



Unannounced Care Inspection Report 14 November 2019



Daisyhill Private Nursing Home

Type of Service: Nursing Home
Address: 50 Ahoghill Road, Randalstown, BT41 3DG
Tel No: 02894479955
Inspectors: James Lavery and Corrie Visser

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 25 persons.

3.0 Service details

Organisation/Registered Provider: Town & Country Homes Limited Responsible Individual(s): Dr Marina Lupari	Registered Manager and date registered: Fionnuala Kidd – acting manager - no application required
Person in charge at the time of inspection: Fionnuala Kidd – acting manager	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

4.0 Inspection summary

An unannounced care inspection took place on 14 November 2019 from 09.00 to 20.16 hours.

The inspection assessed progress with any areas for improvement identified during and since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement identified at the previous finance inspection were not reviewed and have been carried forward for review at the next inspection.

Concerns were identified with several areas of care delivery and managerial oversight within the home, specifically: the supervision of an identified patient, care planning, post fall management and fire safety. These deficits had the potential to impact negatively on patients.

Following the inspection a meeting was held on 20 November 2019 in RQIA offices to discuss the inspection findings and seek assurances that a robust action plan was in place to address the deficits identified. The meeting was attended by Dr Marina Lupari, Responsible Individual, Fionnuala Kidd, manager, and Alana McMullen, human resources manager.

Further areas requiring improvement were identified in relation to: infection prevention and control (IPC), the internal environment, the storage of topical medications, Control of Substances Hazardous to Health (COSHH) compliance, and the staff roster.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	7	5

Details of the Quality Improvement Plan (QIP) were discussed with Dr Marina Lupari, Responsible Individual, and Richard Bigger, business manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. Concerns were identified in relation to several areas of care delivery and management oversight which fell below the standard expected. The registered person and manager were invited to attend a meeting in RQIA on 20 November 2019 to discuss the inspection findings and their plans to address the issues identified.

During the meeting, the Responsible Individual provided an action plan and details of the completed/planned actions to drive improvement and ensure that the concerns raised at the inspection were addressed. Following the meeting RQIA decided to give the registered person a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

RQIA informed the registered person that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 22 February 2019

The most recent inspection of the home was an unannounced finance inspection undertaken on 20 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

The following records were examined and/or discussed during the inspection:

- accident and incident records
- two patients' care records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- fire safety records.

The findings of the inspection were provided to the Responsible Individual and business manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.20 Stated: First time	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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Area for improvement 1 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 care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Upon arrival to the home, some patients were being assisted with their breakfast in the dining room while others were still in their bedrooms. It was positive to note that one staff member was observed politely knocking on patients' bedroom doors and asking for permission to enter before providing any necessary assistance.

Staffing levels within the home were discussed and reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. In addition, staff also told us that they were very well supported in their role and that a robust and thorough induction was provided to new staff; one staff member told us "I feel very welcome now ... all the staff explain everything."

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.

We spoke to several staff about their understanding in relation to adult safeguarding. Staff told us that they felt confident about recognising the indicators of potential abuse and were confident that they could raise a concern to their line manager/manager if needed.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, a lounge, a dining room and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. We observed that one area in which electrical equipment is stored, was not appropriately locked so as to ensure the safety of patients at all times; an area for improvement was made. It was also noted that one storage area was excessively full resulting in inspectors being unable to fully gain access; an area for improvement was made.

While observing the internal environment, one topical medication was found to be inappropriately stored and accessible to patients. An area for improvement was made. The topical medication was removed and secured at the inspector's request.

We observed staff compliance with IPC best practice standards. We noted that some wall mounted soap/paper towel dispensers were stained and that some equipment was inadequately stored within the treatment room; an area for improvement was made. It was positive to note however that staff did wear personal protective equipment (PPE) when needed.

While fire exits and escape routes were observed to be free from clutter throughout the inspection, one fire evacuation list displayed for staff within the home was inaccurate. Such inaccuracies had the potential to significantly impair the safe evacuation of patients in the event of a fire. Staff were informed of this and an accurate list was put in place before completion of the inspection.

Also, while a review of personal emergency evacuation plans (PEEPs) for six patients evidenced that the majority of these had been completed and kept under review, two PEEP assessments had not been completed. The responsible individual agreed to ensure that these were completed without delay. An area for improvement was made. During the meeting with RQIA on 20 November 2019, the Responsible Individual provided RQIA with a robust action plan which advised that all deficits regarding fire safety had been addressed.

We also noted that there was an emergency oxygen cylinder on the first floor. However, there was no appropriate oxygen mask/tubing attached to this cylinder should it be required promptly in an emergency; the inspectors recommended that appropriate masks/tubing is maintained in close proximity to emergency oxygen at all times to ensure its timely administration, as appropriate.

