



Secondary Unannounced Care Inspection

Name of Service and ID: Ladyhill Lodge (1385)
Date of Inspection: 2 March 2015
Inspector's Name: Heather Moore
Inspection ID: IN018664

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General Information

Name of Home:	Ladyhill Lodge
Address:	40 Creevery Road Antrim BT41 2LQ
Telephone Number:	(028) 9446 6905
E mail Address:	ladyhillmanager@supanet.com
Registered Organisation/ Registered Provider:	Adarra Developments Ltd Mrs Mary McGoldrick
Registered Manager:	Valerie Reynolds
Person in Charge of the home at the time of Inspection:	Ms Susan Hamill
Categories of Care:	NH-LD ,NH-LD(E)
Number of Registered Places:	31
Number of Patients Accommodated on Day of Inspection:	24
Scale of Charges (per week):	£581.00
Date and type of previous inspection:	Primary Unannounced 2 & 3 July 2013
Date and time of inspection:	Secondary Unannounced 2 March 2015, 10.35am–2.45pm
Name of Inspector:	Heather Moore

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 Methods / Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered nurse in charge
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback.

5.0 Inspection Focus

During the course of the inspection, the inspector spoke with:

Patients	Six individually and to others in groups
Staff	6
Relatives	0
Visiting Professionals	0

Questionnaires were provided by the inspector, during the inspection, to patients / residents, their representatives and staff to seek their views regarding the quality of the service.

Issued to:	Number Issued	Number Returned
Patients	6	3
Relatives / representatives	0	0
Staff	8	7

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of Service

Ladyhill Lodge is located in a rural town land of Creevery near to Antrim town.

The building is single storey and was originally a private house which has been extended and adapted to meet the requirements of a registered nursing home.

The accommodation comprises of 19 single and six double bedrooms, a range of toilets, bathrooms and shower facilities, two communal lounges and a dining room. A dedicated activity centre which is equipped with materials to provide stimulation and recreation for the patients accommodated and a separate room for multisensory activity is also provided.

The home is registered to accommodate a maximum of 31 persons requiring nursing care within the categories LD (learning disability) and LD (E) (learning disability over 65 years of age).

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was appropriately displayed in the main reception area of the home.

7.0 Summary

This summary provides an overview of the services examined during an unannounced care inspection to Ladyhill Lodge which was undertaken by Heather Moore on 2 March 2015 from 10.35 am to 2.45 pm.

The inspection was facilitated by Ms Susan Hamill Registered Nurse in charge. Verbal feedback of the issues identified during the inspection was given to the registered nurse in charge at the conclusion of the inspection.

During the course of the inspection, patients were consulted, a selection of records examined and a general inspection of the nursing home environment carried out as part of the inspection process.

As a result of the previous inspection conducted on 02 and 03 July 2013, 12 requirements and 15 recommendations were issued. These were reviewed during this inspection 12 requirements and 10 recommendations had been complied with. As the registered manager was not available on the day of inspection 4 recommendations were not assessed and were carried forward to the next inspection. One recommendation was substantially compliant and was therefore restated.

Discussion with the registered nurse in charge, and examination of three care records confirmed the absence of a care plan on continence care and a continence assessment. A requirement and a recommendation are made in this regard.

Staff were trained in continence care on induction, staff had also received continence awareness training on the 11 January 2014.

Discussion with staff revealed that a senior care assistant was nominated to manage continence care; audits of patients who were incontinent were maintained on a regular basis.

Inspection of the home policies and procedures confirmed that policies were not in place on the management of continence there were no evidence of NICE guidelines on the management of urinary or Faecal incontinence. A recommendation is made in this regard.

The patients were generally well presented and those that were able to communicate commented positively on the care provided. Refer to section 10.5 for further details about patients.

A tour of the home was undertaken and a number of patients' bedrooms, communal areas, dining areas and bathroom and toilet facilities viewed. The home was well presented, however a malodour was evident in one identified patient's bedroom. A requirement is made that the carpet is replaced.

