

Unannounced Care Inspection Report 17 November 2020 & 10 December 2020



Ladyhill Private Nursing Home

Type of Service: Nursing Home (NH)

Address: 40 Creevery Road, Antrim, BT41 2LQ

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www.rqia.org.uk

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 nursing home registered to provide nursing care for up to 31 persons with a learning disability.

3.0 Service details

Organisation/Registered Provider: Town & Country Care Homes Limited Responsible Individual: Dr Marina Lupari	Registered Manager and date registered: Dr Marina Lupari (acting)
Person in charge at the time of inspection: Dr Marina Lupari	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: 24

4.0 Inspection summary

An unannounced care inspection took place on 17 November 2020 from 10.30 to 17.30. An announced finance inspection was undertaken on 10 December 2020 from 11.15 to 12.45.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management
- Management of patients' finances

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
Total number of areas for improvement	0	*3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Dr Marina Lupari, manager and responsible individual, and Mr Richard Bigger, business manager as part of the inspection process. The timescales for completion commence from the date of inspection. * One area for improvement identified under the standards has been carried forward for review at a future inspection. One area for improvement has been partially met and has been stated for a second time.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- 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 QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 19 patients, five staff, the manager and spoke with one patient's representative on the telephone. Ten questionnaires were left in the home to obtain feedback from patients and their representatives. A poster was displayed inviting staff to provide feedback to RQIA on-line. The inspector provided the manager with "Tell Us" cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Three completed questionnaires were returned within the identified timescale, responses indicated they were satisfied with the care provided.

The following records were examined during the inspection:

- Duty rotas
- Two care records
- Two staff recruitment records
- Staff registration information for Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Certificate of registration

- A sample of financial records including patients' personal allowance monies and transactions undertaken on behalf of patients.

Areas for improvement identified at the last care and finance inspections were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection undertaken on 12 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the home showed infection prevention and control measures were in place across the home. A sample of pull cords inspected had washable covers. This area for improvement had been met.	
Area for improvement 2 Regulation 14 (2) (a) (b) and (c) Stated: First time	The registered person shall ensure that cleaning chemicals are stored securely in accordance with COSHH regulations.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that arrangements were in place to ensure cleaning chemicals are stored securely. Cleaning stores were observed to be locked during the inspection. No cleaning chemicals were observed in accessible locations for patients in the home. This area for improvement had been	

	met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.9 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: A review of a sample of records evidenced that the recording of transactions undertaken on behalf of patients were up to date. Records showed that the amount withdrawn to make a purchase was recorded and any monies returned from the purchase were recorded separately. The transactions were recorded in chronological order.</p> <p>A sample of communal receipts for toiletries showed that the names of the patients receiving the items were recorded. Only cash transactions were recorded in the patients' records. This area for improvement had been met.</p>	
Area for improvement 2 Ref: Standard 14.11 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: A review of a sample of patients' records evidenced that the records were legible and there was no evidence that correction fluid had been used since the last finance inspection.</p>	

	This area for improvement had been met.	
Area for improvement 3 Ref: Standard 14.16 Stated: First time	<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>Action taken as confirmed during the inspection: A review of records and discussion with staff confirmed that no loyalty cards belonging to staff had been used when making purchases on behalf of patients. This area for improvement had been met.</p>	Met
Area for improvement 4 Ref: Standard 48.1 Stated: First time	<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>Action taken as confirmed during the inspection: Discussion with the manager and review of the fire safety risk assessment showed the majority of recommendations had been actioned. One recommendation remained to be completed. The information was shared with the RQIA estates inspector for the home. This area for improvement has been partially met and is stated for a second time in the QIP appended to this report.</p>	Partially met
Area for improvement 5 Ref: Standard 44.10 Stated: First time	<p>The registered person shall ensure that a new legionella risk assessment is commissioned, to ensure that the premises hot and cold water systems are safe, and that the current control measures being implemented remain valid and appropriate.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to a</p>	Carried forward to the next care inspection

