

Inspection Report

30 August 2022



Daisyhill Private Nursing Home

Type of Service: Nursing Home
Address: 50a Ahoghill Road, Randalstown, BT41 3DG
Tel no: 028 9447 9955

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Town & Country Care Homes Limited Responsible Individual: Dr Marina Lupari	Registered Manager and date registered: Ms Foteini Kourakou – Not registered
Person in charge at the time of inspection: Ms Foteini Kourakou	Number of registered places: 25
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 24
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 25 patients who have a learning disability. Patients' bedrooms are located over two floors and patients have access to communal lounge, dining and garden spaces.	

2.0 Inspection summary

An unannounced enforcement compliance inspection took place on 30 August 2022 from 9.50am to 2.15pm by two care inspectors.

At an inspection on 24 June 2022, serious concerns were identified in relation to the staffing arrangements in the home and with staffs' moving and handling practices. Following a meeting with the Responsible Individual (RI) on 5 July 2022 it was decided that two Failure to Comply (FTC) notices would be issued under Regulation (20) (1) and Regulation (13) (1) (a) (b) with the date of compliance to be achieved by 30 August 2022; FTC Refs: FTC000189 and FTC000190.

This inspection focused solely on the compliance with the actions detailed in both FTC notices. Areas for improvement on the Quality Improvement Plan (QIP) were not reviewed at this inspection and have been carried forward for review at the next inspection.

The inspection evidenced that management within the home had taken appropriate actions to comply with both FTC notices.

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, the two FTC notices 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 and staff for their opinion on the quality of the care and their experience of living or working in this home.

4.0 What people told us about the service

During the inspection we met with the RI and the manager and spoke with five patients and five staff. Staff spoke positively in relation to the increase in staffing levels since the last inspection and with the teamwork in the home. Staff confirmed that they enjoyed working and engaging with the patients in the home. Patients told us that they liked living in the home. Patients who could not verbalise their feelings appeared settled and content in their environment.

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 24 June 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12(1) (a) Stated: Second time	The registered person shall ensure that record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.	Carried forward to the next inspection
	Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that accurate records for the administration of thickening agents are maintained.</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 18 (2) (n)</p> <p>Stated: First time</p>	<p>The registered person shall review the provision of activities in the home to ensure that all patients, who wish to engage, are included in regular meaningful activities.</p> <p>A contemporaneous record of completed activities must be maintained.</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that thickening agents are not accessible to patients in any area of the home when not in use.</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 14.20</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the name of the appointee, the date they were approved to act in that capacity by the social security agency and the records to be held in respect of the appointment are clearly detailed within the identified patient's individual written agreement.</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

Area for improvement 2 Ref: Standard 14.26 Stated: First time	The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.	Carried forward to the next inspection
	Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 47 Stated: First time	The registered person shall ensure that a system is developed to record checks made on lap belts in use in the home to make sure that these are in good working order.	Carried forward to the next inspection
	Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

FTC Ref: FTC000189

Notice of failure to comply with Regulation 20 (1) of The Nursing Homes Regulations (Northern Ireland) 2005

Staffing

Regulation 20.-(1) *The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of the patients-*
(a) *ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are as appropriate for the health and welfare of patients;*

In relation to this notice the following five actions were required to comply with this regulation:

1. There is a robust system in place to clearly identify the number of staff required to meet the needs of the patients. In identifying staffing levels the number of patients accommodated, the dependency of patients, the changing needs of patients and the layout of the building must be taken into account.

2. The registered person shall ensure that the number and ratio of all staff on duty at all times meets the care needs of residents.
3. There is evidence that one to one staffing is consistently provided as planned.
4. There is evidence that the one to one arrangements are kept under regular review and discussed with the relevant key worker.
5. Care plans are in place with sufficient detail to direct the staff who are allocated to undertake the one to one care provision.

Action taken by the registered persons:

The responsible individual (RI) described and demonstrated the system used in the home to determine the level and skill mix of staff required to attend to the needs of patients in the home. There was sufficient staff members employed on the day of inspection to attend to patients in a timely manner.