Observation of the activity room highlighted that one liquid was not stored securely when not in use. This was discussed with the Responsible Individual and manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times; an area for improvement was made. The identified liquid was securely stored away at the inspector's request.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and induction.

Areas for improvement

Areas for improvement were made in regard to: the internal environment, the storage of topical medication, COSHH compliance and fire safety.

	Regulations	Standards
Total number of areas for improvement	4	3

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the manager. Staff spoke positively about working within the home. One staff member spoke confidently about the need for person centred care stating, "We (the staff) make a difference." In addition, several staff were observed communicating with patients in a spontaneous, friendly and compassionate manner.

It was noted that arrangements for the 'one to one' supervision of an identified patient were ineffective on the day of the inspection. Review of supplementary care records and discussion with staff on duty highlighted that responsibility for supervision of this patient had been inadequately communicated between staff; this resulted in the inconsistent support and supervision of the patient. In addition, review of staff allocation records and feedback from staff did not assure us that there were robust arrangements in place to clearly identify all those patients requiring 'one to one' supervision. An area for improvement was made. During the meeting with RQIA on 20 November 2019, the Responsible Individual provided RQIA with a robust action plan to address identified deficits regarding care delivery to those patients requiring an enhanced level of staff supervision. This will be reviewed at a future care inspection. These findings were also shared with relevant Health and Social Care Trust (HSCT) staff following the inspection for consideration and action, as appropriate.

Review of care records and discussion with staff evidenced that nursing staff had inadequately managed an identified patient's needs following a fall which had occurred prior to the inspection. The care records provided no evidence that nursing staff had carried out any post fall clinical observation of the patient and that no accident/incident report had been completed. An area for improvement was made.

The Responsible Individual stated that one patient was being provided with 'specialist interventions' as part of their daily care. However, upon review of this patient's care plans, it was found that the nature, frequency, efficacy and review of these interventions were not documented. Neither the Responsible Individual nor nursing staff were able to clarify what the term 'specialist interventions' referred to. These findings were shared with the relevant Health and Social Care Trust following the inspection for their consideration and action, as appropriate. The need to ensure that all aspects of care delivery are clearly care planned, reviewed and understood by staff was stressed. An area for improvement was made.

In addition, we also noted that within this patient's care records that there was the use of language which was not person centred and as such, did not evidence the embedding of a human rights approach to the provision of care. Review of the care records for a second patient also evidenced that the female patient's expressed preferences regarding which gender of staff may provide intimate care to them, was not recorded. We advised that should patients lack the mental capacity to clearly express such preferences, there should still be evidence within care planning that appropriate consultation has occurred with the patient's next of kin/representative and the multiprofessional team. The use of person centred language and

ensuring that patients' personal preferences are clearly documented, will be reviewed at a future care inspection. Following the inspection, the Responsible Individual provided assurances that additional training would be provided to staff in this aspect of care delivery.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients during the inspection.

Areas for improvement

Three areas for improvement were made in regard to the supervision of patients, post fall management and care planning.

	Regulations	Standards
Total number of areas for improvement	3	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate and caring throughout the inspection. Patients who spoke with inspectors were positive in their comments about the staff and living within the home. One patient told us, "I like it here."

In addition to speaking with patients and staff, RQIA provided 10 questionnaires for patients and their relatives/representatives to complete.

At the time of writing this report, no patient/relative questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the manager as necessary.

Two online staff responses were received and indicated that the respondents were very satisfied in regard to the home providing safe, effective and compassionate care. Another member of staff told us during the inspection that "the patients are listened to ... patients are respected here."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was positive to note that staff worked cohesively, promptly and compassionately when one identified patient required the environment to be free of anything unfamiliar, which may have caused distress. This demonstrated staff knowledge of the patient's needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the routine of the home and the management of the environment so as to reduce potential distress to an identified patient.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home.

Review of the staffing rota and feedback from the Responsible Individual highlighted that the presence of the Responsible Individual, when working within the home in a clinical capacity, was not recorded within the staff rota; an area for improvement was made.

The registration certificate was up to date and displayed appropriately. Feedback from the manager confirmed that the home was operating in compliance with its registered categories of care.

Feedback from the Responsible Individual confirmed that monthly quality monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. These will be reviewed at a future care inspection.

Feedback from staff also highlighted that they felt well supported through the process of both biannual supervision and annual appraisal. Staff told inspectors that there was good team morale within the home and that the manager was readily available if they wished to raise any concerns.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal.

