Unannounced Care Inspection Report
22 June 2017

Daisyhill Private Nursing Home

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

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 & Country Care Homes Limited **Responsible Individual:** Dr Marina Lupari	**Registered Manager:** Miss Colleen McWilliams
Person in charge at the time of inspection: Registered Nurse Girda Rupsiene	**Date manager registered:** 29 October 2015
Categories of care: Nursing Home (NH) LD – Learning disability. LD (E) – Learning disability – over 65 years.	**Number of registered places:** 25 comprising: 25 – NH - LD and LD(E)

4.0 Inspection summary

An unannounced inspection took place on 22 June 2017 from 10.30 to 17.10 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 and 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 the management arrangements; quality improvement processes; the maintaining of good relationships within the home; staff knowledge of patient preferences; care planning and delivery and effective communication. The culture and ethos of the home promoted treating patients with dignity and respect and ensuring the quality of the services provided.

Areas requiring improvement were identified under the standards in relation to the recording of dates and the registered manager's hours.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Daisyhill.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Girda Rupsiene, registered nurse in charge, at the conclusion of the inspection and as part of the inspection process. At approximately 13.30 hours feedback on the inspection findings, up to this time, were discussed with the responsible individual, Dr Marina Lupari. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 10 April 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 April 2017. There were no further actions required to be taken following the most recent inspection. 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 met with five patients individually, and greeted all other patients; and six staff. Questionnaires were also left in the home to obtain feedback from patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 24 April to 25 June 2017
- 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 file
- three patient care records
- a selection of governance audits

- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken 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 10 April 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 19 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 30 **Stated:** First time	The registered provider must ensure that RQIA are notified, without delay, of events occurring in the nursing home as detailed in regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.	**Met**
	Action taken as confirmed during the inspection: Review of notifications submitted to RQIA and the home's accident/incident records evidenced that this regulation had been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 **Ref**: Standard 4.9 **Stated:** First time	The registered provider should ensure that nursing staff accurately record their evaluation of care delivered and particularly the subsequent actions/outcomes taken to address care deficits or concerns.	**Met**
	Action taken as confirmed during the inspection: Review of three patients' care records evidenced that this standard had been 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 24 April to 25 June 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. 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. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were "covered". We also sought staff opinion on staffing via questionnaires however, none of the 10 questionnaires issued were returned.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Daisyhill.

There were no relatives spoken with during this inspection. We also sought relatives' opinion on staffing via questionnaires. However, none of the 10 questionnaires issued were returned.

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 Access NI checks were sought, received and reviewed prior to staff commencing work.

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 2016/17. 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. Mandatory training compliance was monitored by the management team and was also reviewed as part of the monthly quality monitoring process. Additional training was also made available to staff to ensure they were able to meet the assessed needs of patients.

Observation of the delivery of care evidenced that training had been embedded into practice. For example, observation of the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the responsible individual confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedures into practice. A safeguarding champion had been identified and training had been undertaken.

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.

Review of accidents/incidents records from 1 April 2017 and notifications forwarded to RQIA confirmed that these were appropriately managed. Discussion with the nurse in charge confirmed that on at least a monthly basis falls/serious incidents occurring in the home were analysed to identify if any patterns or trends were emerging; and records confirmed that as required referrals were made to other healthcare professionals such as the patient's care manager. 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.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts. There was evidence of improvements made to the home's environment, since the last care inspection. For example, new furniture and soft furnishings for bedrooms had been purchased and redecoration of bedrooms based on the patient's own choice and preference had been undertaken. In addition patients confirmed that they and the staff had developed the garden to enable patients to enjoy the outdoor space and plans were in place to build an outdoor aviary.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and personal protective equipment (PPE) such as gloves and aprons were available throughout the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and the home's environment. Housekeeping staff were commended for their efforts.

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. Nursing staff demonstrated awareness of the need to review and update care plans when the recommendations made by other healthcare professionals such as, the speech and language therapist (SALT) or the dietician changed.

