



The Regulation and  
Quality Improvement  
Authority

Inspector: Lyn Buckley  
Inspection ID: IN021992

Ladyhill Lodge  
RQIA ID: 1385  
40 Creevery Road  
Antrim  
BT41 2LQ

Tel: 02894466905  
Email: ladyhillmanager@supanet.com

**Unannounced Care Inspection  
of  
Ladyhill Lodge**

**12 August 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 12 August 2015 from 13:05 to 16:35 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 2 March 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered nurse in charge of the home, Susan Hamill, as part of the inspection process. At the conclusion of the inspection, the registered persons arrived and the inspection outcomes were discussed. The inspector also spoke with the acting manager Lisa Davison, by telephone the next day, to confirm and clarify issues identified. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Adarra Developments Ltd Mrs Mary McGoldrick	<b>Registered Manager:</b> see box below
<b>Person in Charge of the Home at the Time of Inspection:</b> Registered Nurse Susan Hamill	<b>Date Manager Registered:</b> Lisa Davison - application not yet submitted/acting manager
<b>Categories of Care:</b> NH- LD and LD(E)	<b>Number of Registered Places:</b> 31
<b>Number of Patients Accommodated on Day of Inspection:</b> 26	<b>Weekly Tariff at Time of Inspection:</b> £539 - £1211

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted since 1 January 2015
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plans (QIP) from the last care inspection; and
- the previous care inspection report.

During the inspection, the inspector met with the majority of the patients, four care staff and two registered nurses.

In addition, the delivery of care and care practices and patient/staff interactions were observed and a random selection of bedrooms, communal areas and bathrooms were inspected.

The following records were examined during the inspection:

- evidence required to validate the previous QIP
- policies and procedures pertaining to the inspection themes
- training records
- complaints and compliments record
- three patient care records.

In addition, because the acting manager was not on duty on the day of the inspection, the acting manager was asked, on the 13 August 2015, to submit information in support of the inspection process in relation to staff induction and supervision, scale of charges and the outcome of the last complaint recorded in the complaints record. This was provided by the acting manager on 25 August 2015 by email.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced finance inspection on 12 June 2015. The report of this inspection will be issued in due course.

### 5.2 Review of Requirements and Recommendations from the last care Inspection conducted on 2 March 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure a specific care plan on continence care is maintained in patients care records.  <b>Action taken as confirmed during the inspection:</b> Review of three patient care records evidenced that a continence assessment and relevant care plan were in place. Care plans were reflective of the assessment undertaken and patient centred.	<b>Met</b>
<b>Requirement 2</b> Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure that the identified patient's bedroom carpet is replaced.  <b>Action taken as confirmed during the inspection:</b> Discussion with the nurse in charge and observations confirmed that this issue had been addressed and was being managed appropriately.	<b>Met</b>

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> Third time	The registered manager should augment current risk assessments by including: <ul style="list-style-type: none"> <li>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.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three patient records evidenced that this recommendation had been met.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 29.4 <b>Stated:</b> Second time	The registered person should ensure all staff working in the home receive supervision in accordance with the nursing homes minimum standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A planner for staff supervisions to be conducted in July 2015 was observed. Following discussion with the manager on 13 August 2015, RQIA received confirmation by email on 25 August 2015 that a schedule for all staff to receive supervision was in place.	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 16.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person 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.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Staff spoken with confirmed they had received training in regard to the protection of vulnerable adults. Staff clearly demonstrated their responsibility in safeguarding the patients. Following discussion with the manager on 13 August 2015, RQIA received confirmation by email on 25 August 2015, that all staff received protection of vulnerable adult training</p> <p>RQIA received confirmation by email on 1 September 2015, that a record of training on the protection of vulnerable adults was included in the staff induction programme/pack.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 16.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that staff induction programmes are completed in full at all times.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Access to personnel records was not possible during the inspection as the manager was not on duty. Following discussion with the manager on 13 August 2015, RQIA received an email on 25 August 2015, to confirm that induction programmes were fully completed.</p>	<p><b>Met</b></p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 5.5</p> <p><b>Stated:</b> First time</p>	<p>Ensure increased supervision in relation to restrictive practices and wound care is provided to all staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A planner for staff supervisions to be conducted in July 2015 was observed. Following discussion with the manager on 13 August 2015, RQIA received confirmation by email on 25 August 2015, that a schedule for all staff to receive supervision was in place. The manager also confirmed that she would be conducting training with all staff regarding restrictive practices. This was scheduled for September 2015.</p> <p>The manager also confirmed that the home was a participant in the Trust led training pilot on the Deprivation of Liberty safeguards (DOLs)</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 19.1</p> <p><b>Stated:</b> First time</p>	<p>Ensure a continence assessment is maintained in patients care records.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three patient records evidenced that this recommendation had been met.</p>	<p><b>Met</b></p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that the following policies and best practice guidelines are readily available to staff for reference and use when required.</p> <ul style="list-style-type: none"> <li>• Policy on continence management/incontinence management</li> <li>• Catheter care</li> <li>• NICE guidelines on urinary incontinence</li> <li>• NICE guidelines on faecal incontinence.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of policies, procedures and available guidance documents evidenced that this recommendation had been met.</p>	<p><b>Met</b></p>