Areas for improvement

One area for improvement was highlighted in regard to the staff rota.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr Marina Lupari, Responsible Individual, and Richard Bigger, business manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: With immediate effect	<p>The registered persons shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: During the unannounced inspection one chemical was found to be stored incorrectly. The nail varnish remover from the shelving unit in the Arts & Crafts Room was removed immediately and stored in a secure and locked cupboard.</p> <p>The Acting Nurse Manager will ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that residents are protected from hazards to their health at all times. All staff will continue to receive instruction on this during their induction and mandatory training sessions.</p> <p>The Acting Nurse Manager will assess compliance with this during weekly walkabouts and this will be monitored during REG29 visits.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all topical medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: During the unannounced inspection one container of hand cream was found to be incorrectly stored.</p> <p>The Acting Nurse Manager will ensure that all topical medications are stored safely and securely within the home at all times. All staff will continue to receive instruction on this during induction and mandatory training sessions.</p> <p>The Acting Nurse Manager will assess compliance with this during weekly walkabouts and this will be monitored during REG29 visits.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 12 December 2019</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: During the unannounced inspection the following infection prevention and control issues were addressed and rectified during the inspection and prior to the inspectors leaving the building</p> <p>1. The wall mounted soap dispenser and paper dispenser was cleaned by the Domestic Assistants immediately. These were located in bathrooms where residents independently carry out their own personal care and elimination needs. It is important to note that at the time of inspection the Domestic Staff had not undertaken their daily cleaning of those areas.</p> <p>Domestic staff continue to adhere to their daily cleaning regime. This cleaning regime will be highlighted at subsequent inspections to raise awareness of cleaning work in progress. All staff will receive instruction on this during induction and mandatory training sessions.</p> <p>2. Inspectors report that some equipment was inadequately stored within the treatment room. This was in reference to medicine cups and a PEG feeding tube being stored close to the waste bin. The waste bin was immediately moved to another part of the treatment room.</p> <p>The Acting Nurse Manager will assess compliance with these during weekly walkabouts and this will be monitored during REG29 visits.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (b)(d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice. This refers to fire evacuation lists and personal emergency evacuation plans.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: During the unannounced inspection it was identified that one fire list out of 13 had not been updated. This was immediately addressed and rectified.</p> <p>It was also identified that 2 residents did not have PEEPS plan in place. This was immediately addressed and rectified prior to the Inspectors leaving DaisyHill PNH.</p> <p>The Inspectors advise that appropriate masks/tubing is maintained as close to emergency oxygen at all times. The supply of masks/tubing continues to be located in a safe storage area close</p>

	<p>to the oxygen cylinders. A notice has been placed on the storage area concerned.</p> <p>All RN staff will receive instruction on the need for accurate updating of all fire lists/ PEEPS during their induction and reminded of this responsibility during monthly communications and mandatory training sessions. Following the inspection the night nurse routine was updated to include the checking of all fire lists each night and for them to updated accordingly.</p> <p>The Acting Nurse Manager will assess compliance with this during daily and weekly walkabouts and this will be monitored during REG29 visits.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' care plans accurately reflect all aspects of care delivery being provided and are effectively reviewed in a timely manner.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Two resident records were reviewed out of 24 residents and Town & Country Care Homes Ltd have expressed their view that this is not a significant number to present the inferences made that ...use of language, which was not person centred and as such, did not evidence the embedding of a humans rights approach to the provision of care. Town & Country Care Homes Ltd advise that this related to one statement made by a Care Assistant undergoing her induction and is not representative of the resident's care records. This was explained to the Inspector on the day.</p> <p>Mental capacity has not been determined for either of these residents as they were recently admitted to DaisyHill PNH. Town & Country Care Homes Ltd will request that the commissioning HSc Trust identify this on their future care plans for all new residents.</p> <p>As this isolated incident related to a new Care assistant during her induction period the Acting Manager will consider all record and record keeping undretaken during the induction process and record keeping training and requirements will be introduced.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to the management of any patients who experience a witnessed/unwitnessed fall:</p> <ul style="list-style-type: none"> • all clinical observations (including neurological observations, as appropriate) are undertaken and documented in keeping with best practice standards • a detailed and accurate record of the accident/incident is maintained by nursing staff in relevant accident records and the patient's care records. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: As this person was known to let themselves out of their wheelchair and lower themselves to the floor the RN did not treat this as a unwitnessed fall. This was clearly detailed in the Commissioning Trust care plan.</p> <p>To avoid any future ambiguity RN staff have been advised that all incidents where a resident is found to be lying on the floor should be treated as an unwitnessed fall.</p> <p>The Standard Operating Procedure for witnessed/unwitnessed fall was amended and was communicated to all Registered Nurses following the inspection.</p> <p>A review of all falls identified that where RN staff had identified it as being a witnessed/unwitnessed fall all necessary actions were undertaken. This remains a monthly audit completed by RN staff. The Acting Nurse Manager will assess compliance with this during daily and weekly walkabouts and this will be monitored during REG29 visits.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to the provision of care to patients who require enhanced supervision by staff (this includes 'one to one' supervision):</p> <ul style="list-style-type: none"> • a comprehensive and accurate risk assessment in relation to the assessed risk(s) • a comprehensive, person centred and accurate care plan which details how the assessed risk should be managed • that staff adhere to the prescribed care as detailed within the relevant care plan at all times • that staff document any observational checks of the patient • a process is in place to ensure that supervision of the patient is effectively communicated to staff, as appropriate. <p>Ref: 6.4</p>

