



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 27 February 2020



Dunlarg Care Home

Type of Service: Residential Care Home

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

Tel no: 02837530858

Inspector: Sharon McKnight

www.rqia.org.uk

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 8 residents.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Limited Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Patricia Graham 25 November 2019
Person in charge at the time of inspection: Pat Graham	Number of registered places: 8
Categories of care: Residential Care RC-I, RC-MP(E) I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Total number of residents in the residential care home on the day of this inspection: 8

4.0 Inspection summary

An unannounced inspection took place on 27 February 2020 from 13.00 hours to 16:35 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and 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 staffing, the delivery of care and the environment.

No areas for improvement were identified during the inspection.

Comments received from residents 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
Total number of areas for improvement	0	0

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

4.2 Action/enforcement taken following the most recent inspection dated 24 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 24 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this 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 inspection, 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.

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

- duty rota for nursing and care staff for week commencing 24 February 2020
- incident and accident records
- two patients care records
- records of staff meetings
- supervision planner
- annual quality report

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 24 September 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of duty rotas and discussion with patients and staff evidenced that there was sufficient staff to meet the needs of the residents.	
Area for improvement 2 Ref: Regulation 17 (1) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: An annual quality report was available and had been prepared solely for the residential home.	

6.2 Inspection findings

6.2.1 Staffing

The registered manager confirmed the daily staffing levels for the home and explained that staffing levels were kept under review in response to the needs of the residents and the occupancy of the home. Observation of the delivery of care throughout the afternoon of the inspection evidenced that residents' needs were met by the levels and skill mix of staff on duty and that staff attended to their needs in a timely and caring manner.

A review of records evidenced that systems were in place to develop and support staff; for example all staff had received regular supervision and appraisal.

Staff meetings were held regularly with records maintained of the staff who attended and issues discussed.

Staff stated there was good team work between the grades of staff and good support from the manager who they described as approachable and readily available to listen. Staff were satisfied that there were sufficient staff in the morning to meet the needs of the residents.

6.2.2 Care delivery

We walked round the home throughout the afternoon; all of the residents were in their bedrooms, as was their personal preference. The atmosphere in the home was calm and relaxed.

We spoke with all of the residents who reported staff were attentive and assisted them with their daily needs.

Three residents spoken with had questions regarding their placements in the home. Whilst the residents were familiar with their representatives in the relevant health care trusts they were unclear with regard to care management reviews. Staff spoken with confirmed that that care management reviews had taken place as required but they had not received any records with the outcome of the reviews. It was agreed that the manager would contact the relevant care managers and arrange a further review; confirmation that the reviews had been completed was received from the manager.

6.2.3 Environment

The environment in Dunlarg was homely, comfortable and fresh smelling throughout.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with hold open devices.

There was an appropriate use of signage to help direct patients and visitors to facilities around the home. Residents' were encouraged to individualise their own bedroom with belongings that were meaningful to them; many had pictures, family photographs and ornaments brought in from home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing , the delivery of care and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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