

Announced Care Inspection Report 12 September 2016



Daisyhill Private Nursing Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

A short notice announced inspection of Daisyhill Private Nursing Home took place on 12 September 2016 from 09:25 to 18:40 hours.

This inspection sought to assess progress with issues raised during and since the previous care inspection and to determine if the home was delivering safe, effective and compassionate care; and if the service was well led under new ownership. On 8 July 2016 ownership of the home transferred to Town and Country Care Homes Limited who also own and manage Ladyhill Private Nursing Home in Antrim.

Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staff rota from 28 August to 18 September 2016 evidenced that the planned staffing levels were adhered to. Discussion with staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

The registered manager, management team and staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding. Staff described their role and responsibilities and said that they were able to 'make a difference' and believed they provided a high standard of care and other services.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts.

A requirement was made regarding review of the management for infection prevention and control in relation to the environment, patient equipment and staff's basic practice. A recommendation was also made to keep the lighting levels under review.

Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required.

Observations evidenced that patients requesting assistance were responded to in a calm, quiet and caring manner. It was evident through the observation of interactions between patients and staff; that staff knew the patients very well and were able to anticipate needs as well as providing care to comfort and soothe as required.

Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their manager, and/or the new owners.

Patients were aware of the new owners and referred to them by the first names. There was evidence of good relationships having been developed. Staff confirmed that they had been informed about the new owners and many had attended the meetings when the previous owners introduced the new owners to the home.

There were no areas for improvement identified within this domain.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Observation of patients' bedrooms evidenced a number of very personal touches within which were small gestures on the part of staff but would have added greatly to the patient's comfort and reassurance.

Discussion with the registered manager confirmed that the views of patients, their representatives and staff on the running of the home were sought. Patients, relatives and staff had met with the new owners and their views were sought by the responsible individual as part of the monthly quality monitoring visit undertaken on her behalf by the one of the directors.

There were no areas for improvement identified within this domain.

Is the service well led?

There was evidence of effective systems and processes to ensure that the management and day to day operations of the home was well led.

In considering the findings from this inspection it was evident that the change of ownership of the home had been managed to ensure that patients were as unaffected as possible and that the new owners were committed to ensuring the safety, health and welfare of patients. RQIA acknowledged the difficulties expressed by the management team and were provided with assurances that the management team had identified an action plan for improvement which, when completed, would further enhance the standards of management and positive patient experiences in Daisyhill Private Nursing Home.

There were no areas for improvement identified within this domain.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dr Marina Lupari, Responsible Individual Ms Colleen McWilliams, Registered Manager, and two other directors of the organisation as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 28 January 2016.

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 28 January 2016.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. Refer to section 4.3 (Is the service well led?) for details

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Town & Country Care Homes Ltd/ Dr Marina Lupari	Registered manager: Miss Colleen McWilliams
Person in charge of the home at the time of inspection: Colleen McWilliams	Date manager registered: 29 October 2015
Categories of care: NH-LD, NH-LD(E)	Number of registered places: 25

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- serious adverse incident report recommendations received by RQIA on 2 September 2016
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection the inspector spoke with three patients individually and greeted the other patients throughout the day, five care staff, one registered nurse, two staff from housekeeping and the management team.

The following information was examined during the inspection:

- three patient care records
- staff roster 28 August to 18 September 2016
- staff training and planner/matrix for 2016
- complaints record
- incident and accident records
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit/governance
- records pertaining to consultation with staff, patients and relatives
- the home's Statement of Purpose.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 January 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated during this inspection. Refer to section 4.2 for details.

4.2 Review of requirements and recommendations from the last care inspection

Dated 28 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that registered nurses do not leave any medicine unattended at any time where there are risks to patient having access to them.	Met
	For example, medicine trolleys must be locked when unattended by the registered nurse administering the medicines.	
	Action taken as confirmed during the inspection: Observation of the administration of medicines throughout the day evidenced that this requirement had been met.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 22.6 Stated: First time	Care plans and risk assessments should be reviewed on at least a monthly basis. In addition to this review care plans and risk assessments relating to accidents and incidents should be reviewed when an accident or incident occurs to ensure they are still relevant.	Met
	Action taken as confirmed during the inspection: Review of three patient care records, selected by the inspector, confirmed that this recommendation had been met.	
Recommendation 1 Ref: Standard 46 Stated: First time	Staff should be made aware of the infection prevention and control arrangements for storing incontinence products and other equipment in a bathroom where there is a toilet.	Met
	Action taken as confirmed during the inspection: Observations confirmed that, as stated, this recommendation had been met. A requirement regarding infection prevention and control measure was made. Refer to section 4.3 for details.	

