

Unannounced Care Inspection Report 20 February 2021



Ladyhill Private Nursing Home

Type of Service: Nursing Home (NH)
Address: 40 Creevery Road, Antrim, BT41 2LQ
Tel No: 028 94466 905
Inspector: Bronagh Duggan & Gillian Dowds

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.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 31 persons with learning disabilities.

3.0 Service details

Organisation/Registered Provider: Town & Country Care Homes Limited Responsible Individual: Marina Lupari	Registered Manager and date registered: Marina Lupari (acting manager)
Person in charge at the time of inspection: Helene Savage SN upon arrival Marina Lupari from approximately 10.30 onwards	Number of registered places: 31
Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 24

4.0 Inspection summary

An unannounced inspection took place on 20 February 2021 from 09.45 to 17.15. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

RQIA received information which raised concerns in relation to the quality of care provided in the home. In response to this information RQIA decided to undertake an inspection.

It is not the remit of RQIA to investigate adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing
- care records
- care delivery
- Internal environment and Infection prevention and control (IPC).

Patients in keeping with their level of understanding were complimentary about their life in the home and relationships with staff.

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	2	*6

*Three areas for improvement identified under the standards were not reviewed during this inspection and have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Marina Lupari, manager and responsible individual, 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.

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.

We met with eleven patients, seven staff and the manager. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The manager was provided with 'Tell us' cards 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. Eight completed questionnaires were returned within the identified timescale. Comments received within the questionnaires were shared with the manager following the inspection.

The following records were examined during the inspection:

- duty rotas and allocation records
- four care records
- epilepsy management plans
- patient supervision records
- incident and accident records
- staff induction and competency information.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 17 November 2020.

The quality improvement plan from the previous inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 48.1 Stated: Second time	The registered person shall ensure that the action plan flowing from the current fire risk assessment is fully implemented without further delay.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 44.10 Stated: First time	The registered person shall ensure that a new legionella risk assessment is commissioned, to ensure that the premises hot and cold water systems are safe, and that the current control measures being implemented remain valid and appropriate.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard 16.11 Stated: First time	The registered person shall ensure records are kept of all complaints and these included all communications with the complainants, the result of any investigations, the action taken, whether or not the complainant was satisfied with the outcome, and how this level of satisfaction was determined.	Carried forward to the next care inspection

	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
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6.2 Inspection findings

6.2.1 Staffing

Upon arrival at the home the nurse in charge outlined the staffing arrangements. The staff duty rota for the period of 25 January 2021 to 21 February 2021 was reviewed. The nurse in charge explained the staffing levels were determined in accordance with the dependency levels of patients.

The one to one staffing arrangements in place for identified patients was also discussed. We could see upon arrival, staff working with and supervising a patient assessed as requiring one to one supervision. The nurse in charge provided allocation records which were in place to ensure identified one to one covers were maintained as required.

The manager told us staffing levels were planned according to the dependency levels of patients in the home, and that they were currently introducing a new night time rota for trial which included the introduction of a twilight shift. In addition the manager said the staffing levels are adjusted in accordance with the number of patients accommodated in the home.

Staff spoken with confirmed staffing levels were maintained at an appropriate level to meet the identified needs of patients in the home. There were no concerns raised by staff regarding staffing levels. Observations made during the inspection confirmed that patients were supervised in communal lounge areas throughout the day and one to one supervisions were also maintained.

Staff confirmed that they were aware at the beginning of each shift what area they would be working in and that they were kept informed of any changes. Specific duties for each care staff were reflected on the allocation records maintained.

Review of a sample of induction and competency records for nurses showed some discrepancies in the records maintained. It was noted some records reflected the completion of an induction and competency assessment where others only reflected the completion of their induction. The need to ensure a competency and capability assessment was completed for all staff left in charge of the home in the manager's absence was discussed. An area for improvement was identified.

Staff told us they were aware of the appropriate action they should take in the event of an emergency and were aware of signs to look out for regarding changes in a patient's presentation. Staff spoken with also told us what they would do to contact relevant emergency services.

6.2.2 Care records

We viewed a sample of four care records. These included care records for permanent patients and patients admitted to the home for short breaks. We could see supervision records were maintained on an up to date basis for those patients assessed as requiring one to one supervision. The manger advised the templates in use for two identified patients had been agreed with the referring Trust. All the care records reviewed included an assessment of needs, care plan and associated risk assessments. We could see daily evaluation records were completed and maintained on an up to date basis. Records showed multi-disciplinary input to ensure patients' needs were met. During discussions with staff they demonstrated knowledge of good record keeping principles.

Epilepsy management plans were in place as needed, there was evidence to show that these had been recently reviewed and updated.

It was noted from one of the care records reviewed the records in relation to wound care management were not maintained in keeping with best practice. This was discussed with the manager, as was the need to ensure any records maintained relating to wound care should clearly evidence the progress with regard to care given in keeping with best practice guidance. An area for improvement was identified.

The manager outlined the arrangements in place to ensure care records for patients admitted to the home for short breaks were reviewed and updated. The manager advised there was a standard procedure in place for respite admissions which identified information required prior to admitting anyone for a short break to the home. A copy was made available to inspectors.

The manager told us that up to date information is obtained from the referring Trust to determine any changes in the patients' needs prior to or since the previous admission. Records for two patients confirmed these had been completed before the patients' admission to the home. The records reviewed evidenced that some of the care plans were not fully reflective of the patients' assessed needs. The manager advised that this would usually be referred back to the Trust for amendment. We discussed with the manager that staff in the home would be better equipped to develop care plans for patients on short breaks based on the information from the Trust and the risk assessments completed on admission. This would ensure care plans contain sufficient detail to direct the care required. An area for improvement was identified.

