



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

# Unannounced Care Inspection Report 24 September 2019



## Dunlarg Care Home

**Type of Service: Residential Care Home**

**Address: Residential Unit, 224 Keady Road, Armagh BT60 3EW**

**Tel no: 028 3753 0858**

**Inspector: Alice McTavish**

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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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to eight residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons (Bamford) Limited  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Temporary management arrangements in place
<b>Person in charge at the time of inspection:</b> Edel Treanor, acting manager	<b>Number of registered places:</b> 8
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 8

### 4.0 Inspection summary

An unannounced inspection took place on 24 September 2019 from 10.00 hours to 17.00 hours.

The inspection sought 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 training, adult safeguarding, record keeping, audits and reviews, communication, dignity and privacy, governance arrangements and maintaining good working relationships.

Two areas requiring improvement were identified. These related to a review of the staffing arrangements and the annual quality report for the home.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents, people who visit and staff during and after the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Edel Treanor, 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 21 February 2019**

The most recent inspection of the home was an unannounced care inspection undertaken on 21 February 2019. No further actions were required to be taken following the most recent inspection.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous premises and pharmacy inspections, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, 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 residents 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. One completed questionnaire was returned from a resident.

One questionnaire, completed by a resident, was returned to RQIA.

During the inspection a sample of records was examined which included:

- staff duty rotas from 16 to 29 September 2019
- staff training records
- three residents' records of care
- governance audits/records
- accident/incident records from May to September 2019
- reports of visits by the registered provider from June to August 2019
- RQIA registration certificate

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 the last care inspection dated 21 February 2019

There were no areas for improvements made as a result of the last care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

## Staffing

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. Some residents said, however, they felt there was not enough staff on some mornings, but each resident got the attention they needed and they did not have to wait long before staff came to them.

We spoke with care staff who told us that the needs of the residents were met but on three mornings each week the staff were particularly pressured. Staff did, however, acknowledge that the residents chose to rise at various times throughout the morning which made it easier to manage. The completed questionnaire returned by a resident indicated that the care was good but that there was 'little emphasis on staff engaging in stimulating activities' which may be related to staffing levels. This feedback was shared with the manager after the inspection.

On the day of the inspection we saw that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with activities.

We discussed staffing arrangements in the home with the manager who advised that staffing was safe with care staff, an activities co-ordinator, laundry, kitchen, domestic and administrative staff on duty during the day and care staff in the evenings and overnight. In light of comments made by residents and staff and the response in the returned questionnaire, we asked that staffing is reviewed to comply with the Regulations.

## Staff supervision, appraisal and competency

We saw that the manager had a system in place for planning supervisions and annual appraisals with staff. We saw records which indicated that staff had supervision in small

groups. We discussed with the manager that all staff must have individual formal supervision at least twice annually which needs to be signed and dated by each party. The manager gave assurance that all staff were due to have at least two supervisions within the calendar year. This area will be examined in greater detail in the next care inspection.

All senior care staff had an assessment of their competency and capability to ensure that they could take charge of the home when the manager was not on duty. The manager reported that these were reviewed this every year to ensure that they were always current. This represents good practice.

### **Staff training and registration with professional body**

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to standards of conduct and practice. We looked at the records kept by the manager of staff registrations and found that they were checked monthly.

### **Safeguarding residents from harm**

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

### **Environment**

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents, with their permission. Bedrooms contained the personal possessions of each individual; residents told us that they liked their rooms and felt they had their own space and privacy.

There was a communal lounge and separate dining room for the use of residents which also provided space for activities and meetings. We saw that all fire exits were free from obstruction, furniture in bedrooms and communal areas was in good repair and there were no malodours.

In one bathroom we saw that some areas of cleaning had been overlooked, for example, on the door handles and at the bottom of the water taps. This was discussed with the manager who ensured that this was addressed immediately. The manager later submitted revised cleaning schedules which included these areas.