4.3 Inspection findings

Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staff rota from 28 August to 18 September 2016 evidenced that the planned staffing levels were adhered to. Discussion with staff evidenced that there were no concerns regarding staffing levels. The management team were aware of the staffing levels required to meet the needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff confirmed that newly appointed staff were required to complete a structured orientation and induction programme at the commencement of their employment. Discussion with the management team confirmed that they had identified that personnel records required to be completely reviewed and reorganised to ensure records were maintained in accordance with The Nursing Homes Regulations (Northern Ireland) 2005, DHSSPS Care Standards for Nursing Homes 2015, adult safeguarding legislation and employment/recruitment legislation. RQIA were satisfied that the management team were aware of the requirements and had an action plan in place to address identified deficits.

Review of the training planner/matrix for 2016 indicated that training was planned to ensure that mandatory training requirements were met. Staff confirmed that they were required to attend mandatory training and any other training to assist them in providing quality of care. Training records reviewed confirmed that the majority of staff had, so far this year, completed training in fire safety and evacuations, adult safeguarding and moving and handling training.

The registered manager and staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding. Staff described their role and responsibilities and said that they were able to 'make a difference' and believed they provided a high standard of care and other services.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with NMC and Northern Ireland Social Care Council (NISCC).

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that specific risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since April 2016 confirmed that these were managed appropriately. Audits of falls and incidents were maintained and clearly evidenced analysis of the data to identify any emerging patterns or trends and action plans were in place as required. This information also informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining rooms and storage areas. The home was found to be

warm, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts. Two patients confirmed that they had access to their own bedroom and that staff enabled them to make choices regarding where they spent their day. Bedrooms were personalised and in shared rooms it was evident that the patients' personal items were maintained separately. Light levels throughout the home were noted to be subdued. Discussion with Dr Lupari, the registered manager and staff confirmed that light levels had been adjusted in response to the needs of the patients accommodated in the home. Assurances were provided that patients, relatives and staff could alter the light levels as required and staff demonstrated they understood the need to adjust the lighting as patients moved around the home. While it is acknowledged that this had been introduced with the patient's best interest at the centre it should be kept under review taking into account feedback from patients, relatives and staff. A recommendation was made.

Discussion with staff confirmed that they were aware of infection, prevention and control measures. However, observations evidenced that there were areas for improvement such as;

- staff adherence to not wearing nail polish, stoned rings and earrings and long hair worn loose while on duty
- general wear and tear on equipment throughout the home such as exposed wood and ripped/worn/torn covers on chairs and bedrail bumpers
- clutter and storage in first floor lounge area

While it is acknowledged that the management team had had to prioritise improvements and these plans were discussed, infection control practices required to be adhered to. Assurances were provided that the management team would review and prioritise improvements regarding infection prevention and control measures and the day to day management of practices. A requirement was made.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

A requirement was made that infection, prevention and control measure be reviewed and any deficits prioritised for action. Basic measures must be adhered to and monitored on a daily basis.

A recommendation was made that light levels throughout the home be kept under review with evidence of feedback from patients, relatives and staff having been taken into account.

Number of requirements	1	Number of recommendations	1
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Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required. For example, records in relation to the management of one specialist chair was reviewed and indicated that nursing staff had used the recommendations provided by occupational therapy services, which included photographs to aid correct positioning, were reflected in the patient's care plan.

Care records reviewed reflected the assessed needs of patients were kept under review and evidenced that patients received 'the right care at the right time'. Recommendations

prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians were reflected in the care plan and evaluated regularly. Nursing and care staff were aware of how and when to escalate concerns about the health and wellbeing of patients. For example, the registered nurse was confident that care staff would report any changes in patients' skin or their general health. There was also evidence of regular communication with representatives within the care records and in the discussion with relatives.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Observations evidenced that patients requesting assistance were responded to in a calm, quiet and caring manner. Patients able to express their views indicated that they were happy living in the home. It was evident through the observation of interactions between patients and staff; that staff knew the patients very well and were able to anticipate needs as well as providing care to comfort and soothe as required. Patients and staff were relaxed and comfortable with each other.

Staff confirmed that they were kept informed of changes or concerns regarding patients' needs through the handover reports at the beginning of their shift. Staff also confirmed that regular staff meetings were conducted and minutes were available for review. Staff confirmed that they felt confident in their registered manager's ability to lead and direct them; and in the new management team to help improve the home. Staff said management were available and approachable. Staff comments regarding the new owners included "looking forward to the future", "good teamwork, we know our patients very well".