	future care inspection.	
Area for improvement 6 Ref: Standard 30 Stated: First time	<p>The registered person shall ensure that all thickening agents are stored safely and securely at all times.</p> <p>Action taken as confirmed during the inspection: The manager described the storing arrangements in the home for thickening agents this included an identified secured store . During the inspection there were no concerns observed with regards to the storing of thickening agents. This area for improvement had been met.</p>	Met
Area for improvement 7 Ref: Standard 44 Stated: First time	<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>Action taken as confirmed during the inspection: Discussion with the manager and inspection of the home showed there were no maintenance tools accessible in patient areas. In addition the manager advised that individuals carrying out maintenance work at the home are informed of the need to manage the storage of all tools safely. This area for improvement had been met.</p>	Met
Area for improvement 8 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure the following with regard to patients' care delivery:</p> <ul style="list-style-type: none"> • all personal care delivered to patients will be recorded in a consistent, accurate and contemporaneous manner • the implementation of multiprofessional recommendations will be documented in a consistent, accurate and contemporaneous manner • all activities provision delivered will be documented in a consistent, accurate and contemporaneous manner <p>All of these records will also evidence</p>	Met

	meaningful and person centred review by nursing staff.	
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of a sample of care records showed personal care delivered was recorded. Records reflected multi professional recommendations and showed the activities delivered. This area for improvement had been met.</p>	

6.2 Inspection findings

6.2.1 Staffing

During discussions the manager outlined the staffing levels for the home. Staff duty rotas for the period from 9 November 2020 to 23 November 2020 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection and showed the managers hours and the nurse in charge arrangements.

Discussions with staff confirmed that there were stable staffing arrangements in place, this was reflected on the duty rota. The manager outlined the staffing arrangements including identified one to one staffing. The manager advised domestic cover had been doubled in recent months to ensure greater focus on infection prevention and control (IPC) measures during the Covid 19 pandemic. There were no concerns raised by staff regarding staffing levels in the home. Observations made during the inspection showed patients' needs were being met, there were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home with regards to safeguarding and the homes whistleblowing procedure. Staff confirmed they were aware of who to contact if they had any concerns. Staff spoken with confirmed there was good team working and communication of information and they were aware of the individual needs of patients.

Comments received from staff included:

- "I love it here, it is very rewarding."
- "Im content, am happy in my work, I enjoy my job. Marina is genuinely very supportive as a manager."
- "It is like my second home, I love it here."
- "At the minute it is more stressful, people are worried about Covid 19. I am happy working here."

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; the manager confirmed anyone entering the home had to follow the regional guidance including having their temperature checked and recorded as well as completing a relevant self-declaration with regards to current Covid 19 status.

The manager confirmed that all patients and staff had their temperatures taken twice daily. This information was then recorded. Records available in the home confirmed this. PPE supplies and hand sanitization stations were observed throughout the home. In addition stickers were being used to show when equipment had most recently been cleaned. A sample of pull cords observed throughout the home were found to be easily washable to help with IPC measures. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

Discussions with staff confirmed that they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Domestic staff were observed cleaning touch points at different intervals throughout the day. The manager confirmed arrangements were also in place to ensure enhanced touch point cleaning was completed during the night.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. No malodours were identified. Areas inspected included communal living areas, dining room, bathrooms, toilet areas and a sample of bedrooms. We found patients bedrooms were nicely decorated and were personalised with individual interests and personal mementos displayed.

We noted some general areas of the home were in need of improvement to the paintwork. This issue was discussed with the manager who confirmed that some improvements had been made to date. The manager advised plans were in place to address additional paintwork but that work had been delayed due to the Covid 19 situation. The manager advised the work would be completed at the first available opportunity.

Exits were kept clear and free from obstruction, doors were observed as being managed appropriately.

6.2.4 Care delivery

Staff practice was observed in the home; interactions with patients were warm and friendly. Staff showed good knowledge of patients' individual needs. Staff spoken with shared that they were aware of the need to observe non-verbal communications due to the communication challenges of some of the patients.

Patients were well presented with obvious time and attention given to their personal care. Staff explained how patients were supported individually and that they were aware of their personal preferences. Staff were observed supporting patients with activities on a one to one basis

including arts and crafts, in addition other patients were observed relaxing in the home watching TV, movies, and listening to music.

Throughout the day some patients were observed relaxing in their bedrooms, while others rested in the communal sitting rooms. Patients appeared comfortable; staff were available throughout the day to meet their needs. In keeping with their abilities and level of understanding patients indicated they were happy with their life in the home. For those that could not communicate their views they were observed as being comfortable and well presented.

