The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisburn Intermediate Care Centre**

Provider: **Beaumont Care Homes Ltd**

Date of Inspection: **21 November 2024**

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 Ltd
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mrs Alfie Corvera
Service Profile: This home is a registered nursing home which provides nursing care for up to 62 patients. The home is divided into three units over three floors, each with its own living and dining areas. The Lagan Suite on the lower ground floor provides care for patients living with dementia. The ground floor and first floor provide general nursing care. There are a range of communal areas throughout the home and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 21 November 2024, from 9:20 am to 4:50 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 22 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

A variation application had also been submitted by the home to re-register an ensuite bedroom on the first floor. This was reviewed on the day of the inspection and approved.

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.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. 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 "staff treat me well, it is lovely here" and "the care is very good and staff are first class".

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.

Following the inspection, no relative or staff questionnaires were received within the timescale specified.

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.

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.

An isolated incident was observed where a staff member left medication with a patient and had not observed the administration of the medication. This was discussed with the manager who confirmed that they had addressed this with the staff member after the inspection.

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

Where a patient was at risk of falling, measures to reduce this risk were put in place, however; a number of post fall observation charts were not consistently dated. This was identified as an area for improvement.

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.

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

The importance of engaging with patients was well understood by the manager and staff. Live music was planned for the afternoon on the day of the inspection and patients stated they were looking forward to it.

The weekly programme of social events was displayed on the noticeboard advising of future events. Patients' needs were met through a range of individual and group activities such as karaoke, baking, puzzles, games and hairdressing.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

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.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs

3.3.4 Quality and Management of Patients' Environment Control

The home was clean and tidy. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable, however; there was a number of areas in the home where the paintwork needed to be repaired. This was identified as an area for improvement.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included 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. Mrs Alfie Corvera has been the manager in this home since 19 March 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 Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Alfie Corvera, 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 23 **Stated:** First time **To be completed by:** 31 December 2024	The registered person shall ensure that where a patient has been assessed as requiring repositioning: • repositioning regimes are recorded on patient records • entries recorded are time-specific Ref: 3.3.2
	Response by registered person detailing the actions taken: Staff supervisions have been completed regarding the correct recording of repositioning charts. Monitoring of completion of charts is included on the Walkabout Audit which is completed 3 times weekly and is also reviewed on the 24 Hour Shift Report which is completed daily by the nurses who are in charge of each floor. Spotchecks on completion of charts will be carried out by Home Manager/Deputy Manager twice weekly. Compliance will also be monitored during the Reg 29 visits by Operations Manager.
Area for improvement 2 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 21 November 2024	The registered person shall ensure that any entries made into patients' care records are dated by the person making the entry. This is in relation to the recording of clinical observations. Ref: 3.3.2
	Response by registered person detailing the actions taken: Internal audits are currently reviewed and signed off by the Home Manager/Deputy Manager. Spotchecks will be completed on care records, which will include CNS observation charts, by Home Manager/Deputy Manager to ensure these are dated correctly. Compliance will also be included during the Reg 29 visits by Operations Manager.
Area for improvement 3 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 31 January 2025	The registered person shall ensure that the premises are well maintained and decorated to an acceptable standard. Ref: 3.3.4
	Response by registered person detailing the actions taken: Painting plan has been developed and will commence on Monday 06 January 2025, progress will be reviewed during Reg 29 visits by Operations Manager.

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

The Regulation and Quality Improvement Authority

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