

Inspection Report

5 May 2022



Ladyhill Private Nursing Home

Type of Service: Nursing Home
Address: 40 Creevery Road, Antrim, BT41 2LQ
Tel no: 028 9446 6905

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Town & Country Care Homes Limited Responsible Individual: Dr Marina Lupari	Registered Manager: Ms Foteini Kourakou – not registered
Person in charge at the time of inspection: Ms Foteini Kourakou	Number of registered places: 31
Categories of care: 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: 23
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 31 patients who have a learning disability. Patients have access to communal lounge, dining and garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 5 May 2022 from 9.50am to 5.40pm by care inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Patients told us they were “getting on well” and “I like it all”. Those patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff members are included in the main body of this report.

Staff members promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management. Staff told us that their managers were approachable and that they felt any concerns shared with managers were listened to.

Areas for improvement were identified in relation to current activity provision, recruitment, infection prevention and control, environmental concerns in shared rooms and with the recording of administration of food supplements. RQIA was assured that the delivery of care and service provided in Ladyhill Nursing Home was safe, effective and compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with seven patients and five staff. Patients spoke positively on the care that they received and with their interactions with staff describing staff as 'friendly'. One patient told us, "I like it; you get plenty to eat". Another commented, "It's good; I like it". One patient spoken with raised concerns in regard to his night time routine. All comments were passed to the manager for their review and action as appropriate. Staff acknowledged that working in the home could be stressful at times. All staff confirmed that they enjoyed interacting and engaging with the residents, though, staff also identified factors which could inhibit effective teamwork. The staffs' concerns were also shared with the manager for their review and action as appropriate.

There were no questionnaire responses and we received no feedback from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 21 & 25 October 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (a) (b) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13 (1) (a) Stated: First time	The registered person shall ensure that all patient food and fluid recommendations are clearly adhered to.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure adequate precautions are taken against the risk of fire. Fire doors must not be propped open.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

Area for improvement 4 Ref: Regulation 30 Stated: First time	<p>The registered person shall ensure RQIA are notified of any accident and incident in the home in as outlined in the regulation.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		
Area for improvement 1 Ref: Standard 44.10 Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	Met
Area for improvement 2 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure patient repositioning records are maintained on an up to date basis.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	
Area for improvement 3 Ref: Standard 28.1 Stated: First time	<p>The registered person shall ensure records are fully completed to reflect the administration of food supplements as prescribed.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been fully met and this will be discussed further in section 5.2.2.</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p>	Partially met

Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure menus are rotated over a three week cycle, and revised at least six monthly and ensure that variations to the menu are recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 5 Ref: Standard 44 Stated: First time	The registered person shall ensure the following environmental improvements are addressed: <ul style="list-style-type: none"> • The two identified bedrooms should receive a thorough clean with special attention given to the floors and walls • The identified bed base should be replaced • The identified bedframe should be repaired or replaced • The identified DVD storage unit should be replaced. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 6 Ref: Standard 11 Stated: First time	The registered person shall ensure that activities are planned and provided with regard to the needs of the patients and patients are consulted about the planned programme of activities.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

All staff were provided with a comprehensive induction programme to prepare them for working with the patients. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council. However, gaps were identified within the recruitment process. This was discussed with the manager and identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety. A system was in place to ensure that staff completed their training. Staff confirmed that they could request additional training which was relevant to their role.

Supervision and appraisal planners were in use to ensure that all staff received an annual appraisal and at minimum two supervisions per year. Supervisions were conducted on an individual and/or group basis.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff confirmed that the patients' physical needs were met daily, though, many felt that the patients' social needs required further attention. This will be discussed in more detail in section 5.2.4. The manager confirmed that a Social Lead person employed in the home had recently left and that management were in the process of recruiting for a replacement.

Staff shared examples of where they felt that effective teamwork could be inhibited. These were shared with the manager for their review and actions as appropriate.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. This included the use of agency staff. The duty rota identified the nurse in charge when the manager was not on duty.

Patients spoke highly on the care that they received. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company. One concern raised during consultation with a patient was shared with the manager who took the appropriate actions in addressing this.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering; discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs. Patients' care records were held confidentially.

Where a patient was at risk of falling, a falls care plan was in place to direct staff in how to manage this area of care. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. A review of accident records confirmed that the appropriate actions had been taken following an accident in the home. Records also indicated that the appropriate persons had been notified of the fall and the patient had been monitored.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Records of position changes had been recorded well and included checks on the patients' skin condition at the time of repositioning. Risk assessments had been completed to determine if patients were at risk of skin breakdown. Where a risk was identified, a care plan was in place to guide staff on how to manage the risk.

Patients, who had a wound, had an initial wound assessment completed and a comprehensive wound care plan in place to identify how to manage the wound care. It was positive to note that there was a low incidence of wounds in the home.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails. Discussion with the manager and a review of records evidenced that the proper procedures had been followed when a restrictive practice had been implemented. The use of bedrails in the home was audited on a monthly basis to ensure safe and relevant usage.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Records of patients' intake and outputs were recorded where this was required. However, further attention was required when recording the administration of food supplements and an area for improvement in this regard has been stated for the second time. Nutritional risk assessments were carried out monthly to monitor for weight loss and weight gain. The nutritional assessment tool in use was discussed with the manager who confirmed that she was reviewing the tool in use and agreed to take advice from the dietician.

