Inspection Report

9-10 June 2021

Daisyhill Private Nursing Home

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

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Town & Country Care Homes Limited **Responsible Individual:** Marina Lupari	**Registered Manager:** Fiona Gray – manager applicant
Person in charge at the time of inspection: Joseph Cinto 9 June 2021 Fiona Gray 10 June 2021	**Number of registered places:** 25
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	**Number of patients accommodated in the nursing home on the day of this inspection:** 24
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides care for up to 25 persons with a learning disability. Patient bedrooms are located over two floors. Patients also have access to communal lounges, a dining room and an enclosed court yard garden.	

2.0 Inspection summary

An unannounced inspection took place on 9 June 2021 from 23:15pm until 00:30am and on 10 June 2021 from 10:30am until 18.15pm by care inspectors.

RQIA received information on 7 June 2021 which raised concerns in relation to staffing levels in the home especially on night duty. In response to this information RQIA decided to undertake an inspection to look at the concerns raised. In addition the inspection also assessed progress with areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified which included undertaking a thorough and comprehensive review of staffing levels across the home, ensuring a comprehensive review of the dining experience for patients including ensuring adequate supervision arrangements are in place during mealtimes, falls risk assessment information, and the condition of identified bed bumpers and the lock on the laundry room door should be improved upon.

Enforcement action resulted from this inspection as a result a meeting was held with the responsible individual and management team on 16 June 2021 to discuss the concerns that were identified during the inspection. During this meeting assurances were provided by the responsible individual of actions taken and planned to address the areas for improvement. The effectiveness of these shall be followed up at the next inspection. Following the inspection RQIA liaised with representatives of the Northern Health and Social Care Trust (NHSCT) and shared the inspection findings.

Patients in keeping with their level of understanding said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients looked well with obvious time given to their personal care.

Comments received from patients and staff, are included in the main body of this report.

The findings of this report will provide the Responsible Individual with the necessary information to improve the quality of the care provided in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the manager was provided with details of the findings.

4.0 What people told us about the service

During the inspection we met with 11 patients individually and others in groups and eight staff. In accordance with their level of understanding patients as able spoke in positive terms about the care they received and their life in the home. For those unable to share their views they were found to be clean and tidy in appearance and relaxed within the home environment.

Staff views were mixed, some staff said they were satisfied with staffing levels, there was good teamwork and they felt well supported by the management of the home, whilst others shared their view that staff numbers were not sufficient to meet the needs of patients and felt that their views were not being considered by management.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance in a caring and compassionate manner. Nine completed questionnaires were returned from patients within the identified timescale. Questionnaires showed patients were satisfied with the care delivered. We received no feedback from the staff online survey following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 8 December 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 32 (h) **Stated:** First	The registered person shall submit a new variation for consideration by RQIA, with regards to the creation of an additional bedroom within the premises, prior to the commencement of any alterations.	**Met**
	Action taken as confirmed during the inspection: Discussion with the responsible individual following the inspection and review of information provided to RQIA showed there were no plans to create an additional bedroom. The responsible individual confirmed she was aware of the need to consult with RQIA prior to making any changes to the home layout.	
Area for improvement 2 **Ref**: Regulation 12 (2) (a) (b) **Stated:** Second	The registered person shall ensure that patients' care plans accurately reflect all aspects of care delivery being provided and are effectively reviewed in a timely manner.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and review of patients care plans showed that they reflected care delivered and were regularly reviewed.	

