



# **Unannounced Care Inspection Report 24 April 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**

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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

<b>Organisation/Registered Provider:</b> Town and Country Care Homes Ltd  <b>Responsible Individual:</b> Dr Marina Lupari	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Registered Nurse Gemma McPhearson	<b>Date manager registered:</b> Dr Marina Lupari – acting – no application required
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 25

### 4.0 Inspection summary

Anunannounced inspection took place on 24 April 2018 from 09.40 to 11.55 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 focus was to assess progress with any areas for improvement identified during and since the last care inspection and to review the management of:

- recruitment and selection practices
- registration of staff with their professional body
- notifications to RQIA in accordance with Regulation 30
- the availability of quality monitoring reports undertaken on behalf of the registered person in accordance with Regulation 29
- staffing.

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.

Recent changes to the layout of the first floor foyer/lounge area were observed to be completed to a high standard and staff said they found the improvements to be beneficial in relation to the additional floor space and storage area. The home was clean, tidy and comfortably heated throughout.

Patients spoken with indicated that they were well looked after by the staff. Patients unable to communicate verbally were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified in relation to recording of dates in full, stated for a second time, and the recording of the dates in respect of staff Access NI certificates received and reviewed.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*2

\* The total number of areas for improvement includes one area for improvement under the care standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP)were discussed with, Gemma McPhearson,the nurse in charge of the home, and two members of the management teamas part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcementaction did not result from the findings of this inspection.

#### 4.2 Action/enforcementtaken following the most recent inspection dated 22 June 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 22 June 2017. 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 the inspector spoke with twopatients and five staff. Questionnaires were left in the home to obtain feedback from patients' and patient's representatives/relatives and a poster inviting staff to provide on line feedback was also provided.

The following records were examined during the inspection:

- duty rota for nursing and care staff from 26 March to 29 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- four staff recruitment and induction file
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, from 1 January 2018

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 22 June 2017

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 reviewed by the care inspector during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 22 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time	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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of weight records for three patients from 1 January 2018 evidenced that this area for improvement had not been met and was stated for a second time.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person shall ensure that the duty rota clearly demonstrates the hours worked by the registered manager and the capacity in which they are worked. For example; management hours versus nurse in charge of shift hours.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of duty rotas for nursing and care staff from 26 March to 29 April 2018 evidenced that this area for improvement had been met.	

### 6.3 Inspection findings

#### 6.3.1 Recruitment and selection Practices.

Review of four 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 Access NI checks were sought. However, we were unable to determine if the Access NI certificate was received and reviewed prior to the person coming to work in the nursing because the received and review dates were not recorded. An area for improvement under the care standards was made.

Following discussion with the business manager it was agreed that the dates of when the certificates were received would be sought from Access NI and forwarded to RQIA. We received confirmation on the 1 May 2018, by email, that all four staff commenced working in the nursing after the Access NI certificate was received.

Discussion with staff evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

#### Areas for improvement

The following areas were identified for improvement in relation to the recording of receipt of Access NI certificates.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.3.2 Registration of staff with their professional body

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).



### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.3 Notification of events

We reviewed accidents/incidents records 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.4 Quality Monitoring Reports

Review of records from 1 November 2017 evidenced that the reports of quality monitoring visits were available in the home. Visits were recorded as unannounced and completed on a monthly basis by or on behalf of the responsible individual, in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.5 Staffing

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 26 March to 29 April 2018 evidenced that the planned staffing levels were adhered to. The nurse in charge of each shift was clearly identified and the manager's hours were recorded to demonstrate the capacity in which they were worked. For example, the hours worked in management or as the nurse in charge of a shift. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.6 General Observations, Consultation and Environment

We arrived in the home at 09:40 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a breakfast in the dining room, in one of the lounges or in their 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. Staff were observed assisting patients to eat and drink as required.

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.

Recent changes to the layout of the first floor foyer/lounge area were observed to be completed to a high standard and staff said they found the improvements to be beneficial in relation to the additional floor space and storage areas. The home was clean, tidy and comfortably heated throughout.

Patients spoken with indicated that they were well looked after by the staff. Patients unable to communicate verbally were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Questionnaires for patients and patient representatives/relatives were provided; three patient questionnaires were returned within the timescale but no relative questionnaires were returned.

Patients indicated that they were very satisfied with their care. Some comments recorded included:

"Staff here have been very kind and understanding to me."

"I feel very comfortable and protected."

"Staff here work very hard and take very good care of me."

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives/relatives and staff in returned questionnaires/survey responses received after the issue of this report, will shared with the registered person/manager for their information and action as required.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gemma McPhearson, nurse in charge, and two members of the management team 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 Care Standards for Nursing Homes (2015).	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 May 2018.	<p>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.</p> <p>Ref: Section 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Person has created new documentation that has a space specifically for the date to prompt staff to complete dates. Files have been checked and paperwork is in use. An audit system has also been implemented to ensure staff are recording the full dates correctly.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2018	<p>The registered person shall ensure that the date of receipt and date of review of staff Access NI certificates is retained for inspection.</p> <p>Ref: Section 6.3.1</p> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Person has created new documentation to ensure date of receipt and date of review of staff Access NI certificates is retained for inspection.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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