## 5.2 Standard 19 - Communicating Effectively

### Is Care Safe? (Quality of Life)

A policy and procedure on communicating effectively was in place dated April 2012. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure. However, staff were not aware of regional guidance in relation to communications/breaking bad news and relevant guidance for persons with a learning difficulty. A recommendation is made.

Training records reviewed evidenced that staff were required to complete training in relation to communicating effectively with patients and their families/representatives. Staff spoken with confirmed that they were aware of the importance of communicating effectively through their training and experience of caring for their patients.

### Is Care Effective? (Quality of Management)

Recording within records included reference to the patient's specific communication needs and actions required to manage barriers such as, language, culture, cognitive ability or sensory impairment. Care planning and risk assessments associated with communicating were evidenced to be comprehensive and individualised.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate. Staff confirmed that arrangements for end of life/'dignity' plans were agreed and in place, if appropriate.

Discussion with staff confirmed that the breaking of bad news was generally confined to the area of death or dying. Discussion took place in relation to how the breaking of bad news also encompassed all the aspects of daily living, such as not being able to attend day care, friends who had become unwell or not being able go on an outing.

Observation of patient and staff interactions evidenced the ability of staff to communicate sensitively and effectively with patients. Discussion confirmed that effective communication was achieved because staff demonstrated a high level of knowledge of patients' individual needs and were able to 'read' or anticipate non-verbal cues and behaviour patterns. This is commendable.

### Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients, it was evident that communication was compassionate and considerate of the patient's needs and that patients were treated with dignity and respect. Observation evidenced patients being assisted to redirect their anxieties by staff, in a positive way.

The inspection process allowed for interaction with the majority of the patients. Discussion also took place with some patients in small groups. Patients who could verbalise their feelings commented positively in relation to their home. Patients who could not verbalise their feelings appeared, by their demeanour, to be relaxed and comfortable in their surroundings and with staff.



### Areas for Improvement

A recommendation is made that staff are aware of regional guidance and best practice guidance which underpins their practice; commensurate with their role and function.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	1
--------------------------------	---	-----------------------------------	---

## 5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

### Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents, dated April 2012, evidenced that regional guidance and evidenced based practice had been considered during their development.

Copies of guidance documents such as Gain Palliative Care Guidelines, November 2013 were available in the home. As stated previously, staff awareness of these documents needs to be established and a recommendation has been made in this regard.

Discussion with staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken. Staff were also able to make referrals to specialist palliative care services.

Discussion with the nurse in charge confirmed that a protocol for timely access to any specialist equipment or drugs was in place, if required.

### Is Care Effective? (Quality of Management)

Discussion with nursing staff confirmed that when a patient was identified as requiring palliative care, care records were reviewed on an ongoing basis. Records reviewed confirmed that patient wishes and preferences were considered. A 'dignity' plan was in place for the majority of patients. This plan addressed end of life arrangements.

A review of care records evidenced care planning in relation to the patient reactions to the death of friends and families and the support required for the patient.

Discussion with staff evidenced that environmental factors were considered in meeting the needs of patients who were seriously ill or dying. Family and friends were welcome to visit as often as they and/or the patient wished and relatives could stay with the patient overnight if desired.

A review of notifications of deaths occurring in the home over the past inspection year evidenced that RQIA were notified appropriately.

## Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care.

Staff consulted demonstrated detailed knowledge of patients' expressed wishes and needs as identified in their care plan. Staff gave examples of their knowledge and how this affected the delivery of care. This is commendable.

