

Inspection Report

10 June 2021



Dunlarg Care Home

Type of Service: Residential Care Home
Address: 224 Keady Road,
Armagh, BT60 3EW
Tel no: 028 3753 0858

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Healthcare Ireland (Belfast) Limited	Registered Manager: Patricia Graham
Responsible Individual: Amanda Celine Mitchell	Date registered: 25/11/2019
Person in charge at the time of inspection: Patricia Graham	Number of registered places: 8
Categories of care: Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 6
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to eight persons. Resident's bedrooms are all single and there is lounge and dining space for patients to socialise in. There is also a registered Nursing Home under the same roof.	

2.0 Inspection summary

An unannounced inspection took place on 10 June 2021, from 10:20am to 5:30pm by care Inspectors.

The inspection assessed progress with the 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.

The outcome of the inspection confirmed that the care in Dunlarg was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

As a result of this inspection improvements are required with the audit process which should be further developed to include a re-audit of any deficits. Compliance with these will further improve the services provided in the home.

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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents 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.

At the end of the inspection the Manager and Regional Manager were provided with details of the findings.

4.0 What people told us about the service

We spoke with five residents and the member of staff. No questionnaires or any further information was received following the inspection.

Residents were content and provided examples of what they liked about living in Dunlarg; in particular they were very satisfied with the quality and selection of food served.

Staff told us that they were satisfied with the standard of care they were able to deliver and that they were happy working in the home.

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 12 November 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that the daily food choices are displayed on the menu board.	Met
	Action taken as confirmed during the inspection: Observations confirmed that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were safely recruited prior to commencing work. All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff in the home were appropriately registered with the Northern Ireland Social Care Council (NISCC). Systems were in place to check that their registration remained live.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. There was enough staff to support residents with their day to day to needs. Staff were satisfied with the number of staff on duty.

Residents were happy with the manner in which staff supported them.

The evidence reviewed provided assurances that staffing was safe.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy.

All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved. Staff were knowledgeable about reporting concerns about residents' safety and/or poor practice.

Details on how to make a complaint were included in information provided to residents, for example the resident guide. The manager completed a record of any complaints made, the action taken, the outcome and if the complainant was satisfied with the outcome.

The manager explained that processes were in place to safeguard any resident who lacked capacity with making decisions about their care. Staff spoken with were familiar with the term "deprivation of liberty" and the practices which could contribute.

This review of processes and staff knowledge demonstrated that appropriate safeguards were in place to support patients to feel safe and be safe.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

The home was well decorated, suitably furnished, clean, tidy and fresh smelling throughout.

Residents' bedrooms were homely; all of the residents preferred to spend the majority of their day in their bedrooms. Each resident had a comfortable chair and a table within easy reach to hold everyday things that they need such as remote controls, books, tissues, drinks and sweets. The atmosphere in the home was relaxed and quiet.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. A fire risk assessment had been completed and regular fire checks were carried out daily and weekly.

In conclusion the home's environment was safely managed and comfortable.

5.2.4 How does this service manage the risk of infection?

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately.

Arrangements were in place for residents to receive visitors; the manager was aware of the current pathway for the re-introduction of visiting and had arrangements in place to ensure compliance. Precautions such as a booking system, temperature checks and completion of a health declaration and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Staff were enthusiastic to have families visiting again.

Residents participated in the regional monthly COVID 19 testing and staff continued to be tested weekly. The Manager was aware of their responsibility to ensure an outbreak of infection was reported to the Public Health Authority (PHA).

Appropriate precautions and protective measure were in place to manage the risk of infection.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff told us residents' needs were discussed at the beginning of each shift. In addition, resident care records were available for staff to records the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Arrangements were in place to identify any resident who, due to reduced mobility, would be at greater risk of skin breakdown. Staff confirmed that any resident with wound care needs would be attended to by the community nursing service. Staff would be kept informed of the care required and records would be available to refer to in the home.

If a resident had an accident or a fall a report was completed. Post fall reviews were completed and considered the circumstances of each fall in an attempt to identify precautions to minimise the risk of further falls.

Residents' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink; the precise nature of the meal was recorded to evidence that they were receiving a varied diet. A furnished dining room was available, but despite staff encouraging residents to have their meals there, all of them chose to have their meals in their bedroom. Residents explained that this was their choice. They told us that there was a good variety of food at each mealtime and if they didn't like the choices from the menu the Cook would make them something different. The meals served were home cooked and smelt and looked appetising. All of the residents were complimentary regarding the quality and selection of meals provided.

In conclusion systems were in place to ensure that residents' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the residents.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

This review of care records confirmed that care records provided details of the care and support each resident required and were reviewed regularly to ensure they continued to meet their needs.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Staff engaged with residents on an individual basis throughout the day; residents were afforded choice and had the opportunity to take part in social activities if they wished. There were staff employed to plan and deliver activities. These staff informed us that the programme of activities was planned around the interests of the residents and provided them with positive outcomes. The planner was arranged on a monthly basis and included seasonal activities. A gardening project was ongoing; residents have been engaged in growing vegetables and sunflowers from seed. Staff explained that the programme of activities was flexible to accommodate the daily preferences and choices of the residents. Residents generally choose to spend their day in their room and required a lot of encouragement to participate; these residents were aware of what activities were planned and could therefore join in if they wished.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

There has been no change in the management of the home since the last inspection. Mrs Graham has been the manager in this home since November 2019. The manager is supported by a team of senior care assistants and care assistants.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Residents were familiar with the manager and many referred to her by name.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or members of the team completed regular audits of the environment, infection prevention and control (IPC) practices and care records. Where deficits are identified the audit process should include a re-audit to ensure the necessary improvements have been made; this was identified as an area for improvement.

There was a system in place to manage complaints and to record any compliments received about the home.

The regional manager undertook an unannounced visit each month, on behalf of the registered provider, to consult with residents, 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.

The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

6.0 Conclusion

Discussion with residents and staff, observations and a review of resident and management records evidenced that care in Dunlarg was delivered in a safe, effective and compassionate manner with good leadership provide by the manager.

Staff interactions with residents were warm and friendly. Residents said that staff were supportive and assisted them with their day to day needs. The atmosphere in the home was relaxed and quiet.

As a result of this inspection one area for improvement was identified to develop the audit process further to include a re-audit of deficits. Compliance with this area will help drive any identified improvements in the home.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement detailed in the Quality Improvement Plan were discussed with Patricia Graham, Manager and Karen Agnew, regional manager, 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 Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 20:10 Stated: First time	The Registered Person must ensure that the audit process includes a re-audit to ensure the necessary improvements are made. Ref:5.2.8
To be completed by: 8 July 2021	Response by registered person detailing the actions taken: All staff delegated auditing duties are completing Focus Learning regarding Auditing. Compliance will be monitored within Reg 29 visits.

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



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