Based on the evidence reviewed, presented and observed the level of compliance with this standard was assessed as moving towards compliance.

Two requirements, two recommendations, one restated recommendation and four recommendations carried over from the previous inspection are made as a result of this inspection. These requirements and recommendations are detailed in the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, registered nurses, and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20(1)(c)(i)	<p>The registered persons must confirm that;</p> <ul style="list-style-type: none"> • the deputy manager has received part 2 of training to undertake supervision and appraisal, and provide confirmation to RQIA that records have been maintained. • provide confirmation to RQIA that all registered nurses who takes charge of the home in the manger's absence have received mandatory fire training updates • provide confirmation to RQIA that all staff working in the home have received mandatory training 	<p>Discussion with the registered nurse in charge revealed that;</p> <ul style="list-style-type: none"> • Since the previous inspection the deputy manager had resigned from her post a newly appointed deputy manager is in place. • Inspection of staff training records confirmed that staff had received training on fire awareness in 2014 .Staff had also received a further training update on 11 February 2015 • As previously stated staff had received fire awareness training. Staff had also received training on First Aid, Infection Control, Health and Safety wound Management, and SOVA. 	<p>Not Applicable</p> <p>Compliant</p> <p>Compliant</p>

		and or updates, and advise on the action taken for non-attendance at staff training.		
2	17(1) (2) (3)	The registered persons must evidence that systems for reviewing the quality of nursing and other service provision is completed at least annually, and a copy of the report which provides evidence of consultation with patients and or their representatives is submitted to RQIA.	A copy of the Annual Report was forwarded to the RQIA.	Compliant
3	14(4)	The registered persons must provide evidence to RQIA that all staff working in Ladyhill have received protection of vulnerable adult training on induction and updates are provided thereafter. In addition records should maintained and formatted in a manner to demonstrate that each staff member has received appropriate instruction and training and	Inspection of staff training records evidenced protection of vulnerable adult training on the 21 July 2014 A flow chart was available in the home of who to contact in the event of reporting a vulnerable incident.	Compliant

		has demonstrated the necessary knowledge and skills to effectively respond to safeguarding allegations.		
4	14(6)	The registered persons must ensure RQIA are notified on any occasion on which a patient is subject to restraint and this information is reported to RQIA as soon as is practical and must include the circumstances and the nature of the restraint required.	Discussion with the registered nurse in charge and review of incident records confirmed that incidents were being reported to RQIA.	Compliant
5	19(1)(a) schedule 3, 3 (q)	The registered person must maintain a record of any restraint used in relation to a patient.	Examination of records confirmed a record is available of any restraint used in relation to a patient.	Compliant
6	16(2)(b)(c)(d)	The registered persons must ensure that patients/and or their representatives are involved in discussions regarding agreeing and planning of nursing interventions or changes to the plan of care following a review of care, and a record of this information is	<p>Inspection of three patient's care records confirmed that written evidence was available in the patients care records that patient's representatives were involved in discussions regarding agreeing and planning of nursing interventions.</p> <p>Care review reports were also maintained in patients care records and these reports were maintained appropriately.</p>	Compliant

		maintained.		
7	20 (1)(c)(i)	The registered persons must ensure that registered nurses had received training in wound management, and care staff receive training in pressure area care and prevention.	<p>Inspection of staff training records confirmed that staff had received training in wound management and care staff had received training in pressure area care and prevention on 14 October 2014.</p> <p>On the day of inspection staff were also receiving training in wound management by the Tissue Viability Nurse.</p>	Compliant
8	27(2)(p)	<p>The registered persons must ensure that suitable heating is provided in all parts of the nursing home used by patients by ensuring that-</p> <ul style="list-style-type: none"> the temperature is maintained between 19-22 degrees centigrade, and room thermometers are fitted in all bedrooms to enable the room temperature to be monitored. 	<p>On the day of inspection it was observed that the room temperature was maintained to a satisfactory level.</p>	Compliant

