

# Unannounced Care Inspection Report 12 November 2020



## Dunlarg Care Home

**Type of Service: Residential Care Home (RCH)**

**Address: 224 Keady Road, Armagh, BT60 3DW**

**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 residential care home registered to provide care for up to eight residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Healthcare Ireland Belfast Ltd  <b>Responsible Individual:</b> Amanda Celine Mitchell	<b>Registered Manager and date registered:</b> Patricia Graham – 25 November 2019
<b>Person in charge at the time of inspection:</b> Patricia Graham	<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>Number of residents accommodated in the residential home on the day of this inspection:</b> 8

### 4.0 Inspection summary

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

An inspection took place on 12 November 2020 between 10.15 and 16.00 hours. The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- infection prevention and control (IPC) measures
- the internal environment
- staffing
- care delivery
- care records
- governance and management arrangements

Residents said that staff treated them with kindness and they enjoyed living in Dunlarg Care Home.

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>	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Patricia Graham, 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.

## 5.0 How we inspect

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

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with three residents, one member of care staff and a member of domestic staff. Eight questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to residents' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

The following records were examined during the inspection:

- staff duty rotas
- staff recruitment and induction
- staff training
- staff supervision and annual appraisal
- staff competency and capability assessments
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- incidents and accidents
- activity planner
- three residents' care records

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

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2020. There were no areas for improvement identified as a result of the last care inspection.

## 6.2 Inspection findings

### 6.2.1 Infection prevention and control (IPC) measures and the use of personal protection equipment (PPE)

Signage had been erected at the entrance to the home to reflect the current guidance on Covid-19. Anyone entering the home had a temperature check completed. We saw from the records of temperature checks taken for residents that these were taken twice daily; care staff had their temperature checked only when coming onto shift. We discussed the frequency of temperature checks for staff with the manager who agreed to implement these checks twice daily in keeping with best practice guidance.

Care and domestic staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. We saw that domestic staff were present and were carrying out their duties.

PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. We observed that staff used PPE according to the current guidance.

We saw that there were hand sanitiser dispensers on each corridor in the home and that staff carried out hand hygiene at appropriate times.

### 6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, lounges, dining and storage areas.

The home was well decorated, ventilated and comfortable. All areas within the home were odour free and clean. Walkways throughout the home were kept clear and free from obstruction. Residents' bedrooms were found to be personalised with items of memorabilia and special interests.

### 6.2.3 Staffing

We saw that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager advised that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support. There was an activities co-ordinator on duty to ensure that planned activities took place.

Staff told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

We saw that staff received regular supervision and an annual appraisal of their job roles. Staff who were left in charge when the manager was not on duty were assessed as being competent and capable to do so. We also saw that mandatory training was provided for staff.

#### **6.2.4 Care delivery**

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “It’s good here. The staff are lovely, always around to help me if I need them. I have enough to fill my day. I like to knit, and to read and do jigsaws. The staff take me outside every day for a walk. I prefer to stay in my room during the day, but I go to the dining room for my meals and it’s nice to see the other residents. I sometimes go to the lounge too, as I like the company. I think this is a very comfortable place and they (staff) do everything to give me a happy life.”
- “The staff are very good to me, helping me with my washing and dressing, they are very attentive. I have plenty to keep me busy. I miss having proper visits, but I have had some visits at my bedroom window. The staff are good to me and to the other residents.”
- “The staff are kind. I found it hard to adjust to living with others after living independently all my life, but I’m making the most of it. I have particular dietary preferences and the staff accommodate these well. I feel safe here, knowing there are always staff around.”

The staff told us that they recognised the importance of maintaining good communication with families during the current pandemic. The care staff assisted residents to make phone calls with their families in order to reassure relatives. Arrangements were now in place on an appointment basis to facilitate relatives visiting their loved ones at the home.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents. We noted that the daily menu choices were not displayed on the menu board. This was identified as an area for improvement.

### 6.2.5 Care records

We reviewed the care records for three residents which evidenced that detailed, comprehensive care plans were in place to direct the care required. The records were written in a professional manner and used language which was respectful of residents. There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

### 6.2.6 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home. Staff commented positively about the manager and described her as supportive, approachable and available for guidance and support.

We looked at the records of accidents and incidents which occurred in the home; we found that all had been managed and reported appropriately.

We reviewed records which confirmed that there was a system of audits which covered areas such as complaints, IPC, accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas.

We examined the reports of the visits by the registered provider for August and September 2020. All operational areas of the management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

### Areas of good practice

We saw evidence that the home was being maintained in a high degree of cleanliness and that staff wore the correct PPE. We saw that the interactions between residents and staff were warm and that activities were arranged for residents.

### Areas for improvement

One area for improvement was identified. This related to daily menu choices being displayed.

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

## 6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff took all necessary IPC precautions. We were assured that the care provided in Dunlarg Care Home was safe, effective, compassionate and well led.



## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Graham, 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 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.



## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 November 2020</p>	<p>The registered person shall ensure that the daily food choices are displayed on the menu board.</p> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Menu identifying choice of food each day now displayed</p>

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



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