

Inspection Report

25 October 2022



Dunlarg Care Home

Type of service: Residential Care Home
Address: 224 Keady Road, Armagh, BT60 3EW
Telephone number: 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) Ltd Responsible Individual: Ms Amanda Celine Mitchell	Registered Manager: Mrs Patricia Graham Date registered: 25 November 2019
Person in charge at the time of inspection: Emma Hughes, senior care assistant	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: 5
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to eight residents. There is a nursing home located within the same building and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 25 October 2022 from 10.00 am to 2.30 pm. The inspection was carried out by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and free from malodour and bedrooms were tastefully personalised. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles by the manager.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Dunlarg Care Home.

There were no areas requiring improvement identified during this inspection.

RQIA were assured that the delivery of care and services provided in Dunlarg Care Home was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' 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 returned quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, 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 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.

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.

4.0 What people told us about the service

We met with five residents and two staff during the inspection.

Residents told us that they felt safe and well cared for. They described the staff as being respectful, helpful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that the care delivery was to a good standard and that there were lots of activities available in the home. Comments included: "I like it here; you get good attention from the staff. The food is good; you can get a cup of tea anytime you want. I feel safe in here" and "This is a great home; the food is fantastic, you are treated well."

Staff spoke positively about working in the home. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role. Comments included: "There is good care provided here; the manager is very supportive and I can easily raise any issues."

No completed questionnaires or responses to the on-line staff survey were received following the inspection.

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 13 September 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The Registered Person shall ensure that residents' personal medication records are fully complete and accurate.	Carried forward to the next inspection
	This area for improvement was not reviewed at this inspection and is carried forward for review to the next inspection.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	The Registered Person shall ensure that inhaled medicines are administered as prescribed by the GP.	Carried forward to the next inspection
	This area for improvement was not reviewed at this inspection and is carried forward for review to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 31 Stated: First time	The Registered Person shall ensure records for the disposal of medicines are maintained.	Met
	Action taken as confirmed during the inspection: Records confirmed that a destruction and returns register was maintained. These records are checked by the local pharmacy and a copy is retained in the home. Discussion with the manager confirmed that all unused medication is returned to the pharmacy.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly and all necessary checks were carried out before staff commenced employment.

There were systems in place to ensure staff were trained and supported to do their job. There was evidence in place to verify that staff received regular supervision and appraisal. In addition staff received training in a range of topics including moving and handling, fire safety and adult safeguarding.

Staff were appropriately registered with their professional body. Newly appointed staff were supported to register with the Northern Ireland Social Care Council (NISCC) within the required timeframe.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The person in charge told us that the staffing arrangements were reviewed regularly to ensure that any changing needs of the residents were met. It was noted on the day of the inspection that there was enough staff in the home to respond to the needs of the residents in a timely way.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner, for example, staff were observed to attend to residents personal care needs promptly and during the lunchtime meal staff were observed responding quickly to the requests of residents for drinks.

Residents said that they felt safe in the home and that staff were always available and were kind to them. One comment made was "I feel safe in here".

5.2.2 Care Delivery and Record Keeping

The home had a calm and relaxed atmosphere. Positive interactions were observed between residents and the staff.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care. We observed residents able to walk around freely and light music was playing in the background.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Staff were seen to socialise with residents throughout the lunchtime meal. The mealtime was observed to be a pleasant and unhurried experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

A menu was displayed in the dining room with alternative choices catered for. Residents and staff spoke highly of the of the food provision within the unit. The food was attractively presented and smelled appetising. There was a variety of drinks available. Staff were knowledgeable in relation to residents' nutritional requirements and a record of this was maintained in the kitchen. The tables were set with condiments.

Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

We noted on one care record where a resident's care plan had not been updated to reflect a change to their skin condition. This was discussed during the inspection and the manager agreed to ensure this was amended.

Residents' individual likes and preferences were reflected throughout the records. 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.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a high standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. We viewed a sample of the bedrooms, bathrooms, lounges and the dining room.

Residents' bedrooms were personalised and tidy. Communal lounges and dining rooms were welcoming spaces for residents. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Fire exits and corridors were observed to be clear of clutter and obstruction.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

We observed a member of staff not adhering to the correct Infection Prevention and Control (IPC) procedures in regards to the use of cleaning equipment. This was discussed with the staff member and the manager. The manager agreed to ensure this was addressed immediately with the staff member involved as they were working through their induction. The manager agreed to ensure further training and supervision with this staff member. This will be monitored at a future inspection.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place which mostly involved one to one time with residents or in small groups. We observed some residents reading their daily papers and watching television.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Two residents made the following comments; "I am so happy in here and so well cared for" and "I love it here; it's a great place."

5.2.5 Management and Governance Arrangements

There was a change in the management arrangements since the last inspection, an acting manager was in post; Ms Jennifer Willis.

Staff commented positively about the manager of the home and described her as supportive, approachable and always available for guidance. Staff said that the manager in the home is supportive when it comes to training and development.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home such as regular audits of infection prevention and control, training, supervisions and appraisals.

There was a system in place to manage complaints. The most recent complaints were viewed and this evidenced a good overall summary of the complaint, the actions taken and the outcomes.

It was established that there was a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Residents spoken with said that they knew if they had any concerns that they could speak to the staff or the manager of the home. During our discussions with staff it was evident that they were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

The home was visited by a representative 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

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 Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	2*	0

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Jennifer Willis, Registered Manager and Karen Agnew, Regional Manager.

* the total number of areas for improvement includes two areas which are carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: From the date of this inspection	The Registered Person shall ensure that residents' personal medication records are fully complete and accurate. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: From the date of this inspection	The Registered Person shall ensure that inhaled medicines are administered as prescribed by the GP. Ref: 5.2.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

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



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