Response by registered person detailing the actions taken:

The Registered Person is commissioned by HSC trusts to provide care for a specific individual which will include staffing allocation as part of the tariff agreement. The HSC trust provides a care plan for the specific individual to the registered nursing staff. The care plan currently does not contain specific information relating to enhanced supervision requirements. There is no regional consensus on this and the Regional Business Contract does not mention enhanced supervision requirements. The Responsible Individual has raised this at both HSc and departmental meetings as an area of concern. While there are no specific actions relating to this in the Minimum Standards for Care Homes 2015 the Responsible Individual recognises that this is a commissioning grey area and will request a comprehensive and accurate risk assessment and care plan be completed by Commissioning Trusts as part of the pre-assessment process. Once agreed Town & Country Care Homes staff will then adhere to the requirements of that care plan as providers of care.

In respect of the suggestion that the arrangements for one-to-one supervision of an identified resident was ineffective on the day of the inspection please note the following-

Two staff were allocated to the care of that individual for that day. This was clearly recorded on the duty and available to the Inspectors on the day. Supervision checks for that resident was set for 15 minute intervals. Supervision checks did not occur for a period of 45 minutes. There was no evidence to suggest that it failed at any other time from this person's admission on 31st October 2019. The resident experienced no harm throughout this 45 minutes and was observed as being happy and content by the Inspector.

Following feedback from the Inspector Town & Country Care Homes Ltd staff conducted a rapid investigation. It was found that the Care Assistant had checked the resident as required and had then come upon another resident who required emergency care due to an epileptic seizure. The Care Assistant remained with this resident and the 15 minute checks were not completed. Town & Country Care Homes Ltd now record that emergency situations may require changes to the agreed enhanced supervision care provisions due to exceptional/unexpected events. Any variations will be reported to the appropriate HSC personnel.

It is important to note that available evidence supports that all care plans and risk assessments are evaluated and updated on a monthly basis or sooner if required to reflect the changing needs of each resident by Town & Country Care Home staff.

All changes to risk assessments and care plans are adjusted accordingly and communicated to staff within Daisy Hill.

T&C care routine includes resident 1-1 and supervision requirements so that all staff are clear on what their role is and that there is no confusion between staff members. On a daily basis each care staff member is allocated to a care group to work

	<p>in and this is clearly communicated to staff within the off-duty. The report states that these findings were shared with relevant Health and Social Care Trusts following the inspection for consideration and action, as appropriate. Town & Country Care Homes Ltd expressed their concerns to RQIA that at no time had they been advised of this action either by the Inspector at feedback/ during attendance at the 20th November meeting nor in the letter dated 26 November 2019. To the contrary RQIA advised in this letter as previously stated that ...RQIA has considered the matter and wish to confirm that we have decided to take no further action at this stage. In addition, while the various Trusts visited DaisyHill PNH and conducted unannounced inspections and reviewed supervision records for all individuals receiving 1:1 support no concerns were raised regarding the robustness of the existing processes and no amendments to the current process or procedures were required.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 14.20 Stated: First time To be completed by: 01 May 2019	<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>Ref: 6.1</p>
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 14.26 Stated: First time To be completed by: 30 April 2019 (the next 1/4ly check)	<p>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.</p> <p>Ref: 6.1</p>
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

<p>Area for improvement 3</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the premises is kept safe and suitably secure so as to ensure the safety of patients at all times; this refers to the area identified in this report.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The area identified during the unannounced inspection was rectified during the inspection and the area was made safe and suitable secure prior to the inspectors leaving the building.</p> <p>The Registered Person shall ensure that the premises is kept safe and suitably secure so as to ensure the safety of residents at all times.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all internal storage areas are kept safe, well maintained and remain suitable for their stated purpose.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Registered person shall ensure that all internal storage areas are kept safe, well maintained and remain suitable for their stated purpose.</p> <p>The Registered Nurses daily checklist includes that all rooms are checked twice daily to ensure they are safe and well maintained.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the staff rota accurately references the presence of all staff who are on duty within the building at all times. This includes any instances whenever the responsible person is working within the home in a clinical capacity.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Registered person ensures that the staff rota accurately references the presence of all staff who are on duty within the building at all times. The Responsible Individual is not a staff member and as such is not required to be on the duty. Despite repeated communications regarding this matter the Responsible Individual is unsure why this is detailed as an area for improvement.</p> <p>The registered manager will ensure that the staff off duty rota shall reflect at all times when the responsible person is working within the home on a clinical basis.</p>



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Assurance, Challenge and Improvement in Health and Social Care