

Announced Post Registration Care Inspection Report 14 September 2016



Ladyhill Private Nursing Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ladyhill Private Nursing Home took place on 14 September 2016 from 09:40 to 15:30 hours.

This inspection sought to assess progress with issues raised during and since the previous care inspection and to determine if the home was delivering safe, effective and compassionate care; and if the service was well led under new ownership. On 11 July 2016 ownership of the home transferred to Town and Country Care Homes Limited

During the inspection it was became apparent that a day room had been changed to a bedroom and an office had been furnished as a bedroom. RQIA had no knowledge of these changes prior to the inspection. With the creation of two further bedrooms there was the potential that the home may exceed its' registered numbers. Following the inspection an enforcement decision making meeting held by RQIA on 19 September 2016 and the registered persons were required to attend a meeting at RQIA, with the intention of issuing one failure to comply notice in relation to Regulation 3 (3) (a) and Regulation 27 (1) of The Nursing Homes Regulations (Northern Ireland) 2005. This meeting was held on the 26 September 2016 and following assurances given by the responsible individual, the notice was not issued. Refer to section 1.1 and 4.3 for details.

Is care safe?

The Responsible Individual, Dr Lupari, and the nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staff rota from 5 to 18 September 2016 evidenced that the planned staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, during the inspection it was observed that three bedroom doors/fire doors were either wedged or propped open. A requirement was made.

Is care effective?

Care records reviewed mainly reflected the assessed needs of patients and were kept under review. Some areas for improvement were identified. However, following discussion with the responsible individual, the nurse in charge and review of the Regulation 29 reports, RQIA were assured that the management team had also identified these deficits had an action plan in place to address them.

Staff spoken with demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Observations evidenced that patients requesting assistance were responded to in a calm, quiet and caring manner. Patients able to express their views indicated that they were happy living in the home. It was evident through the observation of interactions between patients and staff; that staff knew the patients very well and were able to anticipate needs as well as providing care to comfort and soothe as required. Patients and staff were relaxed and comfortable in each other's company.

Staff confirmed that they were kept informed of changes or concerns regarding patients' needs through the handover reports at the beginning of their shift. Staff also confirmed that regular staff meetings were conducted, particularly recently because of the change in ownership. Staff said management were available and approachable. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients and with their colleagues.

Patients were aware of the new owners and referred to them by the first names. There was evidence of good relationships having been developed.

There were no areas for improvement identified.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs. There was clear evidence of attention to the details of personal care and the provision of meaningful activities.

Patients able to express their views indicated that they were happy living in the home. One patient said they were "happy living here" and was looking forward to other events planned in the near future for them. Another patient was "very happy" with their bedroom and enjoyed their independence. 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.

There were no areas for improvement identified.

Is the service well led?

Discussion with the nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. The home's statement of purpose was available in the front hall of the home. Review of this revealed that a few minor corrections were needed. It was agreed that the changes would be made and a copy of the revised version submitted to RQIA.

As discussed under the domain, 'Is care safe?' concerns were identified in relation to governance systems and processes. RQIA were assured that the management team had already identified and developed an action plan to address the deficits. RQIA will review the progress made in establishing the more robust governance systems during the next care inspection.

Review of reports and discussion with the management team evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives. Discussion with the management team revealed that they were committed to ensuring that patients were safe, that they received the right care from an effective team of committed, well trained and compassionate staff; and that the patient experience of living in Ladyhill was a positive one.

In considering the findings from this inspection it was evident that the change of ownership of the home had been managed to ensure that patients were as unaffected as possible and that the new owners were committed to ensuring the safety, health and welfare of patients. RQIA acknowledged the difficulties expressed by the management team, for example, the lack of personnel records and robust governance systems; and were provided with assurances that the management team had an action plan for improvement which, when completed, would further enhance the standards of management and positive patient experiences in Ladyhill Private Nursing Home. .

There were no new areas for improvement identified within this domain

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1*

*The total number of recommendations includes one recommendation carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Anne Clarke, Non-Executive Director, at the conclusion of the inspection. Dr Lupari was unable to receive feedback as she had to attend a pre-arranged meeting with the Northern Health and Social Care Trust. The timescales for completion commence from the date of inspection.

