



Unannounced Inspection Report

13 January 2020



Dunlady House

Type of Service: Nursing Home
Address: 18 Dunlady Road, Dundonald, Belfast, BT16 1TT
Tel No: 028 9048 1002
Inspector: Paul Nixon

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes, 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 68 patients, as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Dunlady House Ltd Responsible Individual: Mr. William Hugh Wilson	Registered Manager and date registered: Mrs Femina Marmeto 17 February 2016
Person in charge at the time of inspection: Mrs Femina Marmeto	Number of registered places: 68
Categories of care: Nursing Home (NH): I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 59

4.0 Inspection summary

An unannounced inspection took place on 13 January 2020 from 09.45 hours to 13.40 hours.

The inspection assessed progress with any areas for improvement identified since the last care and medicines management inspections and 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 the management of medicines, the environment and the dining experience.

It was positive to note that all areas for improvement from the previous inspection had been met and there were no areas for improvement identified during this inspection.

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

Comments received from patients, people who visit them 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 patients' 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 Mrs Femina Marmeto, Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 and 10 May 2019. 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 last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, 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 patients 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:

- personal medication records and medicine administration records
- RQIA registration certificate

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent care and medicines management inspections

Areas for improvement from the most recent care inspection dated 9 & 10 May 2019		
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 7.1 Stated: First time	The registered person will introduce arrangements to promote and support patient participation in decisions about the running of the home and their daily life.	Met
	Action taken as confirmed during the inspection: A patients-relatives forum meeting was held on 5 November 2019. Following positive feedback, a further meeting is being planned.	
Area for improvement 2 Ref: Standard 14.26 Stated: First time	The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.	Met
	Action taken as confirmed during the inspection: Three patients' records were examined. Inventories of patients' furniture and personal possessions which they had brought to their rooms had been reconciled and signed and dated by a staff member and countersigned by a senior member of staff on a quarterly basis.	

There were no areas for improvement identified during the most recent medicines management inspection on 28 January 2019.

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 09.45 hours and were greeted by the manager and staff who were helpful and attentive. Some patients were seated in the dining room having breakfast whilst others remained in their rooms, in keeping with their personal preference or their assessed needs.

Observation of the delivery of care evidenced that staff attended to patients needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and cleaning products were stored in areas not accessed by patients.

A sample of 14 personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and for medicine changes. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay.

Staff stated that there was effective teamwork; each staff member spoken to knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues.

We reviewed the lunchtime meal experience. Lunch commenced at 12.10 hours. Patients dined at the main dining area or at their preferred dining area such as their bedroom. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Patients who required to have their meals modified were also afforded choice of meal. Food was served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients consulted spoke positively of the food provision.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between patients and staff and the encouragement/assistance provided by staff to ensure that patients enjoyed a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Consultation with seven patients generally confirmed that living in the home was a positive experience. Comments included:

- "I am looked after as good as could be expected."
- "I always feel there's a bit of a shortage of staff. The food is average."
- "I'm all right here; staff are good."
- "I am looked after very well. Staff are very caring. Food is good."
- "The care, in one word, is excellent. I've yet to find somewhere better. Staff are excellent. The whole ethos of the home is good. The food couldn't be better."
- "I'm looked after well. The staff are very good. The food is all right."
- "I am very happy with the care I get. The staff are excellent."

Four visitors stated that their relative or friend was getting good care and that management and staff were very welcoming. One visitor stated: "This is an excellent home. Staff are very welcoming. There's seems to be good teamwork. I think the care is excellent."

Of the questionnaires that were issued, nine were returned from patients or relatives. The responses indicated that they were very satisfied with all aspects of the care. Comments included:

- “Excellent care by compassionate staff. My mother could not be in a more caring home. Very satisfied indeed. I could recommend Dunlady House to anyone.”
- I feel my mum is very well looked after and the staff are very attentive and caring. The food mum says is very good.”
- “Dunlady has always been a delight to go to. Has extremely well trained staff.”
- “My dad describes the staff as ‘saints on wheels.’ The care is very good and they really look after him well. All staff engage well and are very friendly.”
- “First class. No issues at all.”
- “I am completely satisfied with the care and attention my sister receives.”
- “The staff are friendly and caring and go the extra mile. The food is great. Nothing is too much trouble.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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 patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

All staff spoken to stated that they enjoyed working in the home. They confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. They consistently spoke of the good teamwork that existed and the support given by management and senior staff. They were satisfied with the training opportunities.

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

There were robust arrangements in place for the management of medicine incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

Regarding the Deprivation of Liberty Safeguards, the manager advised that all staff had received Level 2 training, the nursing staff had attended Level 3 training and she had attended Level 4a

and 4b training. Staff demonstrated general awareness and knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place to comply with the new legislation.

Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

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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