Area for improvement 3 **Ref:** Regulation 13.1. (a) (b) **Stated:** Second time	The registered person shall ensure the following in regard to the management of any patients who experience a witnessed/unwitnessed fall: • all clinical observations (including neurological observations, as appropriate) are undertaken and documented in keeping with best practice standards • a detailed and accurate record of the accident/incident is maintained by nursing staff in relevant accident records and the patient's care records.	**Met**
	Action taken as confirmed during the inspection: Review of records showed following a fall appropriate records relating to clinical observations and records of the accident/ incident were being maintained.	
Area for improvement 4 **Ref:** Regulation 15.2 **Stated:** First time	The registered person shall ensure that the assessment of the patients' needs are kept under review and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and review of assessment records showed that these were kept up to date and revised as required.	
Area for improvement 5 **Ref:** Regulation 12(1) (a) **Stated:** First time	The registered person shall ensure that record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance	**Not met**
	Action taken as confirmed during the inspection: Discussion with the manager and review of records in relation to wound management including repositioning charts showed these were not maintained on an up to date basis. This area for improvement has been stated for a second time on the QIP appended to this report	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 **Ref**: Standard 14.20 **Stated:** First time	The registered person shall ensure that the name of the appointee, the date they were approved to act in that capacity by the social security agency and the records to be held in respect of the appointment are clearly detailed within the identified patient's individual written agreement.	**Carried forward to the next inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 **Ref**: Standard14.26 **Stated:** First time	The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 **Ref**: Standard 39.9 **Stated:** First time	The registered person shall ensure all relevant staff complete training in relation to epilepsy awareness/management.	**Partially met**
	Action taken as confirmed during the inspection: Discussion with the manager and review of training information showed staff training had commenced with different levels of training identified for different grades of staff. The training was ongoing at the time of the inspection. This area for improvement has been assessed as partially met and has been stated for a second time in the QIP appended to this report.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a system in place to ensure staff were recruited in line with the legislation and standards. Staff were provided with an induction programme to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments had been completed for any nurse left in charge of the home in the manager's absence. There was a system in place to ensure staff professional registrations were maintained on an up to date basis.

Staff views were mixed in relation to the support received to do their job. Some staff said they felt well supported whilst others shared that when they had raised concerns in relation to staffing levels to management they felt their concerns had not been addressed.

Review of the staff duty rota from 31 May until 7 June 2021 showed from 23.00 hours onwards there were two staff on night duty. Staffing levels were discussed with staff on both day and night duty. Some staff shared their views that staffing levels were stretched during night duty and felt this increased risk to ensuring safe care delivery for patients in the home. It was determined during the inspection that staffing levels ought to be reviewed immediately for night duty to ensure adequate numbers of staff were on duty to meet the needs of patients. Following the inspection confirmation was received that staffing levels had been increased for the nights immediately fourth coming.

The issue of staffing levels was discussed further during the meeting held with the management team following the inspection. During the meeting the responsible individual advised concerns had recently been raised by staff and they were in the process of reviewing staffing levels and were planning to respond to staff in due course. The management team gave assurances during the meeting that audits had been undertaken to determine staffing levels and the information would be used to calculate staffing levels required for the home. The need to consider concerns raised by staff and to ensure they are responded to in a timely manner was discussed with the management team. An area for improvement was identified in relation to completing a comprehensive and ongoing review and action where necessary of staffing levels throughout the home. This review should include but not be limited to dependencies of patients, the layout of the building, fire safety and evacuation procedures in place. The efficacy of the actions taken shall be reviewed at the next inspection.

Observations made during lunch time as reflected in section 5.2.2 of this report highlighted the need for review of staffing levels to also encompass day duty.

A significant number of patients were unable to share their views, patients who could verbally share their views spoke positively about staff in the home.

5.2.2 Care Delivery and Record Keeping

Staff were observed recognising patients' needs and responded to these accordingly. As already stated in section 5.2.1 staff shared their views that they felt staffing levels were stretched at times and that this could potentially impact on care delivery.

Staff were observed in the general areas of the home taking time to communicate with patients ensuring they had opportunity to make their wishes known; a number of patients in the home showed limited verbal communication skills.

Staff shared that they were aware of the need to observe non-verbal communications from patients and to recognise any change in their usual presentation.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. A written daily handover report was maintained and shared with staff during shift handovers. In addition, patient care records were maintained which reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Comments received from patients included "they all look after me" and "it's nice".