Following the inspection, the registered persons were required to attend a meeting at RQIA, with the intention of issuing one failure to comply notice in regard to a registered day room which was being used as a bedroom and an office had been furnished as a bedroom. With the creation of two further bedrooms there was the potential that the home may exceed its' registered numbers. This meeting was held on the 26 September 2016. Following discussion with the registered person RQIA were assured that since the care inspection on 14 July 2016 neither rooms had been occupied as bedrooms; the intention was not to exceed the registered numbers of beds; the registered person/s acknowledged the breach of regulations and demonstrated an understanding of their role and responsibilities in relation to variations to the registration of the home; and an application to vary the registration of the home, had been received by RQIA on 16 September 2016. Following consideration of the information and assurances provided by the registered person RQIA decided not to issue the failure to comply notice.

As discussed, the application to vary the registration of Ladyhill Private Nursing Home received on 16 September 2016 will be assessed by RQIA.

RQIA will continue to monitor the quality of service provided in Ladyhill Private Nursing Home.

Further enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent medicines management inspection.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 November 2015. The returned quality improvement plan (QIP) was reviewed and approved by the pharmacy inspector. Other than those actions detailed in the QIP there were no further actions required to be taken.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Town & Country Care Homes Ltd/ Dr Marina Lupari	Registered manager: Ms Lisa Davison
Person in charge of the home at the time of inspection: Mary Taylor- Registered Nurse	Date manager registered: 11 July 2016
Categories of care: NH-LD, NH-LD(E)	Number of registered places: 31

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection the inspector spoke with seven patients individually and greeted the majority of other patients in small groups throughout the day, three care staff, one registered nurse, one staff member from housekeeping, two staff from catering team and the management team.

The following information was examined during the inspection:

- two patient care records and one patient's supplementary care records
- staff roster from 5 to 18 September 2016
- staff training and planner/matrix for 2016
- complaints record
- incident and accident records
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit/governance
- records pertaining to consultation with staff, patients and relatives
- the home's Statement of Purpose

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 August 2015

The most recent inspection of the home was an unannounced medicines management inspection on 4 November 2015. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 12 August 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 39.8 Stated: First time	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.	Carried forward to the next inspection.
	Action taken as confirmed during the inspection: It was agreed with Dr Lupari that this recommendation would be carried forward and reviewed during the next care inspection.	

Recommendation 1 Ref: Standard 6 Stated: First time	The registered person should ensure that all patient information is held in a confidential manner.	Met
	Action taken as confirmed during the inspection: Observation and discussion with staff confirmed that this recommendation had been met.	

4.3 Inspection findings

Is care safe?

The Responsible Individual, Dr Lupari, and the nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staff rota 5 to 18 September 2016 evidenced that the planned staffing levels were adhered to. Discussion with staff confirmed the information provided by Dr Lupari at the start of the inspection. Staff were aware of changes to the staff but felt that patients' needs were being met. Staff were very clear that they were there to support the patients and the patients came first. The management team were aware of the staffing levels required to meet the needs of the patients and were addressing the management of the duty rota, in particular the planning and management of annual leave, to ensure patient needs were met.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff confirmed that newly appointed staff were required to complete a structured orientation and induction programme at the commencement of their employment. Discussion with the management team confirmed that they had identified that personnel records required to be completely reviewed and reorganised to ensure records were maintained in accordance with The Nursing Homes Regulations (Northern Ireland) 2005, DHSSPS Care Standards for Nursing Homes 2015, adult safeguarding legislation and employment/recruitment legislation. RQIA were satisfied that the management team were aware of the requirements and had an action plan in place to address identified deficits.

In discussion with Dr Lupari regarding the training records, she stated that records had not been accurately maintained prior to the change in ownership. Discussion and review of records indicated that training was now planned to ensure that mandatory training requirements were met. Training had been arranged for all grades of staff on 14 September 2016 in relation to fire safety, prevention and actions to be taken in the event of a fire/evacuation. Staff confirmed that they were required to attend mandatory training and any other training to assist them in providing quality of care.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, during the inspection it was observed that three bedroom doors/fire doors were either wedged or propped open. The wedge applied to the laundry room door was removed by Dr Lupari at the time it was observed and she advised staff to cease this practice. The inspector also advised that this issue be discussed during the fire training. A requirement was made. This issue was also referred to the home's estates inspector.

