



Unannounced Care Inspection Report 22 October 2018



Daisyhill Private Nursing Home

Type of Service: Nursing Home (NH)
Address: 50a Ahoghill Road, Randalstown, BT41 3DG
Tel No: 028 94 479955
Inspector: Lyn Buckley

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.

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 and Country Care Homes Ltd Responsible Individual: Dr Marina Lupari	Manager: See box below
Person in charge at the time of inspection: Registered Nurse F Kourakou Manager Lisa Marie Davison from 11:30 to 13:00 hours	Date manager registered: Lisa Marie Davison – manager registration pending
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 25

4.0 Inspection summary

An unannounced inspection took place on 22 October 2018 from 10:05 to 14:30 hours.

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.

The inspection assessed progress with any areas for improvement identified during 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.

Evidence of good practice was found in relation to staffing and staffing arrangements, training, staff knowledge of adult safeguarding procedures and patient care needs wishes and preferences. We also evidenced good practice regarding infection prevention and control measures, risk management, the home's environment, record keeping, communication, governance arrangements, quality improvement and maintaining good working relationships.

There were no areas for improvement identified as a result of this inspection.

Patients spoken with described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with registered nurse F Kourakou as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 24 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 24 April 2018. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we spoke with six patients individually and met with others in small groups and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector also provided the registered manager with 'Have we missed you" cards which were then placed in a prominent position to enable patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 8 to 21 October 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken, since 1 January 2018, in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 April 2018

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 by the care inspector during this inspection

6.2 Review of areas for improvement from the last care inspection dated 24 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 37	The registered person shall ensure that when staff record the date on records that it is the full date and not just the month and year.	Met

Stated: Second time	Action taken as confirmed during the inspection: Review of records evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 38.3 Stated: First time	The registered person shall ensure that the date of receipt and date of review of staff AccessNI certificates is retained for inspection. Action taken as confirmed during the inspection: Review of records evidenced that this area for improvement had been met.	Met

6.3 Inspection findings

6.4 Is care safe?

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

The nurse in charge 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 staffing rota from 8 to 21 October 2018 evidenced that the planned staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey; there were no responses received before the issuing of this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Daisyhill Private Nursing Home. We also sought the opinion of patients on staffing via questionnaires; none were returned within the timeframe specified.

We also sought relatives' opinion on staffing via questionnaires; none were returned within the timeframe specified.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed

prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients and assisting patients with their meals.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager and nurse in charge confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed a sample of accidents/incidents records from 1 July 2018 in comparison with the notifications submitted by the home to RQIA, in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the manager, nurse in charge and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room, laundry and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. It was evident throughout the home that a number of communal areas had been refurbished. Patient and staff were complimentary regarding these improvements and one patient, who invited the inspector into their bedroom, was very complimentary regarding their home and bedroom. An enclosed courtyard garden had been created since the last care inspection in addition to the side garden already in use. Patients commented positively regarding their input into the courtyard garden and that they enjoyed watching the plants grow and the colours of the plants in their garden.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of practices discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to.

Patient’s care records reviewed evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, such as bed rails. There was also evidence of consultation with relevant persons and healthcare professionals. Care plans had been devised to manage the identified risk. Risk assessments and associated care plans were reviewed regularly.

In relation to the management of nutrition staff demonstrated a detailed knowledge of patients’ specific requirements to modify food and fluids for patients as directed by SALT recommendations. The manager confirmed that they were working with local SALT team regarding the national and regional changes to modified food and fluid descriptors and that training for staff on the new descriptors was planned.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and staffing arrangements, training, knowledge of adult safeguarding procedures and nutritional support, infection prevention and control, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, management and monitoring of patients’ weight and pressure area care. Care records reviewed contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans reflected recommendations made by healthcare professionals and were regularly reviewed. It was evident that care plans were reviewed regularly or when the patient’s assessed needs changed. For example, following a visit from SALT or following a fall.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

Patients spoken with expressed their confidence in raising concerns with the home's staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, reviews, communication between patients, staff and other healthcare professionals.

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 care compassionate?

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

We arrived in the home at 10:05 hours and were greeted by staff who were helpful and attentive. Patients were either seated in one of the lounges or in their own bedroom as was their personal preference or in accordance with their assessed needs. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required. A mid-morning snack was served and staff were observed providing patients with assistance to eat and drink according to their specific care needs. Patients spoken with stated that they enjoyed their breakfast and meals and that they had "lots to eat". Patients were offered a choice at each mealtime and catering staff confirmed that they could provide a range of alternative meals and snacks if the patient changed their mind.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and the nurse in charge was overseeing the mealtime. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage and photographs.

A room had been refurbished to provide patients with an activity room on the ground floor. This is in addition to the multisensory room available on the first floor. Patients spoken with said they really liked the new activity room and examples of crafts and art work by the patients were displayed. One patient also said that they enjoyed going out in the bus to Antrim or Ballymena shopping.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you very much for all the care and friendship shown and given to... it was reassuring for all the family that ... was being so well care for. Thank you."

"I will never forget your kindness and dedication particularly when ...health deteriorated. I always felt that ... was very well looked after and care for. You ensured that Daisyhill was a happy home for ..."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

As stated previously we spoke with six patients individually and met with others in smaller groups. Patients commented positively regarding their care, the staff and their experiences living in the home. Details are included throughout this report. 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.

Ten relative questionnaires were provided; none returned within the timescale specified.

Staff were asked to complete an on line survey, we had no responses before issuing this report. Comments from staff made during this inspection are detailed throughout this report.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses, received after the issuing of this report, will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and taking account of the views of patients and their representatives/relatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in the management arrangements. An application for registration with RQIA was received from the manager and the process to register the manager was completed on 7 November 2018. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Review of the home's complaints records evidenced that systems were in place to ensure 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.

Discussion with the manager, the nurse in charge and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents and IPC practices. A robust and effective communication and staff supervision system was in place. This process enabled the manager to effectively address any identified practice and quality issues in a timely manner.

Discussion with the manager and review of a sample of records, from 1 January 2018, evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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