Patients who are less able to mobilise require special attention to their skin care. These patients should be assisted by staff to change their position regularly. Review of repositioning records showed that they were not being completed on a regular basis to reflect the care was being delivered. This issue was discussed with the manager. During the previous inspection an area for improvement was identified in relation to record keeping and wound management which includes repositioning records. This area for improvement has been stated for a second time.

Review of records for an identified patient showed information in relation to their falls risk assessment showed the information had not be reviewed and updated correctly as would have been expected following a fall. The need to ensure the risk scoring was calculated correctly was discussed with the person in charge. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Staff shared that due to Covid 19 social distancing measures meals were provided on both the ground floor in the dining room and temporarily in the main communal area on the first floor.

Observations of the lunchtime experience on the ground floor showed supervision from staff was limited, one staff member was observed as supporting two patients at the same time, in addition there was inadequate supervision being maintained when patients were sitting at the tables and meals were being presented. The observations made raised concerns in relation to staffing levels as already discussed in section 5.2.1 of this report.

In addition observations of the meal time experience on the first floor showed that hot meals were sitting on the trolley for approximately twenty five to thirty minutes before being served to patients. This practice was not acceptable. It was also noted the layout of the dining area on the first floor meant that there was limited table space for patients to have their meals. The identified issues were discussed with the manager at the conclusion of the inspection. The overall meal time experience and observations made were discussed further during the meeting held following the inspection. The need to ensure a full review of the mealtime experience including supervision, seating, and food serving arrangements was discussed. An area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Arrangements were in place to ensure each patient had an annual review of their care, arranged by their care manager or Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was warm, clean and tidy.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. It was noted however that bed bumpers in three bedrooms were in poor condition; as a result they could not be cleaned properly. This issue was discussed with the manager. In addition it was found the lock on the laundry door was not in proper working order therefore making it difficult to open and close. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. It was noted that some staff were wearing face masks inappropriately, this issue was discussed with the manager who confirmed the issue would be addressed with staff.

5.2.4 Quality of Life for Patients

Discussion with patients in keeping with their level of understanding confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients could relax in their bedrooms or spend time in communal areas of the home. Patients were observed to be clean and tidy with obvious time spent on their personal care.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, food and drink options, and where and how they wished to spend their time.

Staff shared that patients were offered a range of activities to participate in during the day including multi-sensory events, arts and crafts, and music sessions. Patients were observed participating in a multi-sensory event during the inspection and appeared to enjoy same.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place staff confirmed this had positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

At the time of the inspection RQIA had received information outlining planned managerial changes for the home; the proposals were followed up at a later date following the inspection.

There was evidence that a regular system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints showed there had been no new complaints recorded since the previous inspection.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. As stated in section 5.2.1 staff shared their views that when they had raised concerns with the management team regarding staffing levels in the home they did not receive a response to these concerns. This issue was discussed with the responsible individual during the meeting held following the inspection. During this meeting the management team provided a timeline of events and outlined what had been done to date when concerns had been raised by staff.

The management team confirmed that information gathering had been ongoing at the time of the inspection and that they were in the process of putting together a response to the issues that had been raised by staff. The need to ensure that all relevant information was shared with staff in a timely manner and the benefit of maintaining clear channels of communication with

staff so as to ensure good relations was discussed. This area shall be followed up during the next care inspection.

It was established that there was a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. It was noted that on one occasion a patient had been discharged from hospital with inaccurate information. The issue was highlighted by staff in the home to the relevant hospital department and the information was amended accordingly. However it was noted that relevant Trust personnel had not been informed of the incident. This issue was discussed during the meeting and it was agreed learning from the event should have been shared.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review.

6.0 Conclusion

RQIA received concerns from an anonymous source on 7 June 2021 as detailed within Section 4.0. In response to this information, RQIA conducted an unannounced inspection on 9 and 10 June 2021 which led to enforcement action. A meeting was subsequently held with the Responsible individual and management team on 16 June 2021. During this meeting, the Responsible Individual provided assurances as to actions taken and planned to address the identified deficits.

New areas for improvement were identified in relation to the review of staffing levels, the mealtime experience, care records, and the condition of bed bumpers and lock on the laundry room door. Two areas for improvement were also stated for a second time.