The registered manager and staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding. Staff described their role and responsibilities and said that they were able to “support patients to enjoy their day and to be safe” and believed they provided a high standard of care and other services.

Discussion with the responsible individual and review of records evidenced that concerns had been identified by the management team regarding the previous system to check and monitor the registration status of nursing staff and care staff. RQIA were assured that the process was now appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) guidelines and the DHSSPS Care Standards for Nursing Homes 2015.

Review of two patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that specific risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since April 2016 confirmed that these were managed appropriately. Audits of falls and incidents were not clear, nor was there evidence of analysis of the data to identify any emerging patterns or trends; and action plans were not in place. This along with other concerns regarding governance arrangements had already been identified by the management team and evidenced through the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. RQIA were provided with assurances, which included action plans, that these deficits were being addressed by the management team.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts. Patients confirmed that they had access to their own bedroom and that staff enabled them to make choices regarding where they spent their day. Bedrooms were personalised and in shared rooms it was evident that the patients' personal items were maintained separately.

During a discussion with staff coming into the home to attend the fire training it was revealed that bedroom 15a, which was occupied by a patient, had previously been the day lounge. On further examination it was also revealed that the previous office, adjacent to the front door, was now furnished as a bedroom. Both these concerns were discussed with one of the directors at the conclusion of the inspection. Assurances were provided, by the director, that there was no intention to use the office as a bedroom. The inspector advised that these concerns would be discussed with senior management in RQIA. An enforcement decision making meeting was held on 19 September 2016 and the decision was made to invite the registered persons to attend a meeting at RQIA, with the intention to issue a failure to comply notice. The intention meeting was held on 26 September 2016 to discuss and consider a breach of the Nursing Homes Regulations (Northern Ireland) 2015, Regulation 3 (3) (a) and Regulation 27(1). As stated previously the outcome of the intention meeting was that RQIA, having been provided with assurances from the responsible individual, made the decision not to serve the notice. Refer to section 1.1 for details.

Areas for improvement

A requirement was made that fire doors must not be wedged or propped open. If a door requires to be open to enable access then a hold open device linked to the fire alarm system should be fitted to the door.

Number of requirements	1	Number of recommendations	0
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Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. Risk assessments informed the care planning process. For example, records relating to the management of wound care indicated that nursing staff had utilised the recommendations from the tissue viability nurse and the outcome for the Braden pressure assessment tool, to develop a care plan to direct care and treatment for the identified patient.

Care records reviewed mainly reflected the assessed needs of patients and were kept under review. Some areas for improvement were identified. However, following discussion with the responsible individual, the nurse in charge and review of the Regulation 29 reports, RQIA were assured that the management team had also identified these deficits had an action plan in place to address them.

There was evidence of the appropriate involvement of other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Recommendations made by the healthcare professionals were available in the care records reviewed. There was also evidence of regular communication with representatives within the care records and in the discussion with relatives.

Staff spoken with demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Observations evidenced that patients requesting assistance were responded to in a calm, quiet and caring manner. Patients able to express their views indicated that they were happy living in the home. It was evident through the observation of interactions between patients and staff; that staff knew the patients very well and were able to anticipate needs as well as providing care to comfort and soothe as required. Patients and staff were relaxed and comfortable in each other's company.

Staff confirmed that they were kept informed of changes or concerns regarding patients' needs through the handover reports at the beginning of their shift. Staff also confirmed that regular staff meetings were conducted, particularly recently because of the change in ownership. Staff said management were available and approachable. Staff comments regarding the new owners included "improvements are good so long as patients come first as that is all that matters".

Staff stated that there was "good teamwork"; this was also evidenced through discussion and observation of interactions throughout the inspection process. Staff confirmed that they knew their patients very well and supported them daily. One staff member indicated that they had moved to another job but had asked to return because they missed the patients too much and in this home the patients came first. Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with

their manager, and/or the new owners. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients and with their colleagues.

Patients were aware of the new owners and referred to them by the first names. There was evidence of good relationships having been developed. Staff confirmed that they had been informed about the new owners and many had attended the meetings when the previous owners introduced the new owners to the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs. There was clear evidence of attention to the details of personal care and the provision of meaningful activities.