9	18(2)(n)(i)	<p>The registered persons must ensure that activity provision is reviewed and in as much as is possible effectively meets the needs of all patients.</p> <p>In addition records of activities provided should be consistently maintained.</p>	<p>Inspection of activity records confirmed that patients received a range of activities.</p> <p>These records were maintained in the home.</p>	Compliant
10	27(4)(e)	<p>The registered persons must ensure and confirm that all nursing staff have received suitable fire prevention training from a competent person and records are maintained of this process.</p>	<p>Inspection of staff training records confirmed that staff had received suitable fire training in 2014 and a further training update on 11 February 2015.</p> <p>Copies of training certificates were available on the day of inspection.</p>	Compliant
11	14(3)	<p>The registered persons must ensure that a safe system for moving and handling patients is in place at all times, and ensure that</p> <ul style="list-style-type: none"> • the height of one patient's bed is reviewed and is maintained at a height suitable to meet their assessed needs. 	<p>Inspection of the home environment confirmed that patients' beds were maintained at a suitable height to ensure a safe system for moving and handling patients.</p>	Compliant

12	27(2)(c)	The registered persons must ensure that systems are implemented to ensure specialist seating is effectively cleaned.	Observation during a tour of the home environment confirmed that patients' chairs and specialist seating were maintained appropriately.	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.2	<p>The registered manager should augment current risk assessments by including:</p> <ul style="list-style-type: none"> a base line bowel type for each patient referencing the Bristol Stool Chart and ensure this is completed for all patients in a timely way. 	<p>Inspection of three patients care records confirmed that the Bristol Stool chart was available in two of the care records.</p> <p>Restated.</p>	Substantially compliant
2	29.4	<p>The registered persons should ensure <u>all</u> staff working in the home receives supervision in accordance with the nursing homes minimum standards.</p>	<p>On the day of inspection staff personnel files were not available</p> <p>Carried forward to next inspection</p>	Not Inspected
3	25.12	<p>Ensure the monthly regulation 29 report includes an action plan which reports on progress made and the action taken in addressing requirements or recommendations made by regulatory agencies inspecting the home.</p> <p>In accordance with good governance the report should evidence the action to be taken when improvements highlighted have not been addressed in full.</p>	<p>Inspection of Regulation 29 reports and discussion with the registered nurse in charge confirmed that unannounced visits were undertaken on a monthly basis and a report was available on the outcome of the visit. A management meeting was undertaken following the visit in order to address any relevant requirements or recommendations.</p>	Compliant

4	25.13	Ensure the annual quality report is produced in a format which will assist patients with a learning difficulty, for example, a colourful pictorial format should be considered.	The annual quality report was not accessible on the day of inspection However subsequent to the inspection, the annual quality report in a pictorial format was emailed to RQIA.	Compliant
5	25.12	The registered persons should further develop the regulation 29 report to evidence that deficits identified have been addressed, via the implementation of action plans which are also reviewed during subsequent monthly monitoring visits.	Inspection of the regulation 29 reports confirmed that these visits were undertaken on a monthly basis. A management meeting was undertaken following the visit to address any relevant requirements or recommendations.	Compliant
6	25.12	The registered persons should implement systems advising patients and or their representatives of the availability of the purpose and content of regulation 29 reports and how they can be accessed.	Discussion with the nurse in charge confirmed that staff were aware of the Regulation 29 report file held in the nurses office. The registered person also informs the relatives during the visit of the purpose of the visit.	Compliant
7	16.1	The registered persons should implement a review date on the protection of vulnerable policy to ensure it is reviewed in a timely manner.	Since the previous inspection the policy on the protection of vulnerable adults was reviewed and updated. The date of the review was also recorded appropriately.	Compliant