Staff confirmed that family/friends that choose to stay with patients, who were seriously ill or dying, were 'looked after' by providing tea, coffee, food, comfortable chairs and morale support.

There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient. An example of some comments recorded included:

*'...family would like to thank each and every one of you for the excellent care...and a special thanks to the [staff named] that were with ... when he passed away'*

*'Thanks for everything you did...'*

*'Never faltered'* meaning the high standard of care provided.

*'Thank you for the excellent care. You all made a difficult situation a little more bearable and ...will always be forever grateful for that.'*

Review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. Staff confirmed that they were enabled to attend funeral services and on occasion when a patient's had no family other than the other patients and staff, a service was organised and held in the home. Staff were very clear that Ladyhill Lodge was the patients' home and that staff were part of the extended family. This is commendable.

### Areas for Improvement

A recommendation was made previously in section 5.2 that staff are aware of regional guidance and best practice guidance which underpins their practice; commensurate with their role and function.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b> *recommendation is stated under Standard 19 above.	<b>*1</b>
--------------------------------	----------	---	-----------

## 5.4 Additional Areas Examined

### 5.4.1 Staff duty rotas

A review of the staff duty rotas for the week of the inspection, confirmed that staffing levels were planned in advance and kept under review to ensure the needs of patients were met.

Staff spoken with expressed the view that staffing levels met the assessed needs of the patients.

#### 5.4.2 Consultation with patients, staff and patient representative/relatives

The inspector met the majority of patient in the home. Patients were content and relaxed in their home. Those patients able to communicate their views confirmed that they were happy and content and that staff 'were good'. Interactions observed between patients and staff were appropriate, caring and compassionate.

Staff spoken with confirmed that they enjoyed their work and felt that they made a difference. Staff also confirmed that they were expected to undertake mandatory training and felt that nursing staff and management supported them. There were no expressions of concern raised with the inspector.

There were no relatives/representatives visiting during the inspection.

In addition to speaking with staff on duty, six questionnaires were provided for staff not on duty. The nurse in charge agreed to forward these to the staff selected. At the time of writing this report, none had been returned.

Six questionnaires were also provided for patient representatives/relatives. At the time of writing this report, none had been returned.

#### 5.4.3 Environment

A general review of the home environment was undertaken which included a random sample of bedrooms, bathrooms and communal areas. The home was found to be warm and clean throughout.

Discussion took place in relation to clip boards containing patient information which were hanging on the outside of bedroom doors. Following discussion, it was agreed that this information pertained to the patient and formed part of the patient's record and should therefore be held confidentially as per the home's own policy. A recommendation is made.

##### Areas for Improvement

It is recommended that the registered person/ management ensure that all patient information is held in a confidential manner to safeguard the privacy and dignity of patients.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
--------------------------------	----------	-----------------------------------	----------

#### 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with registered nurse S Hamill and with Mr and Mrs McGoldrick, registered providers, as part of the inspection process. The timescales commence from the date of inspection. The inspection outcome was also discussed with Ms Lisa Davison, acting manager, on 13 August 2015.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

## **6.1 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 (Northern Ireland) 2005.

## **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

Recommendations			
<b>Recommendation 1</b> <b>Ref:</b> Standard 39.8  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	The registered person should ensure that staff are aware of regional guidance and best practice evidence which underpins their practice and is commensurate with their role and function in the home.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Specific training with regards to Palliative care has been commissioned via the trust inreach service and dates are to follow. With regards to knowledge of best practice guidance, group supervision/reflection sessions have been set up to address the knowledge gaps of our staff and the view is that these will take place regularly (monthly) to cover new guidance as it comes out and to go over any additional specific needs as they arise within our patient group. Our first session is booked on the 8 <sup>th</sup> October to specifically look at regional guideline and best practice for end of life care and how these relate to practice.		
<b>Recommendation 2</b> <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	The registered person should ensure that all patient information is held in a confidential manner.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Following the inspection, all clipboards were removed from the patient bedroom doors immediately and a central group record for patient safety checks is now kept in a covered file in a confidential manner.		
<b>Registered Manager Completing QIP</b>	Lisa Davison	<b>Date Completed</b>	11/09/15
<b>Registered Person Approving QIP</b>	Mary McGoldrick	<b>Date Approved</b>	11/09/15
<b>RQIA Inspector Assessing Response</b>	Lyn Buckley	<b>Date Approved</b>	28/09/15

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**