

Inspection Report

27 February 2023



Daisyhill Private Nursing Home

Type of Service: Nursing Home
Address: 50a Ahoghill Road, Randalstown, BT41 3DG
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Town & Country Care Homes Limited Responsible Individual: Dr Marina Lupari	Registered Manager: Mrs Laura Mary Bridget Lavery – not registered
Person in charge at the time of inspection: Mrs Laura Mary Bridget Lavery	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: 23
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 25 people who have a learning disability. Patients' bedrooms are located over two floors. Patients have access to communal dining and lounge areas within the home and a garden area to the back of the home.	

2.0 Inspection summary

An unannounced inspection took place on 27 February 2023 from 9.35am to 5.50pm by two care inspectors.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff members are included in the main body of this report.

Staff members promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

One area for improvement was identified in relation to the propping open of doors. RQIA were assured that the delivery of care and service provided in Daisyhill Private Nursing Home was safe, effective and compassionate and that the home was well led.

The findings of this report will provide the manager and management team with the necessary information to improve staff practice and the patients' experience.

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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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.

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.

The findings of the inspection were discussed with the manager and managing director at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with 11 patients and seven staff. Patients were well presented in their appearance and appeared relaxed and comfortable in their surroundings. Patients who could verbally communicate told us that they were happy living in the home. Staff members were confident that they worked well together and enjoyed working in the home and interacting with the patients. One patient told us "I am getting on the very best and the food is lovely".

There were no questionnaire responses received and we received no feedback from the staff online survey.

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 30 August 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 12(1) (a) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that accurate records for the administration of thickening agents are maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 18 (2) (n) Stated: First time	The registered person shall review the provision of activities in the home to ensure that all patients, who wish to engage, are included in regular meaningful activities.	Met
	A contemporaneous record of completed activities must be maintained.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that thickening agents are not accessible to patients in any area of the home when not in use.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 14.20</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 47</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a system is developed to record checks made on lap belts in use in the home to make sure that these are in good working order.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Completed induction booklets had been signed and dated by the inductor and the inductee. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

A system was in place to monitor staffs' compliance with mandatory training. Two full days of training had been arranged for staff to attend. Training was completed on a range of topics such as adult safeguarding, infection prevention and control (IPC), patient moving and handling and fire safety. Staff confirmed that they were satisfied with the training provision in the home. A supervision and appraisal scheduler had commenced for 2023 to ensure that all staff received, at minimum, two recorded supervisions and an appraisal on a yearly basis.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff consulted confirmed they were satisfied that patients' needs were met with the staffing levels and skill mix on duty. Staff also confirmed that the staffing level would increase if additional one to one supervision was required. Observation of staffs' practices and discussions with patients raised no concerns in relation to the staffing arrangements in the home.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the nurse in charge of the home when the manager was not on duty. A daily allocation sheet identified which areas in the home staff were allocated to work and with which patients.

Staff spoke positively on the teamwork in the home. One told us, "The teamwork is outstanding; we delegate well and work well together," and another commented, "Everyone is a good support for one another."

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

A registered nurse communication book and a care assistant communication book was maintained to ensure important information was not missed. In addition, a 'Need to Read' file was available for staff to read on a regular basis for updates in, for example, medicines management. Important issues were discussed at 'staff huddles' during the day. Any discussions had during staff huddles were recorded, dated and maintained on file. Staff meetings had been held and minutes of the meetings were available for staff, unable to attend, to read.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance and told us that they were happy living in the home. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company.

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.

Supplementary care records evidenced the specific personal care given to patients and included details of when the bed linen was changed and the bed made. Bowel management had been recorded well. Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

An accident/incident form was completed by staff to record any accidents or incidents which occurred in the home. A review of a sample of accident records, following falls in the home, evidenced that the appropriate actions had been taken following the fall, the appropriate persons had been informed and the appropriate documentation had been updated. Falls safety crosses were utilised to record the incidences of falls each month. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

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 could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Nutritional risk assessments were carried out regularly to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

Patients dined in their preferred dining area; the dining room, lounge or their own bedrooms. Food served appeared appetising and nutritious. Food transferred from the dining room was covered on transfer. The menu offered patients a choice of meals. We discussed additional ways of displaying the menu in a more suitable format for patients. The mealtime was well supervised. Staff wore personal protective equipment (PPE) and patients, who required, wore clothing protectors to maintain their dignity. Staff sat alongside patients when providing assistance with their meals. A range of drinks were served with the meals. There was a calm atmosphere at mealtime. One patient told us, "I had sausage and champ today; it was lovely".

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Appropriate doors leading to rooms which contained hazards to patients had been locked. The home was warm, clean and comfortable. There were no malodours detected in the home.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. However, three doors within the home were observed to have been propped open preventing them from closing if the fire alarm were to sound.

This was discussed with the manager and identified as an area for improvement. All actions identified from the most recent fire risk assessment had been marked as completed in a timely manner.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. The walls in the communal corridors had recently been repainted. Patients could choose where to spend their day in the home and staff were observed supporting patients to make these choices.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. All visitors to the home were required to wear face coverings. Environmental and infection prevention and control audits had been conducted monthly. The manager completed a daily walk around the home and completed spot checks on the environment.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

A new socialisation lead had been recruited to oversee the activity provision in the home. Activities were conducted on a group and on a one to one basis and included sensory play, arts and crafts, outings, music, pot planting, games, movies and beauty treatments. Monthly programmes of activities were available for review. The programme evidenced that special days such as birthdays, Valentine's day and St. Patrick's day were celebrated. Patients had access to a sensory room within the home. Each patient had an individual record maintained of completed activities.

Patients' meetings were conducted monthly. This allowed for an opportunity for patients to give their opinion on what was working well in the home. Minutes of the meetings were maintained and included discussions around activity provision and birthday celebrations.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Visiting was conducted in line with Department of Health guidelines. Patients were also free to leave the home with family members.

5.2.5 Management and Governance Arrangements

Mrs Laura Lavery has managed the home since 30 August 2022. An application to register as manager with RQIA has been submitted and is in process. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they found the manager and the management team to be 'approachable' and 'would listen to any concerns'.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about patients' safety, care practices or the environment.

Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required. Staff demonstrated good knowledge of the organisational structure in the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included patients' care records, wound care, nutritional requirements, medicines management, finance and staff training. The managing director confirmed that the manager would complete a suite of audits on a monthly basis and then provide her with a summary of the audit findings.

The manager had 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.

There were no recent or ongoing complaints relating to the home. We discussed that any area of dissatisfaction brought to staffs' or management attention should be recorded as a complaint. A record was kept of compliments received in the home. Thank you cards were displayed and the manager confirmed that all compliments received would be shared with the staff.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Laura Lavery, Manager and Senga Knox, Managing Director, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the practice of propping open doors, or placing items in front of open doors preventing them from closing in the event of a fire, ceases with immediate effect.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff were met with on the day to discuss the seriousness of propping fire doors open and advised this was not to happen again. This was also communicated to all staff via all communication books and was also emailed directly to staff.</p> <p>Managers daily checklist Audit and Registered Nurse daily Checklist audit now includes checks of all doors to ensure this does not happen again.</p> <p>Governance and Management team also check this whilst in the home</p>

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