### Restrictions

The manager told us the residents living in Dunlarg Care Home had the ability to come and go as they pleased and there were no restrictions on them leaving the home. For residents who may be at risk of falling, a pressure alarm mat was with the informed consent of residents.

### Infection prevention and control (IPC)

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection. We saw that there were gloves and aprons available for staff and that staff used this equipment appropriately.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and adult safeguarding.

### Areas for improvement

One area was identified for improvement. This was in relation to a review of the staffing arrangements.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	1	0

#### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

## Management of risks relating to residents

We saw from the care records that a robust assessment and admissions process took place before residents could be admitted to Dunlarg. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. Staff described how there was good working relationships between professionals and how this was used for the benefit of residents.

The manager told us about falls management in the home and we were assured that the procedure and practice was good. The manager completed an audit of accidents or incidents in the home each month which includes falls. This looked for any patterns or trends and considered actions to reduce the likelihood of further falls happening. The manager and staff were aware of how they could get professional advice from medical or trust staff.

Staff told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

## Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There were care plans in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews and communication between residents, staff and other key stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed and how they like to be helped with care. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

### Activities

Staff told us about the range of activities available and how the activities co-ordinators worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. A programme of available activities was displayed and there were photographs of residents participating in and enjoying some activities. Residents said that they enjoyed the activities on offer.

### Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place regularly and that family members were also encouraged to attend. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

Residents made the following comments:

- "The care is good here. The staff are very attentive and kind. I asked staff if they could have a bowl of fresh fruit for residents and they do that now. They make sure there's fruit on the table in the hall."
- "Dunlarg is a good place...I am able to go out most days and that's no problem. The food is good and I get a choice at every meal time. It's clean and comfortable here. I like it that I have company and I know there's staff around to help me if I need it...but I like to stay as independent as possible. I haven't thought about who I would go to if I had any complaints, for I have no complaints...I'm happy in Dunlarg."

A resident's relative said, "I can visit any time I like and the staff always make me feel welcome. I have no concern about my (relative's) care and the staff seem to treat her well."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their relatives and taking account of the views of residents.

## Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Staff in the home said that the manager as approachable and that they got good support from them. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

### Managerial oversight

The manager described how she spent time completing managerial tasks to make sure that the home runs well. She completes audits of areas such as accidents and incidents, care records and complaints and looks for any ways in which these areas can be improved. The manager also makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training and that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

### Complaints and Compliments

The manager advised that no complaints were raised by residents or their family members since the last inspection. Staff told us that they would not hesitate to raise issues with the manager, if needed. The manager advised that compliments received from residents, their families and professionals would be shared with the staff team as this is important for staff morale and learning.

### Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

## Communication

The manager advised that there were regular staff meetings and that information was shared with the staff team about any issues arising.

We looked at the minutes of staff meetings and saw that they were held in April and August with another planned for late September 2019. We also saw that there was not a record of the staff who attended one of these meetings.

The manager was aware that such meetings should be held quarterly. We advised that all staff meeting minutes should record the names of those who attend and there should be a system in place to share the minutes with any staff who are unable to attend. This area will be examined in more detail during the next care inspection.

## Visits by the registered provider

The home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits in June, July and August 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

## Annual Quality Report

We looked at the annual quality report for the home produced in July 2019 and found that it was completed for the residential care home and the adjoining nursing home. We asked that a separate report is prepared for the residential home in future to comply with the Regulations.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

One area was identified for improvement. This was in relation to the annual quality report for the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Edel Treanor, acting 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2019	<p>The registered person shall ensure that at all times there is staff working in the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Manager completes a review of Resident dependencies using the CHES tool at least monthly or more often if the dependency of a resident changes. Staffing will be monitored in accordance to CHES outcomes</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 17 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2020	<p>The registered person shall ensure that the annual quality review and the accompanying report is completed for the residential care home separate to the adjoining nursing home.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>            Following the inspection the Registered Manager has completed the annual quality report separate for Residential Home.</p>

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



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