6.2.3 Care delivery

We observed staff practice in the home, interactions with patients were warm and friendly. Patients were well presented with obvious time and attention given to their personal care. Patients were seen to be content and settled in their surroundings and in their interactions with staff. We reiterated with the manager the importance of ensuring staff wear masks correctly as some were observed as not maintaining best practice guidelines. The manager confirmed this would issue would be monitored.

Staff were observed treating patients with respect and talking to them in a friendly and pleasant manner. Staff were observed supporting patients with one to one activities, in addition other staff were observed supervising patients in communal lounge areas throughout the day. Some patients were observed spending time in their bedrooms watching TV or listening to music.

For those patients that were assessed as requiring one to one support staff were observed interacting and supporting them throughout the day.

Patients looked comfortable and relaxed within their surroundings, and staff were available to meet their needs. Although not all patients could communicate verbally, those that could in keeping with their level of understanding confirmed they were content living in the home.

Comments received from patients included:

- “I’m happy here, I have whatever I need.”
- “I like it.”

6.2.4 The internal environment and Infection Prevention and Control

We inspected the home environment; this included a sample of bedrooms, communal living areas, bathrooms, toilet areas, hallways and storage areas. Patients’ bedrooms were personalised with individual items and personal mementos displayed. The general areas of the home were found to be warm, clean and tidy. It was noted that some equipment, including the underside of two shower chairs, and one identified hoist were not effectively cleaned. This issue was discussed with the manager; an area for improvement was identified.

In addition we discussed with the manager the need to ensure stores were kept tidy, well organised and secure as continence pads were observed lying loose, some stores were unlocked and bed linen was observed sitting on a hot water tank causing a potential hazard. The need to ensure safe storage of products was identified as an area for improvement.

Areas of good practice

Areas of good practice were identified in relation to team work, interactions between patients and staff and liaising with other professionals.

Areas for improvement

Five new areas for improvement were identified during the inspection these related to ensuring competency and capability assessments were in place for any nurse left in charge in the manager’s absence, to ensure wound care records are maintained in keeping with best practice, to review the system for short break admissions to ensure that all information is current and reflective of patient’s needs, and to ensure the identified IPC and environmental storage issues were addressed.

	Regulations	Standards
Total number of areas for improvement	2	3

6.3 Conclusion

Patients were comfortable and relaxed in the home, interactions between staff and patients were warm and friendly. One to one supervisions were maintained in keeping with patients’ assessed needs. There were no concerns raised by staff regarding staffing levels in the home.

Areas for improvement were identified in relation to ensuring competency and capability assessments were completed for all staff left in charge of the home in the manager's absence to improve wound management records, and to ensure all information is current and reflective of patients' needs regarding short break admissions. Environmental issues relating to IPC and storage of products were also identified as areas for improvement.

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, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20.(3) Stated: First time To be completed by: 27 February 2021	<p>The registered person shall ensure competency and capability assessments are completed for any person left in charge of the home in the manager's absence.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Person has completed an annual Registered Nurse Competency and Capability exercise. This will be combined with the current competency and capability assessments that are currently in place for the Registered Nurses.</p>
Area for improvement 2 Ref: Regulation 12.(a) (b) Stated: First time To be completed by: 21 February 2021	<p>The registered person shall ensure that record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: A review of record keeping has been completed. The Registered Person has introduced further guidance for the Registered Nurses and Care staff in regards to record keeping in relation to wound management in accordance with legislative requirements, minimum standards and professional guidance</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 48.1 Stated: Second time To be completed by: 17 January 2021	<p>The registered person shall ensure that the action plan flowing from the current fire risk assessment is fully implemented without further delay.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 44.10 Stated: First time To be completed by: 31 December 2019	<p>The registered person shall ensure that a new legionella risk assessment is commissioned, to ensure that the premises hot and cold water systems are safe, and that the current control measures being implemented remain valid and appropriate.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not</p>

	reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 Ref: Standard 16.11 Stated: First time To be completed by: 17 December 2020	<p>The registered person shall ensure records are kept of all complaints and these include all communications with the complainants, the result of any investigations, the action taken, whether or not the complainant was satisfied with the outcome, and how this level of satisfaction was determined.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: 21 February 2021	<p>The registered person shall ensure the system for maintaining care records for short breaks admissions is reviewed to ensure that all information is current and reflective of patient's needs. .</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: A review of the system for maintaining care records has been completed with NHSCT representatives. A review of short breaks has been completed and a new system has been implemented to continue to ensure that all resident information is current and reflective of resident's needs.</p>
Area for improvement 5 Ref: Standard 46 Stated: First time To be completed by: 21 February 2021	<p>The registered person shall ensure the environment is managed to minimise the risk of infection. Reference to this includes ensuring equipment including shower chairs, commodes and hoists are adequately stored and cleaned including undersides on a regular basis.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager will continue to ensure the environment is managed to minimise the risk of infection, in particular the management of equipment.</p>
Area for improvement 6 Ref: Standard 44 Stated: First time To be completed by: 21 February 2021	<p>The registered person shall ensure the internal environment is safe, well maintained and remains suitable for its stated purpose. This applies specifically to ensuring storage areas for continence products, laundry and other items are tidy, well organised and secure when not in use.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager will continue to ensure the systems are in</p>

	place to ensure the environment is safe, well maintained and remains suitable to its stated purpose are implemented.
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****Please ensure this document is completed in full and returned via Web Portal****



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