8	16.1	The registered persons must ensure that all staff are fully aware of the role, responsibility and function of Health and Social Care Trust in relation to safeguarding issues.	On the day of inspection a flow chart was available to ensure staff were fully aware of who to contact in the Health and Social Care Trust in relation to safe guarding issues.	Compliant
9	16.2	The registered persons must ensure that induction programmes for care staff evidence training provided in the protection of vulnerable adults policies and procedures, and records are maintained to demonstrate that each care staff member has the necessary knowledge to recognise and respond to vulnerable adult situations.	Staff personnel files were not available on the day of inspection. Carried forward to next inspection	Not Inspected
10	16.2	The registered person must ensure that staff induction programmes are completed in full at all times.	Staff personnel files were not available on this occasion. Carried forward to next inspection	Not Inspected
11	17.3	The registered persons must ensure staff received further training to assist them in assessing and recognising that where a complaint is made in relation to suspicion of abuse then the reporting procedure for protecting vulnerable adults takes precedence over internal complaints procedure within the home.	Inspection of the complaint record confirmed that complaints were managed appropriately.	Compliant

12	5.2 5.4	The registered person must ensure that supplementary assessments such as falls risk assessments are consistently updated as prescribed.	Inspection of three patients care records confirmed falls risk assessments were updated appropriately.	Compliant
13	5.4	The monthly evaluation of care records should be further development to effectively evidence the progress or non-progress of plans of care.	Inspection of three patients care records care plans were reviewed monthly or more often if deemed appropriate.	Compliant
14	5.5	Ensure increased supervision in relation to restrictive practices and wound care is provided to all staff.	Carried forward to next inspection	Not Inspected
15	30.8	The registered persons should review the practice of care staff commencing duties prior to receiving the handover report, and inform RQIA of the review outcome.	Discussion with staff confirmed that care staff receives a hand over from nursing staff prior to commencing their duties.	Compliant

8.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care.

However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required: this may include an inspection of the home.

There were was one complaint raised with RQIA since the previous inspection this complaint has been investigated and closed.

9.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of three patients care records revealed that bladder and bowel continence assessments were undertaken for two patients. There was no continence assessment available in one patient's care record. A recommendation is made in regard to this shortfall.</p> <p>Inspection of three patients care records also revealed the absence of a specific care plan on continence care. A requirement is made that this is addressed.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients and residents were referred to their GPs as appropriate. Review of care records revealed that there was written evidence held of patient/resident and their representatives in the involvement in developing and agreeing care plans.</p> <p>Discussion with staff and observation during the inspection revealed that there were adequate stocks of continence products available in the home.</p>	<p>Moving towards compliance</p>

<p>Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: The following policies and procedures were not in place;</p> <ul style="list-style-type: none"> • continence management / incontinence management • catheter care. <p>The following guideline documents were not in place.</p> <ul style="list-style-type: none"> • Nice Guidelines on Faecal incontinence • Nice Guidelines on urinary incontinence for women. <p>A recommendation is made that these policies and guideline documents are available and accessible to staff for reference and used as required.</p>	<p>Not complaint</p>
<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Not applicable.</p>	<p>Not applicable</p>

Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered nurse in charge and review of training records confirmed that staff were trained and assessed as competent in continence care. Staff had received Continence Training on induction and additional training had been provided on 11 January 2014. The registered nurse in charge informed the inspector that currently there were no patients in the home that required assistance with the management of stoma appliances. A senior care assistant undertakes a monthly audit on patients who are incontinent this information is then used to ensure the appropriate continence product is used appropriately.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Moving Towards Compliance
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10.0 Additional Areas Examined

10.1 Care Practices

During the inspection the staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients, and staff.

Patients were well presented with their clothing suitable for the season.

Staff were observed to respond to patients' requests promptly.

10.2 Patients' comments

During the inspection six patients were spoken to individually and others in groups. Three patients completed questionnaires with the assistance of a staff member. A number of patients were unable to express their views verbally.

Examples of patients' comments were as follows:

- "I am happy here."
- "It's my place, it's my home."
- "I feel safe here."
- "My family visit often."