We reviewed the management of nutrition, patients' weight and bed rails. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also 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 records were maintained in accordance with best practice guidance and care standards.

Within the care records reviewed it was identified that staff did not always record the full date when making an entry within care plans, care plan reviews and weight records. For example, only the month and year was recorded on a number of weight records therefore accurate monitoring of weight loss or gain could not be determined within a specific timeframe. This was discussed with the nurse in charge and an area for improvement under the standards was made. Advice was also provided that older versions of SALT assessments should be archived, rather than retained as noted in one patient's care plan, to avoid any confusion.

Discussion with the nurse in charge and review of records evidenced that enteral feeding was managed and recorded appropriately and in keeping with practice guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records and information.

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 and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 responsible individual, registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning, review and care delivery; and effective communication with patients, other key stakeholders and the home's staff team.

Areas for improvement

The following areas were identified for improvement: the recording of dates in full.

	Regulations	Standards
Total number of areas for improvement	0	1

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 10:30 hours were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. 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 depending on which they preferred and staff were observed assisting patients to enjoy their chosen activity and 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. This was commended.

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. Staff and patients had worked together on the development of the garden to enable access and enjoyment and patients said they were looking forward to various events and outings planned including the building of an outdoor aviary.

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 in the dining room to oversee the delivery of care. Patients able to communicate indicated that they enjoyed their meal and that it was what they had chosen to eat. 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.

Discussion with staff and review of the catering arrangements confirmed a variety of food was held in stock to enable patient choice and that specific dietary needs, such as modified texture diets, were appropriately managed. The main meal served consisted of pork chops with vegetables and potatoes; some patients did have a different choice as was their preference. The main meal served reflected the menu planner which was rotated over a four week period.

Patients able to communicate their feelings indicated that they were well looked after by the staff and felt safe and happy living in Daisyhill. 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.

Discussion with the responsible individual confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home. The management team were available through an 'open door' type of approach or by private arrangement. Plans had been made for an event for patients, relatives and staff during the summer. Formal consultation would take place later in the year.

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

"To all staff – thank you all very much for the care and friendship shown and given to… [name of patient] being happy was always reassuring for all the family."
"Thank you all very much for looking after…"
Ten relative/patient representative questionnaires were issued; none were returned.
Ten questionnaires were issued to staff; none were returned.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered 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 their representatives and taking account of the views of patients.

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, a review of records and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that staff hours, and the capacity in which these were worked, were recorded in accordance with standards. However, the registered manager's hours and the capacity in which they worked was not clearly defined. For example, there was some evidence that the registered manager did, on occasion, work with a second nurse on duty; but the majority of the hours were recorded as the nurse in charge of the shift. RQIA had previously sought assurances from the registered manager regarding the hours worked and the capacity in which they were worked. Therefore, an area for improvement under the standards was made.

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 responsible individual and review of records evidenced that audits were completed to ensure the quality of care and services. For example, audits were completed regarding the accuracy and content of care records. The audits evidenced that any identified areas for improvement had been addressed and re checked for compliance.

Discussion with the nurse in charge and review of records evidenced that quality monitoring visits were completed on a monthly basis by an external person in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed 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/quality assurance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

The following area was identified for improvement: the recording of the registered manager's hours, on the duty rota, and the capacity in which they are worked.

	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 Girda Rupsiene, nurse in charge, 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/

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 20 August 2017	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. Ref: Section 6.5
	Response by registered person detailing the actions taken: All staff have now been informed that they must record the full date on all records that they have completed. The Registered Person has asked the registered nurses to check records on a daily basis to ensure that this is being adhered to.
Area for improvement 2 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 20 August 2017	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. Ref: Section 6.7
	Response by registered person detailing the actions taken: The Registered Person will now ensure that the duty rota clearly demonstrates the hours worked by the registered manager. These will be clearly denoted as management hours or nurse in charge of shift hours.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews