

Inspection Report

Name of Service: Daisyhill Private Nursing Home

Provider: Town & Country Care Homes Limited

Date of Inspection: 20 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Town & Country Care Homes Limited
Responsible Individual:	Mr Christopher Philip Arnold
Registered Manager:	Miss Foteini Kourakou
Service Profile – This home is a registered nursing home which provides nursing care for up to 25 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 area around the home.	

2.0 Inspection summary

An unannounced inspection took place on 20 February 2025 from 9.10am to 2.45pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards. There were no areas for improvement identified at the previous care inspection and no areas for improvement identified at this inspection.

Since the last inspection, a new responsible individual had commenced and was now overseeing the governance and day to day running of the home.

Patients were positive when describing their experiences of living in the home and those unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

3.0 The inspection

3.1 How we Inspect

RQIA’s inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the

responsibility of the 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 registration information and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us that they were happy living in the home and they were offered choices throughout the day in what they wanted to do and in which part of the home they wanted to be. Staff were observed to interact with patients in a caring and compassionate manner.

We received no questionnaire responses from patients or their visitors/relatives and no responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Staff were satisfied that the staffing arrangements in the home met the needs of patients. Several patients were assessed as requiring one to one care and additional staff had been rostered on duty to meet this need. A system was in place to identify which staff were allocated to work with which patients at any time of the day. Patients raised no concerns in relation to the staffing arrangements. Observation of the care delivery identified no concerns in relation to the staffing arrangements.

Staff confirmed that new staff received an induction when they commenced employment and a programme of mandatory training was completed on commencement and each year thereafter on a range of topics. A system was in place to ensure that staff completed training.

The duty rota recorded all of the staff working in the home over the 24-hour period. The manager ensured that care staff applied for and maintained their registrations with the Northern Ireland Social Care Council and that staff nurses remained live on the Nursing and Midwifery Council register.

Staff were satisfied with communication from the management team and described the different communication methods in use. In addition, there were regular staff huddles and recorded staff meetings to keep staff up to date with information.

3.3.2 Care Delivery and Record Keeping

Patients were well presented in their appearance and told us that they liked living in the home. One patient told us, "The staff here work very hard and are very good to us". Patients and staff interacted well together and appeared comfortable in each other's company. Staff reacted quickly to any signs of patient distress in a compassionate manner.

An emphasis had been placed on the provision of activities for patients. There were multiple resources in the home for activity provision. Staff were aware of each patients' likes and dislikes and in which part of the home each patient liked to engage in activities. Records of daily activity engagements were maintained. Patients were free to leave the home with family/friends when they wished.

Monthly patients' meetings were conducted and records maintained. Patients had the opportunity at these meetings to discuss what they liked and didn't like about living in the home and what they would like to do in the future.

Nursing and care staff received a handover at the commencement of their shift to keep up to date with the needs of the patients.

A new weekly report was also available for staff to read; especially those staff who had been off duty for a period of time, to review any changes to the patients' needs.

Risk assessments were completed on admission and reviewed regularly. The risk assessments informed patients' care plans. Supplementary care records were completed to record care delivery, such as, personal care, behaviours, food and fluid intake and repositioning. Care was evaluated at the end of each shift in a progress report and relevant information was shared with staff coming on duty through the shift handover.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. There was a relaxed atmosphere and patients were warm and comfortable. Regular environmental audits and recorded managerial walk rounds to review the environment and staff practices were completed.

Measures were in place to ensure fire safety. Staff were trained on fire safety and fire drills had been completed. Corridors and fire exits were maintained clear of any obstructions should the need to evacuate the home occur. Fire extinguishers were easily accessible.

Good practices with infection prevention and control (IPC) were identified. Staff had received IPC training and hand hygiene practices were monitored by the manager. Infection control audits were conducted monthly.

3.3.5 Quality of Management Systems

There has been a change to the Responsible Individual of the home since the last inspection. Mr Chris Arnold became the Responsible Individual on 5 November 2024. Staff were aware of and many had met the new senior managers and all staff had contact details for the new

management team. Ms Foteini Kourakou continues as registered manager of the home. Staff confirmed that they found the manager to be friendly, approachable and would listen to any concerns that they have.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients spoken with said that if they had any concerns they could talk to the staff about them.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Foteini Kourakou, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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