10.3 Staffing

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with legislation for the number of patients currently in the home.

The inspector spoke to a number of staff during the inspection. Seven staff completed questionnaires. No issues or concerns were brought to the attention of the inspector.

- "This is a place where all staff work well within a team, and I believe all our residents are cared for to a very high standard."
- "Ladyhill is a good, happy nursing home with good care to all the residents."
- "Residents are all content here."
- "The residents are all well looked after here."
- "Yes I had an induction."
- "I have had training on restraint."
- "The staff work as a team, the care here is very good."

10.4 Environment

A tour of the home was undertaken and a number of patients' bedrooms, communal areas, dining areas, and bathroom and toilet facilities viewed. The home was well presented however a malodour was evident in an identified patient's bedroom. A requirement is made that the carpet is replaced.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Susan Hamill, Registered Nurse in charge as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>5.1 Prior to admission to LadyHill Lodge, a pre admission assessment is carried out to determine if the home can meet the needs of the potential resident. On admission, an initial assessment of need and relevant risk assessments are carried out by a Registered Nurse using the Roper, Logan and Tierney Model of Assessment. This assessment is also informed by information received from the Trust Care Manager and MDT.</p> <p>5.2 An holistic assessment of the resident,s care needs using Roper, Logan and Tierney Model of Assessment is completed within an 11 day time frame from the date of admission</p>	Substantially compliant

<p>8.1 Using the "NHSCT Community Nutritional Assessment Tool For Adults with Learning Disabilities ", a nutritional assessment is carried out on the day of admission to the home.</p> <p>11.1 Individual Braden, nutritional and continence assessments are carried out as applicable on residents prior to admission and also on admission to the home. Ladyhill Lodge has recently initiated use of the Dis - Dat Pain Assessment tool which will now be routinely used on the admission of all future residents.</p>	
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Section B

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

<p>Criterion 5.3</p> <ul style="list-style-type: none"> • A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> • There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> • Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> • There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> • There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</p>	
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Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.3 Due to recent Registered nurse shortages and the required use of agency nurses, it has not always been possible to identify a named nurse. Two nurses are expected to be appointed in August and it is hoped that compliance will be met ASAP. However, on admission, by the nurse on duty at the given time, a care plan which incorporates advice and recommendations from multi professionals eg: O/T, SALT, is devised to meet assessed needs of the residents</p> <p>11.2 There are protocols within the home to ensure that when the need arises for TVN expertise, that appropriate referral is made.</p> <p>11.3 Where a resident is assessed as "at risk" of developing a pressure ulcer, a care plan which outlines treatment and prevention of same is devised in conjunction with relevant health care professionals. This will outline required position changes, dressings and pain relief to meet the individual needs and comfort of the patients.</p> <p>11.8 Referral protocols are in place for podiatry, GP, diabetic nurse specialist, TVN etc where a resident has been found to have lower limb or foot ulceration</p> <p>8.3 Nutritional assessments are carried out on admission and usually routinely monthly thereafter, (see 5.3 above) to determine risk of malnutrition, frequency of weight checks eg weekly or monthly. Where a resident is noted to have had excessive unintentional weight loss, there are referral protocols within Ladyhill to ensure that the resident receives appropriate advice and assessment from GP and Dietician. This is then incorporated into a nursing care plan and disseminated to care and kitchen staff for implementation. Once a referral has been made, nurses will request telephone advice from the relevant professionals in the interim period whilst awaiting formal assessment.</p>	Moving towards compliance

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.4 Due to Registered Nurse shortages currently within the home , not all care plans have been routinely reassessed. However the home has appointed two nurses who should commence employment in August therefore enabling full compliance to resume. Where current nurse resources allow, care plans are re assessed and evaluated on a monthly basis and as need changes. Residents also receive an annual review by Care Management or as need arises due to a change in care needs, suitability of placement or expression of dissatisfaction.	Moving towards compliance

