

Inspection Report

22 August 2024



Lisnisky Residential Home

Type of service: Residential Home
Address: 16 Lisnisky Lane, Portadown, Craigavon, BT63 5RB
Telephone number: 028 3833 9153

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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	Registered Manager: Mrs Sherly Mathai
Responsible Individual: Mrs Charmaine Hamilton	Date registered: 6 August 2024
Person in charge at the time of inspection: Anil Joseph, Senior Care Assistant	Number of registered places: 19
Categories of care: Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 18
Brief description of the accommodation/how the service operates: <p>This home is a registered Residential Care Home which provides health and social care for up to 19 residents. Each resident has their own bedroom and residents also have access to communal areas with secure outside spaces.</p> <p>There is a Nursing Home located under the same roof and the manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 22nd August 2024 from 9:50 am to 2:45 pm by a care inspector.

The inspection was 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. Residents had choice in where they spent their day; either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

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

One area for improvement was identified. The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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 registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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

Residents told us they were happy with the service provided. Comments included; "the staff are very good, I couldn't complain about anything" and "the staff are lovely." Residents spoke positively about the cleanliness of the home, the care provided and the activity provision.

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

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

Three responses were received from the resident/relative questionnaires indicating that they were satisfied with the overall provision of care in the home.

No responses were received from the 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?

The last inspection to Lisnisky Residential Home was undertaken on 2 November 2023 by a care inspector; no areas for improvement were identified.

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 residents.

Appropriate checks had been made to ensure that care workers maintained their registration 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.

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 residents in a timely way; and to provide residents 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 had a competency and capability assessment in place.

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 residents.

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.

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

Where a resident was assessed as being at risk of falls, measures to reduce this risk had been put in place.

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.

Review of the care records for an identified resident who presented with distressed reactions provided evidence that care plans were in place, however, these care plans lacked specific details of the care and support required. This was discussed at feedback and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Staff had ensured residents 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. Residents commented positively about the quality of meals provided and the choice of meals.

Staff advised that they were made aware of residents' nutritional needs.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents said that they were satisfied that the home was kept clean and tidy.

The home's most recent fire safety risk assessment was dated 14th January 2024. An Action Plan was in place and had addressed the recommendations made by the fire risk assessor.

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 Residents

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to residents' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring resident privacy during personal interventions.

The programme of activities was displayed on the notice board in the corridor, advising residents of forthcoming events. Activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last care inspection. Mrs Sherly Mathai has been the acting manager since 15 August 2022. Following receipt of an application to register with RQIA, Ms Mathai was registered with RQIA on 6 August 2024.

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 residents', care practices or the environment. Records confirmed that staff meetings were held regularly. Staff commented positively about the management team and described them as supportive and approachable.

There was evidence of auditing across various aspects of care and services provided by the home.

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.

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 residents, their representatives, the Trust and RQIA.

There was a system in place to manage complaints.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Patricia Greatbanks, Regional Manager and Mary Grace Soriao, 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 Residential Care Homes Minimum Standards (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p>	<p>The registered person shall ensure detailed and resident centred care plans are in place for those residents who present with distressed reactions.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The identified care plan was updated on day of inspection to include more detail on distressed reactions, this was confirmed to the inspector by email. Going forward the Registered Manager will monitor the compliance through the care plan auditing process.</p>

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



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