Patients were observed to be clean and tidy in their appearance with obvious time being taken by staff to attend to their personal care needs. Interactions between staff and patients were warm and friendly. There was evidence of multi professional working to meet the needs of patients in the home.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3*	5*

* The total number of areas for improvement includes two that have been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Fiona Gray, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 12.(1) (a) **Stated:** Second time **To be completed by:** 11 June 2021	The registered person shall ensure that record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance. Ref: 5.1
	Response by registered person detailing the actions taken: The Registered person will continue to audit compliance by staff to the completion of the processes and procedures that are in place in relation to wound management. All processes and procedures are in place to meet legislative requiremntes, minimum standards and professional guidance in rleation to wound management.
Area for improvement 2 **Ref:** Regulation 20.(1) (a) **Stated:** First time **To be completed by:** 18 June 2021	The registered person shall ensure staffing levels are fully and comprehensively reviewed to ensure there are adequate staffing levels on at all times. The review should take account of but not be limited to dependencies of patients, the layout of the building, fire safety and evacuation procedures. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Registered Person will continue to assess staffing levels to meet the needs of residents and work in partnership with commissioners to ensure approparaite funding is agreed when deficits are identified.
Area for improvement 3 **Ref:** Regulation 13.(1) (a) (b) **Stated:** First time **To be completed by:** 18 June 2021	The registered person shall ensure the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients; and to make proper provision for the nursing and where appropriate, treatment and supervision of patients. Reference to this includes undertaking a comprehensive review of the meal time experience for patients to ensure there are adequate arrangements in place regarding supervision, seating, and food serving arrangements. Ref: 5.2.2

	Response by registered person detailing the actions taken: At the time of the Inspection 4 staff were present in the Dining Room. The Registered Person will continue in the implementation of Protected Mealtimes and the current processes and procedures in place in relation to Mealtime experience. Following the RQIA Inspection NHSCT completed a series of inspections of mealtimes experince over a 3 day period. Following completion of these inspections NHSCT advised that they had found the mealtime experience to be satisfactory and no recommendations were made. A Mealtime experience audit will continue to be completed on a monthly basis and any actions addressed at that time.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 14.20 **Stated:** First time **To be completed by:** 1 May 2019	The registered person shall ensure that the name of the appointee, the date they were approved to act in that capacity by the social security agency and the records to be held in respect of the appointment are clearly detailed within the identified patient's individual written agreement. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 14.26 **Stated:** First time **To be completed by:** 30 April 2019	The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly. Ref: 5.1

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Standard 39.9 **Stated:** Second time **To be completed by:** 30 June 2021	The registered person shall ensure all relevant staff complete training in relation to epilepsy awareness/management. Ref:5.1
	Response by registered person detailing the actions taken: A continous 12 month Epilepsy Training Plan is in place. All appropriate staff have completed their online Level 1 training. RNs have completed their level 1 and level 2 training. A delay was experienced in completion of level 3 face to face training by the RNs due to the availability of the NHSCT Trainer. This is outside the control of the Registered Person. The Registered Person will continue to implement the Epilepsy Training plan for all staff and record when delays occur and advise the Commissioner accordingly.
Area for improvement 4 **Ref:** Standard 22.6 **Stated:** First time **To be completed by:** 11 June 2021	The registered person shall ensure that the falls risk assessment for the identified patient is reviewed and updated to reflect the level of identified risk correctly. Ref: 5.2.2
	Response by registered person detailing the actions taken: The falls risk assessment for the identified resident was reviewed and updated and no changes were required prior to the Inspection being completed. The Registered Person will continue to audit falls Management as part of the REG29 process.
Area for improvement 5 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 24 June 2021	The registered person shall ensure that • the protective bumpers on the identified beds are replaced and improved upon • the lock on the laundry door is in proper working order. Ref: 5.2.3
	Response by registered person detailing the actions taken: Protectice bumpers have been replaced. The lock on the laundry door which broke on the day of the Inspection has been fixed.

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

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