Patients could avail from a choice of meal at lunch and evening mealtimes. A system was in place to ensure that each patient's nutritional requirements had been communicated to all relevant staff. The dining room was well supervised by staff who were wearing the appropriate PPE and took the opportunity for hand hygiene at the appropriate times. Food was served from the kitchen when patients were ready to eat their meal or staff ready to assist the patient with their meal. Food transferred from the dining room was covered on transfer. A range of drinks were served with the meal. Patients spoke positively and were complimentary in relation to the food provision in the home.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. Appropriate doors had been locked to ensure patients were safe from hazards such as chemicals.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

A system was in place in the laundry to ensure that clean laundered clothing was not in contact with any dirty linen or clothing.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Environmental infection prevention and control audits had been conducted monthly. All visitors, including health care professionals, to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Although, during the inspection we observed three staff wearing wrist jewellery which inhibits effective hand hygiene. This was discussed with the manager and identified as an area for improvement.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients, who could, could choose what they wore and what they preferred to eat.

The manager confirmed that the 'Social Lead' person responsible for the provision of activities had recently and unexpectedly left employment in the home and the home were in the process of arranging recruitment for a replacement staff member. The responsibility of activity provision in the interim went to nursing and care staff. Discussion with staff confirmed that they were aware of the importance of activity provision for the patients but felt that due to workload pressures, they did not have enough time to consistently socially engage with patients. Additional time had not been set aside for activity provision. This was discussed with the manager and identified as an area for improvement.

Visiting arrangements were in place in line with the Department of Health guidelines with positive benefits to patients. As well as indoor visiting, patients were permitted outings with family members away from the home. There were no care partner arrangements in place in the home. The manager confirmed that the arrangement had been offered to relatives but no one had been interested in taking up the role. One patient who did benefit from the care partner arrangement had since been discharged from the home.

5.2.5 Management and Governance Arrangements

RQIA were aware of a planned temporary change in the management arrangements in the home. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included care plans, wound care, IPC and the environment. The manager had a system in place to monitor accidents and incidents that happened in the home.

A complaints file was maintained online. Complaints were reviewed as part of monthly monitoring and a monthly complaints audit was completed. Cards and compliments were kept on file and shared with staff. A log of compliments received was recorded monthly.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and completed reports were available for review by patients, their representatives, the Trust and RQIA.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about patients' safety. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	3*

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Foteini Kourakou, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all pre-employment checks are completed and verified prior to the staff member commencing in post.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The registered person has updated the pre-employment form so the date of the checks is recorded. as discussed on the day of the inspection the check was completed but the date of it had not been recorded. The SOP for pre-employment checks have been updated and shared with all staff involved in recruitment and selection. The appointment of an HR officer has been approved and recruitment is taking place.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that training provided on infection prevention and control is embedded into practice.</p> <p>This is in direct reference to staff remaining bare below the elbow in areas where care is delivered to allow for effective hand hygiene.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that training provided on infection prevention control is embedded into practice and evidenced through the audit process. Staff have been reminded of all infection prevention control Policies and Procedures via huddles. Staff will all receive an infection control supervision. Also all Registered Nurses have been reminded of their responsibility to check that staff are adhering to IPC Policies and Procedures.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 28.1 Stated: Second time To be completed by: 5 June 2022	<p>The registered person shall ensure records are fully completed to reflect the administration of food supplements as prescribed.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure that all food and fluid records are fully completed to reflect the administration of food supplements as prescribed. The food and fluid record form has been updated and is in use. All registered Nurses will be reminded of their responsibility and accountability in relation to delegated tasks to the care staff and also to ensure that the care staff are using the correct form. The RN is required to check the care staff recording of supplements throughout the day and they are aware of their responsibilities.</p>
Area for improvement 2 Ref: Standard 6 Criteria (8) Stated: First time To be completed by: 5 June 2022	<p>The registered person shall ensure that bedrooms accommodating two patients have a privacy curtain in place and separate call buttons for each patient.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This have been rectified. The only double room in the home now has a privacy curtain in place and separate call buttons for each resident. The room in question is shared by a married couple.</p>
Area for improvement 3 Ref: Standard 11 Stated: First time To be completed by: 5 June 2022	<p>The registered person shall ensure that the provision of activities in the home is reviewed to ensure that patients are in receipt of regular meaningful activities.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A socialisation plan is in place for the residents that is reviewed on a monthly basis. The residents are consulted during residents meetings about the planning of group activities such parties, day trips etc. The registered provider will continue to plan and provide activities taking into account the the needs and preferences of the residents. For the residents that are able to communicate verbally, staff consult them for the activities that they wish to participate in. For the residents that cannot communicate their likes and dislikes staff observe and record if</p>

	<p>the resident appears to enjoy the activity from their reaction to it. Activities are provided on a daily basis and are ongoing as part of the residents daily routine. A new socialisation lead has been employed for the home. The socialisation lead will record the daily activities so that the activity provision can be evidenced and monitored by the HM. Some residents have a specified one to one carer, these residents activities are recorded and have included swimming and cinema trips recently. P</p>
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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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