



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 12 February 2020



## Ladyhill Private Nursing Home

**Type of Service: Nursing Home**  
**Address: 40 Creevery Road, Antrim BT41 2LQ**  
**Tel no: 028 9446 6905**  
**Inspectors: James Lavery & Gillian Dowds**

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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 registered nursing home which provides care for up to 31 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Town & Country Care Homes Limited  <b>Responsible Individual:</b> Dr Marina Lupari	<b>Registered Manager and date registered:</b> Dr Marina Lupari – Acting – No application required
<b>Person in charge at the time of inspection:</b> Foteini Kourakou – Deputy manager	<b>Number of registered places:</b> 31
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 23

### 4.0 Inspection summary

An unannounced inspection took place on 12 February 2020 from 10.00 to 18.30 hours.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff interactions with patients, staff inductions and the personalisation of patients' bedrooms.

Two new areas for improvement under regulation were highlighted in relation to infection prevention and control (IPC) practices, and Control of Substances Hazardous to Health (COSHH) compliance. Four new areas for improvement under the standards were made in regard to the storage of thickening agents, the internal environment, adult safeguarding and care records. Five areas for improvement under the standards were carried forward to be reviewed at a future care inspection.

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. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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
<b>Total number of areas for improvement</b>	2	*9

\*The total number of areas for improvement includes five which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Dr Marina Lupari, manager, Foteini Kourakou, deputy manager, and Richard Bigger, business manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 14 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 14 November 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined and/or discussed during the inspection:

- governance records relating to the professional registration of staff
- staff supervision/appraisal matrix
- one patient's care records
- one patient's activity records

- staff selection and recruitment records
- accident/incident analysis
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, not met, or carried forward for review at a future care inspection.

The findings of the inspection were provided to the manager, deputy manager and business manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 41 <b>Stated:</b> Second time	The registered person shall ensure that the duty rota reflects the actual hours worked by the manager and the capacity in which these hours are worked. The duty rota should also reflect the actual hours of shift duration.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the staff rota confirmed that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall review the management of warfarin as detailed in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of medicine records confirmed that this area for improvement was met.	

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of incoming medicines are fully and accurately maintained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of medicine records confirmed that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that accurate and up to date records of income and expenditure are maintained for patients. Transactions should be recorded in the correct chronological order, with the amount of the withdrawal of monies and any change recorded on the ledger (not the amount of the expense). Communal receipts should clearly detail which patients purchased which items and only cash related transactions should appear on the cash book/ledger for each patient.</p> <hr/> <p><b>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.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 14.11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records made on behalf of patients are legible and mistakes appropriately dealt with on the face of the ledger (i.e. a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry). Correcting fluid is never used to amend records.</p> <hr/> <p><b>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.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 14.16</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where staff purchase items on behalf of patients, any store loyalty points earned are owned by the patient and this is documented on the receipt. Where a patient is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the patient for their own records</p>	<p><b>Carried forward to the next care inspection</b></p>

	<b>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.</b>	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that patients are offered a choice of meal at lunchtime.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the dining experience of patients confirmed that this area for improvement was met. Patients' dining experience is discussed further in section 6.2.	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 48.1 <b>Stated:</b> First time	The registered person shall ensure that the action plan flowing from the current fire risk assessment is fully implemented without further delay.	<b>Carried forward to the next care inspection</b>
	<b>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.</b>	
<b>Area for improvement 9</b> <b>Ref:</b> Standard 44.10 <b>Stated:</b> 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.	<b>Carried forward to the next care inspection</b>
	<b>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.</b>	

## 6.2 Inspection findings

### The internal environment

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. It was positive to note that several rooms were personalised to suit the preferences and/or interests of the patients. The majority of patients were observed relaxing within communal lounges throughout the day. A broken window sill within one lounge was highlighted to the manager and following discussion with the RQIA estates inspector, it was recommended that this item be repaired.

We observed within one dining area that thickening agents were insecurely stored. This was brought to the attention of the deputy manager and an area for improvement was made.

