

Inspection Report

5 September 2024



Lisnaree Care Home

Type of service: Residential Care Home

Address: c/o Bannview House Care Home, 23 Bannview Road,
Banbridge, BT32 3RL

Telephone number: 028 4066 0110

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: Healthcare Ireland (Belfast) Limited Responsible Individual: Ms Amanda Mitchell	Registered Manager: Mrs Leah Waddell – not registered
Person in charge at the time of inspection: Mrs Leah Waddell	Number of registered places: 22
Categories of care: Residential Care (RC) I – Old age not falling within any other category	Number of residents accommodated in the residential care home on the day of this inspection: 21
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 22 residents. Accommodation is provided in single bedrooms with ensuite bathroom facilities. All residents have access to communal spaces and a garden.</p> <p>There is a Nursing Home which occupies the first and second floors and the manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 5 September 2024 from 10.15am to 3.30pm, 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 found to be warm, welcoming and clean. Bedrooms were personalised with items which were important to the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff interactions with residents were observed to be compassionate and supportive.

Staff were found to be kind and were attentive to the needs of the residents.

Three new areas of improvement were identified during this inspection. These are detailed within Section 6.0 of this report.

RQIA were assured that the delivery of care and service provided in Lisnaree Care Home was safe, effective, compassionate and that the home was well led. Addressing these areas for improvement will further enhance the safety of care 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 quality improvement plan, 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 praised the care delivery in the home. They referred to the home as being "a good place and I feel very safe." Residents stated that they were well looked after and that "if you wanted anything, all you have to do, is ask." Some residents raised some issues in regards to the meal provision in the home. This was discussed with the manager who was already aware of this and had taken corrective action.

Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required. Positive comments were made by staff in regards to the management team in terms of the level of support provided to them and that they were approachable and proactive. Staff commented that there was good teamwork and systems of communications in place in the home. Some staff raised concerns in regards to the staffing levels; this is discussed further in Section 5.2.1

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 10 August 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 6 Stated: First time	The registered person shall review the management of medicines prescribed for distressed reactions to ensure that: <ul style="list-style-type: none"> • a care plan is in place to direct care • the reason for and outcome of administration is recorded • regular administration is referred to the residents' GP for review 	Carried forward to the next inspection
	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.	
Area for Improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that the carpet in the main hallway is replaced.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Standard 29.1 Stated: First time	The registered person shall ensure that any actions outlined within this fire risk assessment are signed off as addressed, when completed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 4 Ref: Standard 10.11 Stated: First time	The registered person shall ensure that that issues identified during the monthly monitoring visits should be reviewed and actioned in a timely manner, each report should contain specific detail of each monthly visit	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 correctly to protect residents. Discussion with staff and review of records confirmed that new staff received an induction upon commencement of employment.

There were systems in place to ensure staff were trained and supported to do their job, including the provision of staff supervision and appraisal. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on the level of training and how it was provided.

Any person who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff registrations with the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge of each shift. However, the manager's working hours were not recorded. This was identified as an area for improvement.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team.

Concern was expressed by some staff and residents in relation to the staffing levels in the home. It was noted that the staffing levels were reduced in the mornings. One resident commented that they were unable to receive their shower that day, as staff were too busy. Staff reported that while they were able to get their tasks completed; they felt under pressure as a result. This reduction in the staffing is of further concern given the distance in location between the two dining areas and the lack of staff supervision which would be available on the floor. This was identified as an area for improvement.

It was noted that staff in the home responded to the residents in a kind manner; and provided residents with a choice on how they wished to spend their day. One resident said: "I feel very safe in here and well cared for."

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents was observed to be friendly, supportive and polite. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs, particularly when experiencing distress.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff also attend a daily flash meeting during the day to ensure updates are communicated and appropriate action taken, where required.

Care records were held electronically; they were found to be person centred and reflected the needs of the residents.

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 healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. The dining room was comfortable and calm. During the dining experience, staff had made an effort to ensure residents had a pleasant experience and had a meal that they enjoyed.

Some residents expressed concern in regards to the meal provision. This was discussed with the manager who was already aware of this and had taken action to address this.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain with appropriate action taken when weight loss was identified.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

At times some residents 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.

Detailed daily progress records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need were followed up with a recorded statement of care provided.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout; despite ongoing improvement work in the home. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

It was noted that toilet cisterns in ensuite bathrooms contained copious amounts of toiletries, meaning it would be difficult to ensure the toilet could be effectively cleaned. This was identified as an area for improvement.

Cleaning chemicals were stored safely and securely.

It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

Evidence was displayed throughout the home of activities completed with the residents and quiz sheets and word searches were readily accessible to residents.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills. Fire safety exits were free from obstruction. Monthly fire drills were undertaken in the home for staff and residents with good records maintained.

The home's most recent fire safety risk assessment was dated 9 October 2023. Any recommendations made as a result of this assessment were signed off, as actioned.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

The atmosphere was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff. Discussion with residents confirmed that they were satisfied that they could make their own choices throughout the day with regard to their routine. 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 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 were observed sitting with residents in small groups and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to watch television or engage in their own preferred activities. The genre of music and television channels played were in keeping with residents' age group and tastes.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Leah Waddell is the manager of the home. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

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 appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

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 the residents' next of kin, their aligned named worker and RQIA.

Review of the record of complaints and discussions with the manager confirmed that expressions of dissatisfaction were taken seriously and would be managed appropriately.

There was a wide range of audits and quality assurance in place. These audits included; falls, hand hygiene, care records, infection prevention and control, mealtime experience, care records and the environment.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail, with action plans in place for any issues identified. These reports are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	0	4*

* the total number of areas for improvement includes one area which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Leah Waddell, 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) (Version 1:2)	
<p>Area for Improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (4 May 2023)</p>	<p>The registered person shall review the management of medicines prescribed for distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • a care plan is in place to direct care • the reason for and outcome of administration is recorded • regular administration is referred to the residents' GP for review. <p>Ref: 5.1</p>
	<p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 18 October 2024</p>	<p>The registered person shall ensure that a review of the staffing levels is completed with particular reference to care delivery in the mornings.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Staffing has been reviewed and is sufficient for current resident numbers and dependencies. This will be kept under regular review</p>
<p>Area for improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2024</p>	<p>The registered person shall ensure that the hours worked by the manager are recorded on the staff duty rota.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Off duty will reflect the Registered Manager is on Maternity Leave and the Acting Managers rostered hours will be added to Lisnarees rota in addition to the nursing unit.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2024</p>	<p>The registered person shall ensure that there are no toiletries stored on the top of the toilet cisterns.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This issue has been discussed with the resident group in the home and they have been advised of the inspectors concerns. Current bathroom cabinets have limited space to store larger items of toiletries so we are encouraging the residents to store these in bedrooms and only bring to ensuite when needed. Families have also been asked to limit the number of toiletries they bring into the home. Compliance will be monitored by the Team Lead and Senior care staff in the unit. Where residents choose not to participate in this and continue to store their toiletries on the toilet cistern as is their personal choice, this will be recorded in their individual plan of care</p>

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