

# Inspection Report

13 July 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

<b>Organisation:</b> Town & Country Care Homes Limited  <b>Responsible Individual:</b> Dr Marina Lupari	<b>Registered Manager:</b> Ms Sonia Scullion – not registered
<b>Person in charge at the time of inspection:</b> Ms Sonia Scullion	<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> 26
<b>Brief description of the accommodation/how the service operates:</b> 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 one floor 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 13 July 2023 from 9.50am to 6.15pm by two 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 told us they were happy 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.

Areas for improvement were identified in relation to the recording of wound care and repositioning and with patients' access to medicines. Areas for improvement in relation to the recording of food/fluid intake and the monitoring of fridge temperatures have been stated for the second and third time respectively.

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 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 management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection we consulted with patients and staff. Patients were well presented in their appearance and appeared relaxed and comfortable in their surroundings. Patients told us that they were happy living in the home. One told us, "Everything is good here". Staff felt that they worked well together and enjoyed engaging with the patients and relatives.

There were five questionnaire responses received. Four of the respondents indicated that they were happy with all aspects of the care in the home. The fourth respondent stated that things could be better with the care and organisation in the home but gave no specifics as to why they felt this way. They also confirmed that they felt safe and thought the staff were kind. We received no feedback from the online staff 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 February 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second 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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met and this will be discussed further in Section 5.2.2.  This area for improvement has not been fully met and has been stated for the third and final time.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> Second 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12 Criteria (27)  <b>Stated:</b> First time	The registered person shall ensure that food and fluid intake records are reflective of the actual food and fluids consumed by patients.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met and this will be discussed further in Section 5.2.2.  This area for improvement has not been fully met and has been stated for the second time.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. 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. The Responsible Individual (RI) confirmed that the induction process had recently been reviewed and enhanced. Staff were reviewed after the first and second month of employment to ensure progress was made and any concerns identified at an early stage. A list of training was identified for staff to complete as part of the induction process.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

A system was in place to monitor staffs' compliance with mandatory training. The majority of staff were compliant with training requirements. Staff were satisfied with the range of training offered. Training was completed on topics, such as, infection prevention and control (IPC), moving and handling of patients and fire safety. The Responsible Individual (RI) confirmed that a new training plan was being introduced for staff to cover the key areas of practice which were impacted by Covid-19. This will include a review of policies and procedures and communications with associated professionals.

All staff consulted confirmed that there was enough staff on duty to meet the patients' needs. Patients did not raise any concerns on the staffing arrangements. Observation of care delivery on the day of inspection identified no concerns. Care was delivered in a timely, caring and compassionate manner.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The nurse in charge of the home when the manager was

not on duty completed a competency and capability assessment on taking charge of the home prior to commencing the role.

Staff were happy with the teamwork in the home and were observed to work well and communicate well with one another during the inspection.

## 5.2.2 Care Delivery and Record Keeping

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.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bedrails. It was established that safe systems were in place to manage this aspect of care.

Where a patient required one to one supervision, a care plan was developed to direct when this care should be in place and the actions to take when the one to one was not required.

An accident/incident report was completed by staff to record any accidents or incidents which occurred in the home. A review of accident records evidenced that the appropriate actions had been taken following the accident and the appropriate persons notified.

Pressure management risk assessments were completed to ascertain patients' risk of pressure damage to their skin. Where a risk was identified, a care plan was in place to guide staff in how to manage this aspect of care. When a patient was required to be repositioned, records of repositioning were maintained. However, deficits were identified within the recording of repositioning. These were discussed with the manager and identified as an area for improvement.

In addition, wound care records had not been recorded in keeping with good practice. This was discussed with the manager and identified as an area for improvement.

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 were observed to be attentive to patients during the mealtime offering encouragement. Patients dined in their preferred dining area.

Food served appeared appetising and nutritious. Staff were knowledgeable of patients' nutritional requirements. Eating and drinking care plans were available to staff and were reflective of speech and language therapy recommendations. Nutritional risk assessments were completed monthly to monitor for weight loss and weight gain. Food and fluid intake records were not consistently recorded to reflect all food and fluids consumed by the patient and, in particular, nutritional supplements were not always recorded. This was discussed with the manager and an area for improvement has been stated for a second time.

The mealtime in the dining room was well supervised. Staff wore personal protective equipment (PPE) and patients, who required, wore clothing protectors to maintain their dignity. A range of

drinks were served with the meals. There was a calm atmosphere at mealtime and several patients consulted were all complimentary on the food provision.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. A staff allocation sheet was available to identify which patients staff were to work with and which duties in the home they were responsible for. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences.

