

Announced Premises Inspection Report 19 January 2017



Ladyhill Private Nursing Home

Type of Service: Nursing Home Address: 40 Creevery Road, Antrim, BT41 2LQ Tel No: 028 9446 6905 Inspector: Gavin Doherty

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Ladyhill Private Nursing Home took place on 19 January 2017 from 10:30 to 12:00.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and	0	0
recommendations made at this inspection	U	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Dr Marina Lupari, Registered Provider, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent premises inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service Details

Registered organisation/registered provider: Town & Country Care Homes Limited/ Dr Marina Lupari	Registered manager: Dr Marina Lupari – acting
Person in charge of the home at the time of inspection: Dr Marina Lupari	Date manager registered: 01/11/2016
Categories of care: NH-LD, NH-LD (E)	Number of registered places: 31

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Dr Marina Lupari, Registered Provider, Mr Peter, and Mr Eddy Vincent, maintenance person for the premises.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12/01/2017

The most recent inspection of the nursing home was an unannounced care inspection. The completed QIP is still to be returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 15/10/13

Last premises inspe	ction statutory requirements	Validation of compliance
Requirement 1Suitably seal the timber shelving in the Linen Store to provide an impermeable surface finish in accordance with current infection control best practice.		
Stated: First time	Action taken as confirmed during the inspection: Inspector confirmed this work had been completed at the time of inspection.	Met
Requirement 2 Ref : Regulation 27 (2)(q)	Service and test the thermostatic mixing valve controlling the hot water to the bath in 'Bathroom 5' to ensure it provides safe hot water, or replace if required.	Met
Stated: First time	Action taken as confirmed during the inspection: This bathroom had been decommissioned at the time of inspection.	MGL
Requirement 3 Ref: Regulation 27 (2)(b)	Ensure that the internal courtyard area and all external paths and emergency escape routes are kept clear of leaves and moss and that they provide a suitable slip resistant surface at all times.	
Stated: First time	Action taken as confirmed during the inspection: Inspector confirmed this work had been completed at the time of inspection.	Met
Requirement 4 Ref: Regulation 13 (7) 14 (2)(a) 14 (2)(c) Stated: First time	Provide confirmation that a risk assessment for 'The control of Legionella Bacteria in the hot and cold water systems' (HSE ACOP 'L8') is in place within the home and has been fully implemented. The scheme of work which flows from this assessment will provide details and schedules for the required control measures which must be implemented within the home.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this work had been completed at the time of inspection.	

		nspection ID: IN026193
Requirement 5 Ref : Regulation 27 (4)(a)	Provide confirmation that the latest review of the fire risk assessment carried out on 13 August 2013, is in place within the Home and that any significant findings highlighted within this report are to be addressed within the stipulated timescales.	
Stated: First time		
	Action taken as confirmed during the inspection: A current fire risk assessment undertaken on 13 December 2016 is in place. The significant findings have been implemented.	Met
Requirement 6	Provide confirmation that the remedial works highlighted in the most recent service reports for	
Ref : Regulation 27 (4)(d)(iv)	the 'emergency lighting installation' and 'fire alarm and detection system' have been completed.	
Stated: First time	Action taken as confirmed during the inspection: Inspector confirmed this work had been completed at the time of inspection.	Met
Last premises inspection recommendations		Validation of compliance
Recommendation 1	Consideration should be given to re-arranging the	
Ref: Standard 32.3	layout or reducing the amount of furniture currently installed in Bedroom 20, to increase accessibility to the wash hand basin in this room.	
Stated: First time		Met
	Action taken as confirmed during the inspection:	Wet
	Bedroom 20 has been reconfigured as a single bedroom providing greatly improved accessibility.	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

It was noted that a number of large items of furniture where not adequately secured to the backing wall throughout the premises. This had also been noted by the care inspector in their most recent inspection on 12 January 2017 also. Work had therefore already begun in respect of suitably securing this furniture and assurances were given by the provider that it would be completed without any further delay.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

This supports the delivery of safe care and no areas for improvement were identified during the inspection.

	Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care and no areas for improvement were identified during the inspection.

4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care and no areas for improvement were identified during the inspection.

	Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service and no areas for improvement were identified during the inspection.

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.





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Image: Comparison of the system of the

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