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.5 Nursing interventions are underpinned by research evidence and professional body and national standard setting bodies such as NMC, RCN, NICE, GAIN.</p> <p>11.4 Braden is the validated pressure ulcer grading tool used within Ladyhill to screen skin damage. This in turn informs a relevant treatment plan.</p> <p>8.4 The " Nutritional Guidelines and Menu Checklist for Adults with Learning Disabilities in Residential and Nursing Homes" are the guidelines utilized within the home . Other national standard setting body guidelines are also used as a reference.</p>	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>5.6 As per NMC guidelines, Registered Nurses keep daily contemporaneous records outlining all interventions and procedures carried out in relation to individual residents. The outcome of interventions is assessed daily and measures are taken to address deficits or changes to residents needs as required.</p> <p>12.11 A daily record is kept of the residents food and fluid intake to enable any person inspecting the home to judge adequate intake for individual residents.</p> <p>12.12 As outlined above at 12.11, a record is kept of the residents intake/ refusal/ over consumption. Care staff inform registered nurses and this is recorded in the daily nursing progress notes and handed over at each shift change so that planned intervention is continued. Referral is made to the GP or Dietician as concerns arise. Referral</p>	Compliant

forms are retained in the resident,s care files. Progress notes and care plans are updated to reflect the action taken	
Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> • The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.7 The outcome of care delivered is subject to monitoring on a daily basis over a 24 hour period and is recorded in the daily nursing progress notes. Annual care management reviews are held in conjunction with the Trust Named Worker, resident and their representative . Where possible, residents who have capacity and relatives who choose to be, are involved in monitoring care and this is recorded in the residents care plan. In all cases, relatives are encouraged to participate. Due to recent registered nurse shortages not all care plans have been evaluated at monthly time intervals. This standard will be worked towards as the hope hopes to recruit two nurses who will take up post in August.	Moving towards compliance

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.8 Reviews are carried out annually by the designated Trust Care Manager. The residents and their representatives are invited and encouraged to attend and contribute to same. However in some cases due to the severity of the residents Learning Disability, their personal contribution may be limited. Care reviews are also arranged when a resident's care needs change or when expressions of dissatisfaction are received. A registered nurse from the home attends the review. A copy of the review notes is retained in the resident's care file on receipt from the Trust.</p> <p>5.9 Issues arising from the review are actioned with immediate effect and care plans are updated in consultation with the resident and their representative where possible. The Trust Named Worker records the minutes of the meeting and on receipt from same, is retained in the resident's care file. Reviews conducted by other Health Care Professionals are also carried out as resident need dictates. In both cases, residents and their representatives are kept informed of progress towards agreed goals either by telephone or in person during a visit.</p>	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dietitians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>12.1 The " Nutritional Guidelines and Menu Checklist for adults with Learning Disabilities in Residential and Nursing Homes " is used as a guidance to inform catering within the home . Residents receive a varied menu in conjunction with their likes and dislikes and individualised dietary needs. Instructions from Dietician, SALT etc are included in menu planning and provision to ensure individual residents needs are met.</p> <p>12.3 The menu offers one option, however alternatives are freely available to cater for the residents individual choice. refusal at any given meal. Suitable choices and alternatives are available to all residents regardless of their specific diet . The kitchen staff are informed and kept updated by nurses as new admissions arrive or as residents likes/dislikes and therapeutic diet changes.</p>	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 8.6</p> <ul style="list-style-type: none"> Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> risks when patients are eating and drinking are managed required assistance is provided necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>8.6 Nurses have relevant competency to manage feeding techniques for patients who have swallowing difficulties and in implementing and adhering to SALT instructions. An update in Enteral feeding has been arranged with "Nutricia " in August for all registered nurses. In House training on Dysphagia is scheduled for end of July for all care assistants.</p> <p>12.5 Meals are provided at conventional times as follows :- breakfast is on a sliding scale from 8:00am onwards, dinner 13:00, tea 17:00 and supper 19 :30 on a sliding scale onwards dependant on residents choice. Snacks are</p>	Substantially compliant