The increase in staffing levels made following the previous inspection had been maintained. In addition, an extra staff member had been allocated to provide care from 9.00pm to 11.00pm. Discussion with staff confirmed that they felt that the current staffing arrangements met the needs of patients.

One to one staffing was consistently provided throughout the inspection where this was required. Daily allocation records evidenced the staff members who were assigned to one to one monitoring on a daily basis.

There was evidence that the one to one arrangements had been recently reviewed by the appropriate Trust staff.

Care plans were in place for patients who required one to one care provision and detailed the care that they required.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

FTC Ref: FTC000190

Notice of failure to comply with Regulation 13 (1) (a) (b) The Nursing Homes Regulations (Northern Ireland) 2005

Health and Welfare

Regulation 13.-

*(1) The registered person shall ensure that the nursing home is conducted so as –
(a) to promote and make proper provision for the nursing, and health and welfare of patients;*

(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.

In relation to this notice the following five actions were required to comply with this regulation:

1. All staff are provided with training relevant to their role and responsibilities in relation to patient moving and handling.
2. Registered nurses are trained to complete and review patient moving and handling risk assessments.
3. Training on patient moving and handling is embedded into practice.
4. Any change to a patient's moving and handling care plan is communicated to all relevant staff and the care plan updated.
5. Patients are safely positioned to receive food and fluids.
6. The safe positioning of patients prior to receiving food or fluids forms part of staffs' inductions to the home.
7. Patient moving and handling care plans are specific in detail and include the frequency of repositioning and the number of staff required for each moving and handling practice.
8. There is a sufficient staff on duty to safely conduct moving and handling practice as determined by patients' care plans.
9. The necessary equipment required for patient moving and handling is readily available for staff to ensure that patients' needs are met.

Action taken by the registered persons:

The manager confirmed that all staff had completed relevant training on patient moving and handling. Staff consulted during the inspection confirmed this training had been completed. In addition, all staff had a recent moving and handling supervision completed.

New moving and handling risk assessments had been developed and supervisions had been conducted with all registered nurses in relation to their completion.

Staffs' moving and handling practices observed during the inspection were in line with best practice guidelines. Staff members consulted during the inspection were aware of the correct actions to take if they observed an unsafe practice.

Changes to moving and handling practices had been recorded within the patient's care plan and communicated to staff during handover. The RI discussed additional means to communicate information in the home such as within staff huddles and electronic group chats.

During the inspection, patients observed had been safely positioned to receive food and fluids. A review of the induction programme evidenced that the safe positioning of patients to receive food and fluids was included.

Care plans were in place for patients who required to be repositioned. These care plans detailed the frequency of repositioning and the number of staff required to safely reposition the patient. There was a sufficient staffing level on duty to ensure the safe repositioning and supervision of patients.

Staff confirmed that the equipment deemed necessary for the moving and handling of the patients accommodated in the home was readily available for use.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	4*	3*

*The total number of areas for improvement includes seven which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. The RI, Dr Lupari, was informed of RQIA's decision to remove the FTC notices on 31 August 2022 via telephone.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12(1) (a) Stated: Second time To be completed by: 11 June 2021	<p>The registered person shall ensure that record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that accurate records for the administration of thickening agents are maintained.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Regulation 18 (2) (n) Stated: First time To be completed by: 30 August 2022	<p>The registered person shall review the provision of activities in the home to ensure that all patients, who wish to engage, are included in regular meaningful activities.</p> <p>A contemporaneous record of completed activities must be maintained.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 4 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that thickening agents are not accessible to patients in any area of the home when not in use.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 14.20 Stated: First time To be completed by: 1 May 2019	The registered person shall ensure that the name of the appointee, the date they were approved to act in that capacity by the social security agency and the records to be held in respect of the appointment are clearly detailed within the identified patient's individual written agreement. Ref: 5.1
	Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 14.26 Stated: First time To be completed by: 30 April 2019	The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly. Ref: 5.1
	Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 47 Stated: First time To be completed by: 30 August 2022	The registered person shall ensure that a system is developed to record checks made on lap belts in use in the home to make sure that these are in good working order. Ref: 5.1
	Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this is carried forward to the next inspection.

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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