Patients able to express their views indicated that they were happy living in the home. One patient said they were "happy living here" and was looking forward to other events planned in the near future for them. Another patient was "very happy" with their bedroom and enjoyed their independence. 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.

Observation of patients' bedrooms evidenced that staff had assisted patient to personalise their bedrooms. One patient was very pleased to show the inspector their new bedroom furniture. Staff and management confirmed that future plans included the further development of patient bedrooms with the involvement of staff, patients and relatives.

Observation of the serving of the lunchtime meal evidenced that patients were offered choices and enabled to be as independent as possible. Nursing and care staff provided support to patients requiring assistance to eat and drink appropriately.

Discussion with the registered manager confirmed that the views of patients, their representatives and staff on the running of the home were sought. Patients, relatives and staff had met with the new owners and their views were sought by the responsible individual as part of the monthly quality monitoring visit undertaken on her behalf by the one of the directors.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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Is the service well led?

Discussion with the nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. The home's statement of purpose was available in the front hall of the home. Review of this revealed that a few minor corrections were needed. It was agreed that the changes would be made and a copy of the revised version submitted to RQIA.

Policies and procedures were discussed with the responsible individual. Policies available were indexed, dated and approved by the previous registered person. RQIA were provided with assurances that the management team had identified where policies needed to be reviewed to reflect changes in the new organisational structure and to reflect various guidelines in relation to 'best practice'. Staff confirmed that they had access to the home's policies and procedures and were expected to read and record that they had read various policies.

Complaints records were available but, as discussed with the responsible person, the system of recording and reviewing complaints was not robust. RQIA were provided with assurances that the responsible person was addressing the identified deficits to ensure complaints were managed and records maintained accordance with regulations and care standards.

Staff were knowledgeable of the complaints and adult safeguarding process commensurate with their role and function. A review of notifications of incidents to RQIA since April 2016 confirmed that these were managed appropriately.

As discussed under the domain, 'Is care safe?' concerns were identified in relation to governance systems and processes. RQIA were assured that the management team had already identified and developed an action plan to address the deficits. RQIA will review the progress made in establishing the more robust governance systems during the next care inspection.

Review of reports and discussion with the management team evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives. Discussion with the management team revealed that they were committed to ensuring that patients were safe, that they received the right care from an effective team of committed, well trained and compassionate staff; and that the patient experience of living in Ladyhill was a positive one.

In considering the findings from this inspection it was evident that the change of ownership of the home had been managed to ensure that patients were as unaffected as possible and that the new owners were committed to ensuring the safety, health and welfare of patients. RQIA acknowledged the difficulties expressed by the management team, for example, the lack of personnel records and robust governance systems; and were provided with assurances that the management team had an action plan for improvement which, when completed, would further enhance the standards of management and positive patient experiences in Ladyhill Private Nursing Home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Anne Clarke, Non-Executive Director, at the conclusion of the inspection as part of the inspection process. Dr Lupari was unable to receive feedback as she had to attend a pre-arranged meeting with the Northern Health and Social Care Trust. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 27(4)

Stated: First time

To be completed by:

Immediate action required

The registered provider must ensure that fire doors are not wedged or propped open. If a door requires to be open to enable access then a hold open device linked to the fire alarm system should be fitted to the door.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

1. All wedges have been removed from LadyHill PNH
2. Maintenance staff have been advised not to replace any wedges
3. Management staff have been advised to ensure that fire doors are not to be wedged open and appropriate action needs to be taken to ensure this doesn't happen
4. A briefing has been placed in the Staff Communication file/ staff notice boards/ office notice board to advise of same
5. Non-executive Director has been advised to include this as part of her Reg 29 visits for 2017/2018

Recommendations

Recommendation 1

Ref: Standard 39.8

Stated: First time

To be completed by:

31 December 2016

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.

Ref: Section 4.2

Response by registered provider detailing the actions taken:

1. The Registered person is working to develop a prioritised approach to making staff aware of regional guidance and best practice evidence to underpin their practice.
2. First identified priority area to be completed by end of 2016 is the role and function and requirements of RQIA in terms of notification of statutory incidents and deaths
3. Second identified priority area is the Adult safeguarding: Prevention and protection in Partnership requirements
4. Further priorities will be identified for delivery across a sustained programme for 2017-2018

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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