Comments from patients and one representative via telephone included:

- “I like the food.”
- “I like it here alright.”
- “I am happy enough.”
- “I couldn’t say a bad word, everyone is so good and done so much during this time. They have went above and beyond. I couldn’t speak highly enough of the place.”

The manager outlined the visiting arrangements in place and how these were managed through a booking system. In addition patients were supported to maintain contact with relatives through phone calls, video technologies and window visits. The manager advised visiting arrangements were being monitored and risk assessed on an ongoing basis.

6.2.5 Care records

A sample of two care records was reviewed; review of records showed that they included an assessment of needs, risk assessments, care plans and daily evaluation records. Information from other health professionals including for example Speech and Language Therapy (SALT) were included in the care records.

Records reflected the individual preferences of patients including, for example, food and activity preferences and preferred rising and retiring times. Care records were reviewed and updated on a regular basis or as any changes occurred.

6.2.6 Governance and management arrangements

The manager confirmed she retains oversight of the home, she is also the responsible individual. Staff spoken with confirmed they were kept informed of changes as they happened and information was readily available regarding the latest Covid 19 guidance. The manager outlined the plans in place with regards to appointing a permanent manager.

Two staff recruitment records were reviewed. These contained relevant information and showed necessary checks including references and completion of Access NI checks had been completed before commencement of employment. The manager was advised to ensure there was thorough employment history obtained prior to commencement of employment to help inform decision making as one of the records reviewed contained only a minimal amount of information in this area.

A sample of audits was reviewed including IPC, handwashing, environment, record keeping, meal time observation records and falls. Where actions or areas for improvement were identified records showed the progress made was recorded.

There was a system in place regarding the reporting of notifiable events. Review of the records showed that these were effectively documented and reported to RQIA and other relevant organisations as necessary.

A review of staff NMC and NISCC information showed there was a system in place to monitor staff registration and this was reviewed on a regular basis.

There was a system in place regarding the management of complaints. The arrangements in place for recording all levels of complaints including expressions of dissatisfaction from patients were discussed with the manager. The benefit of maintaining and reviewing this information to help identify patterns or trends was discussed with the manager. An area for improvement was identified.

A visit by the registered provider was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports for August, September and October 2020 were reviewed they included an overview of the working practices in the home. An action plan had been developed within the reports to address any issues identified; a record of the progress made was also maintained.

Staff confirmed there were good working relationships with external stakeholders. The homes certificate of registration was up to date and displayed appropriately

Areas of good practice

There were examples of good practice in relation to IPC, teamwork, staff interactions with patients and governance arrangements within the home.

Areas for improvement

One area for improvement was identified during the inspection in relation to the recording of all complaints including any expression of dissatisfaction from patients to help identify patterns or trends.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Patients looked well cared for, interactions observed between patients and staff were warm and friendly.

We recognise the effort of management and staff in relation to ensuring continuity of care during the Covid 19 pandemic.

The inspection found eight areas for improvement were met from the previous QIP, one area for improvement has been carried forward for review at a future inspection. One area for

improvement was identified as being partially met and has been stated for a second time. One new area for improvement was identified in relation to the recording of complaints.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marina Lupari, manager and responsible individual, as part of the inspection process. Richard Bigger, business manager was also present. 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 48.1</p> <p>Stated: Second time</p> <p>To be completed by: 17 January 2021</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><u>A fire risk assessment has been scheduled for January 2021. All remedial works/actions identified as a result of the risk assessment will be undertaken as soon as is reasonably practicable to do so, as permitted by the latest guidance in relation to COVID19 response, in order to achieve full compliance with the risk assessment.</u></p>
<p>Area for improvement 2</p> <p>Ref: Standard 44.10</p> <p>Stated: First time</p> <p>To be completed by: 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>Response by registered person detailing the actions taken: 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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2020</p>	<p>The registered person shall ensure records are kept of all complaints and these included all communications with the complainants, the result of any investigations, the action taken, whether or not the complainant was satisfied with the outcome, and how this level of satisfaction was determined.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: <u>The registered person will continue to ensure that records are kept of all complaints including all communication with the complainants, the result of any investigations, the action taken, whether or not the complainant was satisfied with the outcome, and how this level of satisfaction was determined. The registered person will reintroduce the residents complaints box as a dissatisfaction box as soon as possible in line with the latest guidance affecting COVID19 response.</u></p>

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



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