

Inspection Report

21 February 2023



Ladyhill Private Nursing Home

Type of service: Nursing Home
Address: 40 Creevery Road, Antrim, BT41 2LQ
Telephone number: 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: Town & Country Care Homes Limited Responsible Individual: Dr Marina Lupari	Registered Manager: Ms Lisa Craig– not registered
Person in charge at the time of inspection: Ms Lisa Craig	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: 22
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' bedrooms are located over two floors and patients have access to communal dining and lounge spaces in the home. Patients also have access to a garden at the back of the home.	

2.0 Inspection summary

An unannounced inspection took place on 21 February 2023 from 9.30am to 6.00pm by two care inspectors.

The inspection sought 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 told us that they liked living in the home. 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.

An area for improvement were identified in relation to the accurate completion of food and fluid intake/output records. Areas for improvement in relation to monitoring fridge temperatures and with activities have been stated for a second time.

RQIA were assured that the delivery of care and service provided in Ladyhill Private Nursing Home was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager and 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 and the managing director at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with 11 patients and four staff. Patients spoke positively on the care that they received and on their interactions with staff describing staff as being 'very good' and 'very helpful' to them and "friendly". Staff members were confident that they worked well together and enjoyed working in the home and interacting with the patients.

There were no questionnaire responses received 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 11 October 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure that all pre-employment checks are completed and verified prior to the staff member commencing in post.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the storage arrangements for medicines as detailed in the report.	Met
	Action taken as confirmed during the inspection: The treatment room was observed to be clean and free of clutter. Mouth covers were in place on inhalers. Inhaler spacer devices were clean and labelled to denote ownership.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that the maximum and minimum refrigerator temperature is monitored and recorded each day. Corrective action must be taken if temperatures outside the accepted range are observed.	Partially met
	Action taken as confirmed during the inspection: The maximum and minimum refrigerator temperature was monitored and recorded each day. However, corrective action had not been taken when temperatures outside the accepted range (2°C – 8°C) were observed. This is necessary to ensure that medicines which require cold storage are stored at the correct temperature.	
	This area for improvement has not been fully met and is stated for a second time.	

Area for improvement 4 Ref: Regulation 13 (4) Stated: First time	The registered person should implement a robust audit system which covers all aspects of the management and administration of medicines.	Met
	Action taken as confirmed during the inspection: Review of two recent audits provided evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 6 Criteria (8) Stated: First time	The registered person shall ensure that bedrooms accommodating two patients have a privacy curtain in place and separate call buttons for each patient.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 11 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and this will be discussed in more detail in Section 5.2.4. This area for improvement has not been fully met and is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Agency staff coming to the home on their first shift would also receive an orientation and induction. 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.

A system was in place to monitor staffs' compliance with mandatory training. Training was completed on a range of topics such as adult safeguarding, infection prevention and control (IPC), patient moving and handling and fire safety. Staff had been arranged to attend one of two training days scheduled to facilitate mandatory training requirements. In addition, identified staff within the home were trained to train staff on a range of topics such as moving and handling, adult safeguarding, health and safety and cardiopulmonary resuscitation.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff consulted confirmed they were satisfied that patients' needs were met with the staffing levels and skill mix on duty. Patient 1:1 care needs had been consistently met. Observation of staff practice and discussions with patients raised no concerns in relation to the staffing arrangements in the home.

Staff spoke positively on the teamwork in the home. One told us, "The teamwork here is really great," and another commented, "We are all like a family here."

Patients consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them. 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.

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 members 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 provided care in a caring and compassionate manner. Patients told us that they were happy living in the home. One said, "There is very good staff here; they are very helpful. The food is great and I am very happy with my room. I can come and go as I please". Other comments such as, "It's first class here; I couldn't be happier" and "I like it here" were received.

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 and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

All patients had a pressure management risk assessment completed monthly. Where a risk of skin breakdown was identified; a care plan was developed to guide staff in how to manage this risk. When a patient required to be repositioned to maintain skin integrity, there records of repositioning maintained to reflect the position the patient was positioned to and evidenced skin checks at the time of repositioning. However, one patients care plan was not fully descriptive of the patients repositioning needs. This was addressed by the manager on the day of inspection.

An accident form was completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and/or alarm mats. It was established that safe systems were in place to manage this aspect of care.