Infection prevention and control practices were reviewed; it was positive to note that handwashing signs were evident within the home to help prompt/advise staff with regard to using an effective handwashing technique. However, a number of infection prevention and control deficits were noted, namely:

- a chipped and worn cabinet within one communal lounge
- one identified shower chair which was ineffectively cleaned
- wipes being stored inappropriately within one communal bathroom
- several light pull cords lacking an appropriate cover
- one staff member wearing long sleeves throughout the inspection

These findings were shared with the manager and deputy manager and an area for improvement was made.

We were informed that there was ongoing decoration being carried out to some parts of the home. The patients spoke positively about their surroundings and appeared content in their environment. However, we noted that a number of maintenance tools had been left unattended in one part of the home which posed a potential hazard to patients; an area for improvement was made.

Compliance with COSHH regulations was also reviewed; we found that one identified sluice room had been left unlocked and unattended by domestic staff. An area for improvement was made.

The entrance area to the home was neat, tidy and fresh smelling. We highlighted to the deputy manager that there was no available register for visitors to sign upon entering/leaving the home. The deputy manager advised us that a new register had been ordered and would be in place as soon as possible; the deputy manager then placed a temporary signing-in sheet in place.

It was noted that some parts of the internal environment felt unduly cold, specifically within some corridor areas used by patients/staff. This was highlighted to the business manager who agreed that parts of the home felt cold; he advised that while a new boiler had been recently installed, there had been ongoing maintenance problems with the home's heating system which were being addressed by relevant contractors. It was noted that while ambient temperature checks had been carried out by maintenance staff in January 2020, no such checks had been conducted in February 2020. The manager assured us that these checks would be carried out regularly pending resolution of the heating difficulties. It was also agreed that the business manager would further update the RQIA estates inspector as to the progress of this matter.

## **Staff arrangements**

It was noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

A review of two staff members' recruitment records evidenced that the appropriate pre-employment checks had been conducted prior to the staff member commencing in post.

The way in which staff are supported in their roles was considered. Feedback from the manager confirmed that a system was in place in regard to staff supervision and appraisal. It was also



positive to note that there were effective staff induction processes in place to ensure that all new staff were robustly supported following commencement of their post.

Staffing levels within the home were discussed and reviewed with the deputy manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. No concerns in relation to staffing levels were expressed by patients or staff during the inspection.

We were told by staff that they received mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. One staff member told us "I like working within the home ... the (patients) are my priority ... we keep the (patients) happy."

### **Dining experience**

We observed the dining experience of patients throughout the provision of lunch. The majority of patients chose to eat in a communal dining room although some preferred to eat within their bedrooms/lounge areas. The dining area was spacious, clean and well maintained. It was positive to note that any meals which were being transported to patients outside the dining room were appropriately covered; staff also made use of Personal Protective Equipment (PPE) as required.

### **Care delivery**

We reviewed the care records for one patient who required assistance with personal care. It was positive to note that staff interactions with the patient appeared to be friendly, respectful and dignified. However, it was noted that while the patient's care records evidenced collaboration with the multiprofessional team, there was no record being maintained of how staff were adhering to and/or evaluating the implementation of some multiprofessional advice. We also found that care entries in regard to the provision of personal care to the patient were either inconsistent or absent for the period reviewed. In addition, review of activities records for the same patient highlighted that these were completed inconsistently and lacked any meaningful or person centred review by care/nursing staff. An area for improvement was made.

### **Governance arrangements**

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

Discussion with the manager evidenced that the home was operating within its registered categories of care. The manager advised that a new manager had been appointed and would be commencing post on 17 February 2020; it was agreed that the responsible individual would formally notify RQIA of this in due course.

With regard to fire safety, we observed that fire exits and corridors were observed to be clear of clutter and obstruction. We discussed the provision of fire training for staff with the manager. On review of the training records we identified that fire safety training was incorporated into the induction for new staff. Fire training also was available for existing staff and all staff were given the opportunity to attend a fire drill, however, this was not clearly documented. Discussion with the manager and information submitted post inspection clarified that all staff had the opportunity to attend a fire drill and this was added to the training matrix.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, trust staff and other healthcare professionals.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff were spoken with in regard to their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. While the majority of staff were knowledgeable in this area, some were not. An area for improvement was made.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the staff interactions with patients, staff inductions and the personalisation of patients' bedrooms.