<p>provided at regular intervals and fresh drinking water is available at all times.</p> <p>12.10 A folder outlining the dietary needs and assistance required by residents is kept in the dining room as an easy accessible reference source for care staff . The dining room is manned by all care staff on duty including a Registered Nurse , in order to deal with risks or concerns arising, provide required assistance and necessary aids and equipment.</p> <p>11.7 One nurse has attended a wound care course and is the identified advisor within the home. Nurses complete a competency assessment in the management of wounds to ensure they have the required skills needed to assess a wound and apply dressings</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>



Quality Improvement Plan

Secondary Unannounced Care Inspection

Ladyhill Lodge

2 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Susan Hamill Registered Nurse in Charge either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	16 (1)	<p>The registered person shall ensure a specific care plan on continence care is maintained in patients care records.</p> <p>19.1 Ref : Section 9</p>	One	All nurses have been advised of the need to include a continence care plan in each patients care records.	One Month.
2	27 (2) (d)	<p>The registered person shall ensure that the identified patient's bedroom carpet is replaced.</p> <p>Ref Section 10.4 (Additional Areas Examined)</p>	One	The patients medical condition causes the odour in the room. The registered person will monitor this situation on an ongoing basis and replace the carpet if necessary.	Two Months.

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.2	<p>The registered manager should augment current risk assessments by including:</p> <ul style="list-style-type: none"> • A base line bowel type for each patient referencing the Bristol Stool Chart and ensure this is completed for all patients in a timely way. <p>Ref: Follow up on previous issues</p>	Three	All primary nurses have been advised to include a baseline Bristol Stool Type for each resident.	One month
2	29.4	<p>The registered person should ensure all staff working in the home receives supervision in accordance with the nursing homes minimum standards.</p> <p>Ref: FNT126237ollow up on previous issues</p>	Two	The home manager has commenced a shedule of supervision and this is ongoing.	Carried forward to next inspection

3	16.2	<p>The registered person must ensure that induction programmes for care staff evidence training programmes for care staff evidence training provided in the protection of vulnerable adults policies and procedures, and records are maintained to demonstrate that each care staff member has the necessary knowledge to recognise and respond to vulnerable adult situations.</p> <p>Ref: Follow up on previous issues</p>	One	<p>The homes induction programme includes a discussion in relation to safeguarding of vulnerable adults in addition to attending formal training same. The Home's policies on Safeguarding including whistle blowing and zero tolerance of abuse are explained to staff on an ongoing basis.</p>	Carried forward to next inspection
4	16.2	<p>The registered person must ensure that staff induction programmes are completed in full at all times.</p> <p>Ref: Follow up on previous issues</p>	One	<p>Staff induction programmes are currently all carried out in full at all times.</p>	Carried forward to next inspection
5	5.5	<p>Ensure increased supervision in relation to restrictive practices and wound care is provided to all staff.</p> <p>Ref: Follow up on previous issues</p>	One	<p>Recent training has been carried out on both wound care and restrictive practices.</p>	Carried forward to next inspection
6	19.1	<p>Ensure a continence assessment is maintained in patients care records.</p> <p>Ref:19.1 Section 9</p>	One	<p>All primary nurses have been advised that continence assessments must be maintained in patient records.</p>	One month

7	19.2	<p>The registered person should ensure that the following polices and best practice guidelines are readily available to staff for reference and use when required.</p> <ul style="list-style-type: none"> • Policy on continence management/incontinence management • Catheter care • NICE guidelines on urinary incontinence • NICE guidelines on faecal incontinence. <p>Ref: 19.2 Section 9</p>	One	<p>A continence file has been compiled to include the aforementioned NICE guidelines and policies on continence management and catheter care. Policies are also included in the policy file.</p>	Two Months
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Valerie Reynolds
Name of Responsible Person / Identified Responsible Person Approving Qip	Mary McGoldrick

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lyn Buckley	16/04/15
Further information requested from provider			