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. Nutritional risk assessments were carried out regularly to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST). Patients' weights were audited monthly to include the actions taken when significant weight loss/gain was identified. Deficits were identified within one patients weight record. The manager provided assurances following the inspection that this had been addressed and was being monitored.

Two patients' care records were reviewed where a risk of weight loss had been identified. Care plans identified the need to monitor the patients' food and fluid intake. Records of food intake had not been completed in sufficient detail to identify food consumed by the patients. This was discussed with the manager and identified as an area for improvement.

Signage was in place requesting any visitors to the home to consult with staff prior to giving any patients food to protect those patients who had swallowing difficulties from harm.

Patients dined in their preferred dining area; the dining room, lounge or their own bedrooms. The food served appeared nutritious and appetising. Daily menus were displayed on the wall of the dining room.

The menu offered a choice of meals. Staff wore the appropriate personal protective equipment (PPE) and patients, who required, wore clothing protectors to maintain their dignity. Staff sat alongside patients when providing assistance with their meals. Patients' food and fluid intake was recorded where this was required. There was a calm atmosphere in the dining room and patients spoke positively on the mealtime experience. The dining experience was audited on a monthly basis.

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.

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.

Several windows in the home had not been fitted with window restrictors which limits the opening distance for safety measures. This was discussed with the management team who responded in a timely manner to ensure restrictors were fitted to all windows in the home.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished. The manager confirmed recent improvements in the home. There was an ongoing painting programme within communal corridors. Two communal rooms had been recently refurbished. New double glazing windows had been added to four rooms in the home. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. All visitors to the home were required to wear face coverings. Environmental infection prevention and control audits had been conducted monthly. Minor infection control issues identified were managed during the inspection.

5.2.4 Quality of Life for Patients

Patients were well presented in their appearance. Staff were seen to engage with patients in a caring and compassionate manner. Patients' meetings were conducted on a monthly basis to allow patients to express their thoughts on the running of the home.

Care assistants were allocated to perform activities with the patients in the absence of the activities. A socialisation schedule was available for review. Care assistants advised that activities were conducted 'as much as they could'. We reviewed two patients' activities records. Records of activities conducted by care assistants had not been completed. While it was evident that some activities were taking place, such as making cards for valentine's day, an area for improvement in this regard was stated for the second time.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients and were conducted in line with Department of Health guidelines.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been a change in the management arrangements. Ms Lisa Craig was the manager of the home since 17 October 2022. Ms Senga Knox was the new managing director. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they thought their managers were 'approachable' and would 'listen to any concerns' brought to their attention.

Staff were aware of their own role in the home and how to raise any concerns or worries about patients' safety, care practices or the environment. 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.

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 patients' care records, medicines management, finance, staff training, mealtimes and maintenance of staffs' registrations.

The manager completed a summary of the audit findings on a monthly basis which was shared with the managing director for review. There was evidence of 'staff huddle' meetings where pertinent findings from the audits were discussed with staff.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

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 the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1*	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Lisa Craig, Manager and Senga Knox, Managing Director, 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 13 (4) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that the maximum and minimum refrigerator temperature is monitored and recorded each day. Corrective action must be taken if temperatures outside the accepted range are observed. Ref: 5.1
	Response by registered person detailing the actions taken: Thermometer had been reset at time of inspection, Nursing staff have all been met with face to face and shown how to reset thermometers and have all been advised that if temperatures are out of range that they need to report this immediately and take action to rectify this without delay. The Manager checks this as part of her checks and Managing Director also checks this as part of the Reg 29 monthly
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 11 Stated: Second time To be completed by: 21 March 2023	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. Ref: 5.1 and 5.2.4
	Response by registered person detailing the actions taken: Activity schedule is reviewed monthly by Manager and Managing Director. Socialisation Lead ensures activities are planned for the days they are not on shift and this is monitored by the RN in charge. Residents meetings continue to take place. Socialisation lead checks notes to ensure activities are being carried out in line with socialisation planner

Area for improvement 2 Ref: Standard 12 Criteria (27) Stated: First time To be completed by: 21 March 2023	The registered person shall ensure that food and fluid intake records are reflective of the actual food and fluids consumed by patients. Ref: 5.2.2
	Response by registered person detailing the actions taken: Charts and notes are checked daily by RN to ensure these are being recorded accurately and factually and to ensure there are no gaps. Staff have been met with to ensure they are aware of the importance of recording information with no gaps. RN checks that food and fluids are totalled each day

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