### Areas for improvement

Two new areas for improvement were highlighted in relation to infection prevention and control practices, and Control of Substances Hazardous to Health compliance. Four new areas for improvement were made in regard to the storage of thickening agents, the internal environment, adult safeguarding and care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	4

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr Marina Lupari, manager, Foteini Kourakou, deputy manager, and Richard Bigger, business 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> A chipped worn cabinet which was not able to be effectively cleaned was removed from the front lounge and disposed off. Staff received updated training on the use of the clinell system and reminded of the importance of effective cleaning of shower chairs/ toileting equipment after each use. Staff were also reminded that individual patient wipes cannot be stored in communal bathrooms. Patient wipes must be stored in resident's bedroom. Checks are completed twice daily by nurse in charge to ensure compliance with same. Appropriate action is taken where non-compliance is identified. All light pull cords now have an appropriate cover to allow for effective cleansing of same. A staff huddle was conducted with staff to remind them of the need for all staff to remain bare below the elbow as per Infection prevention and control guidance. The relevant policy will also be included in the care messages and disseminated to staff via email.</p>
<p><b>Area for improvement 2</b></p> <p><b>Regulation</b> 14 (2) (a) (b) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that cleaning chemicals are stored securely in accordance with COSHH regulations.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Domestic staff were reminded of the need for all store rooms containing hazardous products to be locked at all times due to risk this poses to residents, staff and visitors alike. Sluice room, cleaning store doors and laundry are checked twice daily by nursing staff to assure compliance. Appropriate action is taken where non-compliance is identified. Weekly walkabouts by management team further audit compliance.</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 December 2018</p>	<p>The registered person shall ensure that accurate and up to date records of income and expenditure are maintained for patients. Transactions should be recorded in the correct chronological order, with the amount of the withdrawal of monies and any change recorded on the ledger (not the amount of the expense). Communal receipts should clearly detail which patients purchased which items and only cash related transactions should appear on the cash book/ledger for each patient.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 December 2018</p>	<p>The registered person shall ensure that records made on behalf of patients are legible and mistakes appropriately dealt with on the face of the ledger (i.e. a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry). Correcting fluid is never used to amend records.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 December 2018</p>	<p>The registered person shall ensure that where staff purchase items on behalf of patients, any store loyalty points earned are owned by the patient and this is documented on the receipt. Where a patient is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the patient for their own records</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 48.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<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><b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 44.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<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><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all thickening agents are stored safely and securely at all times.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Thickening agents are stored safely in a locked cupboard, any opened thickener is kept in the kitchen on the drinks trolley which is always locked when not in use. All staff have been reminded of the associated risks to vulnerable adults in relation to thickeners. Compliance is monitored by the Nurse on duty and by the Management Team during walkabout inspections. Appropriate action is taken where non-compliance has been identified.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the internal environment is safe, well maintained and remain suitable for their stated purpose. This applies specifically to the storage of maintenance tools within parts of the home which patients may have access to.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> All tools were immediately removed from the room where they had been located. Contact was made with the contractor who had been completing work within the home prior to the inspection. Contractor was reminded of the risks posed to our residents. Contractors to be provided with guidance aimed at ensuring safety of everyone within the home whilst undertaking work prior to the commencement of any work within the home. Staff were reminded of the risk of harm posed by tools being left unattended for any length of time. All staff instructed to remove any hazardous tools or items, including COSHH products, to a safe place immediately if identified. Any such incidents to be reported to management team and recorded as near miss incident.</p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following with regard to patients' care delivery:</p> <ul style="list-style-type: none"> <li>• all personal care delivered to patients will be recorded in a consistent, accurate and contemporaneous manner</li> <li>• the implementation of multiprofessional recommendations will be documented in a consistent, accurate and contemporaneous manner</li> <li>• all activities provision delivered will be documented in a consistent, accurate and contemporaneous manner</li> </ul> <p>All of these records will also evidence meaningful and person centred review by nursing staff.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Sufficient time has been allocated in the daily routines to allow for notes to be completed in as timely a manner as possible. Completed documentation is signed off by nursing staff at the end of every shift to ensure that it is being completed to the necessary standard. All multidisciplinary recommendations have been included within the 1:1 documentation and will be updated as necessary in future. All activities are documented within each individuals care notes and will be updated as and when required.</p>

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



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