Staff stated that there was "effective teamwork"; this was also evidenced through discussion and observation of interactions throughout the inspection process. Staff stated they were "able to make a difference." Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their manager, and/or the new regional manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Patients were aware of the new owners and referred to them by the first names. There was evidence of good relationships having been developed. Staff confirmed that they had been informed about the new owners and many had attended the meetings when the previous owners introduced the new owners to the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. There was clear evidence of attention to the details of personal care such as ladies wearing items of jewellery and other patients with their specific choice of clothing.

Patients able to express their views indicated that they were happy living in the home. One patient said they were “happy living here” and was looking forward to other events planned in the near future for them. Another patient was “very happy” with a new piece of equipment that enabled them to be independent. 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.

Observation of patients’ bedrooms evidenced a number of very personal touches within which were small gestures on the part of staff but would have added greatly to the patient’s comfort and reassurance. For example, specific colour schemes or posters/memorabilia for a football team.

Observation of the serving of the lunchtime meal evidenced that patients were offered choices and enabled to be as independent as possible. Nursing and care staff provided support to patients requiring assistance to eat and drink appropriately.

Discussion with the registered manager confirmed that the views of patients, their representatives and staff on the running of the home were sought. Patients, relatives and staff had met with the new owners and their views were sought by the responsible individual as part of the monthly quality monitoring visit undertaken on her behalf by the one of the directors. A recommendation was made previously regarding the ongoing review of the light levels within the home and consultation with patients, staff and relatives regarding this.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. The home’s statement of purpose was available in the front hall of the home. Review of this revealed that a few minor corrections were needed. The registered manager agreed to make the corrections and forward the reviewed copy to RQIA. Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

Policies and procedures were indexed, dated and approved by the registered person. Staff confirmed that they had access to the home’s policies and procedures and were expected to read and record that they had read various policies. RQIA were provided with assurances that the management team had identified where policies needed to be reviewed to reflect changes in the new organisational structure and to reflect various guidelines in relation to ‘best practice’.

Discussion with the registered manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes

Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Staff were knowledgeable of the complaints and adult safeguarding process commensurate with their role and function. A review of notifications of incidents to RQIA April 2016 confirmed that these were managed appropriately. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events, complaints, and/or potential adult safeguarding concerns were investigated and reported to RQIA or other relevant bodies appropriately. RQIA received the final report from a serious adverse incident (SAI) investigation on 2 September 2016. Recommendation in relation to safety had been made. This was discussed with the registered persons and management team during feedback. RQIA acknowledged that some of the recommendations were no longer relevant due to changes within the home however, others were. Assurances were provided that when the home received the report the recommendations would be implemented.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, complaints and incidents/accidents. Records also evidenced that the results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

There was an effective system in place to ensure nursing staff were registered with the NMC; and that care staff were registered with the NISCC. Care staff not registered with NISCC were required and supported to register.

Review of reports and discussion with the registered manager and management team evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives. Discussion with the management team revealed that they were committed to ensuring that patients were safe, that they received the right care from an effective team of committed, well trained and compassionate staff; and that the patient experience of living in Daisyhill was a positive one.

In considering the findings from this inspection it was evident that the change of ownership of the home had been managed to ensure that patients were as unaffected as possible and that the new owners were committed to ensuring the safety, health and welfare of patients. RQIA acknowledged the difficulties expressed by the management team, for example, the lack of personnel records; and were provided with assurances that the management team had identified an action plan for improvement which, when completed, would further enhance the standards of management and positive patient experiences in Daisyhill Private Nursing Home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Colleen McWilliams, Registered Manager and Dr Marina Lupari, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 13 (7)

Stated: First time

To be completed by:
Immediate action required with action plan developed by 31 October 2016

The registered provider must ensure that basic infection prevention and control measures are adhered to and monitored on a daily basis to ensure compliance.

A review of the home's environment and patient equipment must be undertaken with an action plan put in place detailing priority actions and timescales for completion.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

A review was carried out of the environment rusting was evident to two table legs and a sink within the sluice items are to be replaced and to be reviewed by the director of operations and appropriate measures put in place by December 12th 2016.

One wipeable tablecloth within dining area noted to be torn, this is to be replaced and details have been passed to the director of care. Action to be completed by December 12th 2016.

A mandatory training model is currently being sought through the in reach nursing programme. All staff are to have received training on infection control practices.

Cleaning schedules and signage of these remain in place at present.

Recommendations

Recommendation 1

Ref: Standard 7

Stated: First time

To be completed by:
31 October 2016

The registered provider should keep light levels throughout the home under review with evidence of feedback from patients, relatives and staff having been taken into account.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

The lighting levels are reviewed regularly based on many factors. The environment, the level of stimulus is required in said environment, if the area is in use and if natural light is evident in the area. This could change several times in the day dependant on what is happening in each area at any given time.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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