



Unannounced Care Inspection Report 6 December 2018



Ladyhill Private Nursing Home

Type of Service: Nursing Home
Address: 40 Creevery Road Antrim BT41 2LQ
Tel No: 02894466905
Inspector: Kieran McCormick

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 31 persons.

3.0 Service details

Organisation/Registered Provider: Town and Country Care Homes Ltd Responsible Individual: Marina Lupari	Registered Manager: See below
Person in charge at the time of inspection: Foteini Kourakou - registered nurse	Date manager registered: Marina Lupari – acting
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 31

4.0 Inspection summary

An unannounced inspection took place on 6 December 2018 from 10.10 hours to 15.40 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to the holistic culture and ethos of care delivery; communication between staff and patients; staff awareness relating to adult safeguarding, the dining experience of patients and governance arrangements. Other notable areas of good practice were also found in relation to teamwork, understanding of roles and responsibilities and completion of Regulation 29 monitoring visits.

Areas requiring improvement were identified regarding completion of the duty rota and unlabelled clothing items.

Patients described living in the home in positive terms. Patients said: "This place is great".

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Marina Lupari, responsible individual/manager, Foteini Kourakou, registered nurse and Alana McMullan, business support manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 24 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 24 April 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with five patients, nine staff, two student nurses and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the nurse in charge with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the nursing home.

The following records were examined during the inspection:

- duty rota for all staff from 19 November 2018 to 9 December 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records

- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 April 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 24 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 Stated: Second time To be completed by: 31 May 2018.	The registered provider must ensure that records and/or information required to be kept in the nursing home is available for inspection.	Met
	Action taken as confirmed during the inspection: All requested records were made available for inspection.	

<p>Area for improvement</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that all incidents/events occurring in the nursing home are notified to RQIA, without delay, in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of accidents and incidents confirmed that appropriate notifications had been submitted to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017.</p>	<p>The registered provider should consider further development of the current governance processes in accordance with DHSSPS Care Standards for Nursing Homes.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Governance systems and processes reviewed provided assurances of improvement made with regards governance oversight of the home.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that the appropriate clinical observations are carried out following a fall, in accordance with current best practice guidance; and recorded within the relevant documents.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records for the most recent patient fall confirmed that appropriate clinical observations had been carried out.</p>		

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge confirmed the planned daily staffing levels for the home. A review of the staffing rota from 19 November 2018 to 9 December 2018 evidenced that the planned staffing levels were adhered to. The duty rota however did not consistently reflect all hours worked by the manager and the capacity in which hours were worked, also the rota did not provide clarity regarding the actual duration of staff shifts, this was discussed with the manager and an area for improvement under the standards was made. Observations throughout the home confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that care and nursing staff were notably busy throughout the day, however, patients' needs were met by the levels and skill mix of staff on duty and staff attended to patients' needs in a timely and caring manner.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards.

Staff who we met were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ladyhill.

A review of records evidenced that appropriate risk assessments had been completed to help inform individual patient need. These assessments informed the care planning process. There was also evidence of consultation with relevant persons.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, a dining room and storage areas. Ongoing environmental improvements were noted throughout the home. The home was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Some environmental issues were identified during the inspection which included a broken washing machine, an out of service toilet area and lighting issues in two identified areas.

These matters were discussed with the manager and the inspector was notified post inspection that all matters were addressed. The inspector also identified that the dining tables and chairs were badly worn; this was discussed with the manager who confirmed that this had already been identified and was currently being addressed.

Observation of practices, care delivery, discussion with staff and review of records evidenced that infection prevention and control best practice guidance was adhered to.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding, governance and infection prevention and control.

Areas for improvement

The following area was identified for improvement in relation to the completion of the staff duty rota.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patients’ care records evidenced that care plans were in place to direct the care required and reflected the individualised assessed needs of the patients. Care records were consistently reviewed/evaluated by registered nursing staff. Care records contained details of specific care requirements and a daily record from care and registered nursing staff was maintained to evidence the delivery of care. Although in the case of one patient, on an identified day a daily record had not been completed, this was discussed with the manager for their attention.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as Trust care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts were evidenced as being contemporaneously maintained.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff were able to describe the arrangements for staff/team meetings provided in the home.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the liaising with other members of the multi-professional team, teamwork and communication between patients/patients representatives and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.10 hours and were greeted by the nurse in charge who was helpful and attentive. Patients were observed seated in the lounge areas or were in the comfort of their own bedroom area. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality. Discussion with staff and observations confirmed that communication with patients often required a highly knowledgeable and focused approach due to patients’ varying

care needs. Observation of staff interaction with patients evidenced the provision of such care and this is commended.

Observations, discussion with staff and review of the activity information evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of inspection a number of patients were on a social outing.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunch time meal. Patients were assisted to the dining area or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Care and kitchen staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were observed to be promptly and attentively attending to patient's needs. Staff were calm in their approach and provided reassurance to patients who appeared distressed. Patients able to communicate indicated that they enjoyed their meal and the standard of food on offer. The meal time was overseen by a registered nurse.

Observation in the laundry area evidenced a box of 'net pants' that had been laundered, but none were identified with patient names. This practice has the potential for these items to be used communally in the home. This was discussed with the manager and assurances were provided that this was not a common practice in the home. An area for improvement in this regard has been made under the standards.

Consultation with five patients confirmed that they were happy and content living in Ladyhill. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Cards and letters of compliment and thanks were retained in the home.

There were no responses received from relatives or patient representative questionnaires.

Staff were asked to complete an online survey; we had no completed responses within the timescale specified.

Patients' representatives who we met with spoke positively regarding the care received by their loved one in Ladyhill.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the meal time experience, staff knowledge of patients' wishes, preferences and assessed needs.

Areas for improvement

The following area was identified for improvement in relation to the laundering and potential use of unlabelled 'net pants'.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff who we spoke with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The certificate of registration issued by RQIA was appropriately displayed in the home. The manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection the responsible individual has come forward as the manager for the home, RQIA were notified appropriately. Discussion with staff evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the manager and a review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding the environment and care records. It was suggested however to the manager that the frequency of care records audits should be reviewed.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marina Lupari, responsible individual/manager, Foteini Kourakou, registered nurse and Alana McMullan, business support manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the duty rota reflects the actual hours worked by the manager and the capacity in which these hours are worked. The duty rota should also reflect the actual hours of shift duration.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The Registered Person has amended the off-duty to reflect this requirement and will ensure that the duty rota reflects the actual hours worked by the Manager and the capacity in which these hours are worked. The Registered Person has amended the off-duty to reflect the actual hours of all shift durations and will ensure that this is continued.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that net pants are only ever provided for individual patient use and any unlabelled clothing items are identified and labelled or disposed of to eliminate the potential for communal use.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: As discussed with the inspector at the time of visit the use of the net pants ceased at the time of takeover in July 2016. As advised all residents have their own underwear. The non-disposal of this box of net pants occurred due to laundry staff error. The net pants were disposed of on the day of inspection.</p>

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



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