was reviewed to ensure that individual care plans included the reason for restriction and actions to be taken should deficits be identified. Areas of improvement has been discussed as part of a supervision and further discussed at Nurse meeting. Registered Person will monitor this.
Area for improvement 4 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 30 April 2024	The registered person shall ensure the infection prevention and control deficits identified at this inspection are addressed: • Bumper covers are replaced or cleaned • Crash mats are replaced or cleaned Ref: 5.2.3
	Response by registered person detailing the actions taken: The two identified areas were actioned at the end of inspection, on review bumper covers were removed. Crash mat was replaced and an email was sent to inspector to advise of this area.

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