It was observed that staff provided care in a caring and compassionate manner. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company. One patient said, "I am happy living here". Another commented, "Everything is good; the staff are nice".

Deficits were again identified in the recording of fridge temperatures. Some improvements had been noted. The pharmacist inspector contacted the home following the inspection to discuss the recordings with the manager and an area for improvement in this regard has been stated for the third and final time.

### **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. Patients' bedrooms were personalised with items important to them. The home was warm, clean and comfortable. There were no malodours detected in the home. Communal areas had been repainted.

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

The treatment room was found open with medicines accessible to patients inside on two separate occasions. This was discussed with the manager and identified as an area for improvement.

Review of records and observation of staffs' practice 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. There were good supplies available of PPE and hand hygiene dispensers within the home. Environmental infection prevention and control audits had been conducted.



#### 5.2.4 Quality of Life for Patients

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Patients were free to leave the home with family members if they wished.

A Social Lead person had recently been recruited. Activities were conducted on a group and on a one to one basis. A monthly programme of activities was available for review identifying planned activities. Activities included arts and crafts, games, sensory play, massage and pampering, movies, reminiscence, music therapy, water play, exercises and karaoke. Special days, for example, birthdays were celebrated. Patients enjoyed getting out for walks, to feed the ducks at the lough, shopping or just out for an ice cream. Each patient had their own care plan for activities identifying their preferences and records of activity engagements were recorded in patients' care records. The social lead would review these records to ensure that all patients were given the opportunity to receive activity engagement.

#### 5.2.5 Management and Governance Arrangements

Since the last inspection there had been a change to the management arrangements. Ms Sonia Scullion had commenced as Manager of the home on 3 July 2023 and was in the process of being inducted into the role. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team.

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' 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. Staff demonstrated good knowledge of the organisational structure in the home.

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, restrictive practice, activities, patients' weights, medicines management, staff training and the environment.

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. Where improvement actions were required, an action plan was included within the report. The action plan would be reviewed at the subsequent monthly monitoring visit to ensure completion.

A compliment's log was maintained to record any compliments received in the home. The manager confirmed that all compliments received would be shared with the staff.



## 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
<b>Total number of Areas for Improvement</b>	3*	2*

\*The total number of areas for improvement includes one which has been stated for the second time and one which has been stated for the third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Dr Marina Lupari, Responsible Individual and Ms Sonia Scullion, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> Immediate attention required</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A comprehensive review was undertaken by Dr Lupari and new nurse manager Sonia Scullion to review the processes undertaken regarding the monitoring fridge temperatures. New processes introduced following inspection errors still existed so a new medical fridge was installed on 26.07.23. Spoke to pharmacy regarding the correct temperature and audit process continues for the checking of the recording by the registered nurses on the day. Staff are aware of the importance of reporting any variation of fridge temperatures to the Nursing home manager and to log in maintenance book.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) and (b)</p>	<p>The registered person shall ensure that wound care is recorded in line with best practice guidance.</p> <p>Ref: 5.2.2</p>

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 August 2023</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The correct paperwork was in place for wound chart but unfortunately the SOP regarding this process was not followed. The paperwork in place is of a high standard and no changes were to be compelled. Spoke to the RN's within the home and advised the importance of accurate and correct documentation to prevent any such errors happening in the future.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) 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 patients are not exposed to hazards to their health.</p> <p>This is in relation to access to medicines in the treatment room.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All responsible staff on duty on the day were spoken to, and their responsibility within the NMC code of conduct highlighted to them. There has been no repetition, manager continues to monitor the situation. New signage has been attached to the door to a reminder to staff to ensure clinical door remains locked. Audits in place to monitor and will continue to be recorded..</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12 Criteria (27)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 13 August 2023</p>	<p>The registered person shall ensure that food and fluid intake records are reflective of the actual food and fluids consumed by patients.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The food and fluid charts in place have been amended to show supplement type including amount in mls taken or if resident refuses, the NIC on each shift monitors the completion of these records. Meal time audits continuing. There are audits in place and regular checks are being done by the NIC of meal times to ensure all is being recorded correctly..</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that repositioning charts are consistently recorded accurately in accordance with their care plan.</p> <p>Ref: 5.2.2</p>

<b>To be completed by:</b> Immediate attention required	<b>Response by registered person detailing the actions taken:</b> NIC carries out daily checks of the repositioning charts to ensure accuracy and consistency in recording. Regular staff huddles held by NIC with the staff to ensure they are aware of the importance of accurate documentation with regards to repositioning as specified on their careplans.
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*\*Please ensure this document is completed in full and returned via Web Portal*



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