

# Unannounced Care Inspection Report 11 January 2017



## Dunlady House

**Type of Service: Nursing Home**  
**Address: 18 Dunlady Road, Dundonald, Belfast, BT16 1TT**  
**Tel no: 028 9048 1002**  
**Inspector: Sharon McKnight**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Dunlady House took place on 11 January 2017 from 10:00 hours to 16:30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

A review of the staffing, provision and compliance with training and a general inspection of the home indicated that the delivery of care was safe.

A recommendation was made that the registered manager should review the provision of registered nurses on nightduty to ensure they are sufficient to meet the health and welfare of the patients in a timely manner.

### **Is care effective?**

We reviewed the management of pain for three patients. Each patient had a pain assessment in place and a recommendation was made that these should be regularly reviewed.

We were assured through a review of records and discussion with staff and patients that there were processes in place to support the effective management of patients' pain. Through observations and discussion with staff and patients we were assured that repositioning to protect skin integrity and provide pressure relief was being undertaken. Improvement were required in the records to evidence the care delivery. A recommendation was made.

### **Is care compassionate?**

Patients spoken with commented positively in regard to the care they received. Comments provided are included in section 4.5 of this report.

We spoke with the relatives of two patients. Both commented positively with regard to the standard of care and communication in the home.

Questionnaires were issued to relatives and staff. The relatives all indicated that they were very satisfied that care was safe, effective, compassionate and well led. All staff were either very satisfied or satisfied that care was safe, effective and well led.

No areas for improvement were identified during the inspection with the delivery of compassionate care.

### **Is the service well led?**

Patients, relative and staff commented positively regarding the registered manager and her role within the home. The registered manager confirmed that the responsible person and company directors provide support and assistance on a daily basis and as required.

We reviewed the arrangements for the unannounced monthly visits required in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. A recommendation was made to ensure that previous issues are reviewed and the progress commented on in the report.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>4</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Femina Marmeto, registered 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 June 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Dunlady House Ltd / Mr. William Hugh Wilson	<b>Registered manager:</b> Mrs Femina Mermeto
<b>Person in charge of the home at the time of inspection:</b> Mrs Femina Mermeto	<b>Date manager registered:</b> 17 February 2016
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 68

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we met with fifteen patients individually and with the majority of others in small groups, three registered nurse, four care staff and two patient's relatives.

The following information was examined during the inspection:

- Staffing rota for week commencing 9 January 2017
- staff competency and capability assessments
- complaints record
- reports of the monthly quality monitoring visits
- staff training records
- four patients care records.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 June 2016.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 19 April 2016.

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p> <p>14 June 2016</p>	<p>It is recommended that the record of the competency and capability assessment completed with all nurses who were given the responsibility of being in charge of the home in the absence of the registered manager is further developed to include greater detail of what is assessed under each heading.</p> <p>The signatures of the registered nurse and the person completing the assessment should be recorded against each area.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of two completed competency and capability assessment for nurses who were given the responsibility of being in charge of the home in the absence of the registered manager evidenced that there was good detail of what was assessed under each heading. The assessments contained the signature of the registered nurse and the person completing the assessment. This recommendation has been met.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 16.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p> <p>14 June 2016</p>	<p>It is recommended that the record of complaint is further developed to include the evidence used by the registered manager to conclude that the complainant was satisfied with the outcome of the investigation and the action taken.</p> <p><b>Action taken as confirmed during the inspection:</b> The complaints record reviewed contained good detail of the how the registered manager conclude that the complainant was satisfied with the outcome of the investigation and the action taken. This recommendation has been met.</p>	

#### 4.3 Is care safe?

A review of the staffing roster for week commencing 9 January 2017 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff, the registered manager confirmed that administrative, catering, domestic and laundry staff were also on duty daily.

Nursing and care staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients during the day. On the first floor there is one registered nurse rostered for night duty; given that there are 42 beds on the first floor we discussed the evening routine and the time it takes to administer the night time medications. The registered manager should review the provision of registered nurses on night duty to ensure that it is sufficient to meet the health and welfare of the patients in a timely manner. A recommendation was made.

No concerns were raised by care staff with regard to staffing. We also sought staff opinion on staffing via questionnaires; four were returned following the inspection. All of the respondents answered yes to the question "Are there sufficient staff to meet the needs of the patients?"

Patients and relatives spoken with during the inspection commented positively regarding the staff and care delivery. Two patients were unhappy with the length of time they had to wait for staff to respond to their nurse call bell. These opinions were shared with the registered manager during feedback. The registered manager explained that, following a recent complaint, discussion were ongoing with the company who supplied the nurse call system, regarding a function to provide a report of the response times. This would enable the registered manager to audit response times more effectively.

We sought relatives' opinion on staffing via questionnaires; five completed questionnaires were returned. All of the respondents indicated that staff had enough time to care for their relative.

We reviewed the provision of training in the areas of safeguarding and dementia. Records evidenced that there was good compliance. For example 98% of staff completed dementia between February and November 2016, 100% of staff completed training in safeguarding throughout 2016. Staff spoken with were knowledgeable regarding the types of abuse and who they would report concerns to.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The home was fresh smelling, clean and appropriately heated. All of the responses we received in the returned questionnaires confirmed that this was normal for the home.

Fire exits and corridors were observed to be clear of clutter and obstruction.

There were no issues identified with infection prevention and control practice.

### Areas for improvement

The registered manager should review the provision of registered nurses on night duty to ensure they are sufficient to meet the health and welfare of the patients. A recommendation was made.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>1</b>
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### 4.4 Is care effective?

We reviewed the management of pain for three patients. Each patient had a pain assessment in place. We observed in one patient's care records that their pain management had recently been reviewed by their general practitioner (GP) and their medication changed. The pain assessment had not been reviewed in response to the change in the patient's condition; there was no regular review of the pain assessments in the other care records reviewed. Patient

assessments should be reviewed at regular intervals and in response to any changes in the patient's condition. A recommendation was made. Following a review of records and discussion with staff and patients we were assured that the registered nurses had the appropriate knowledge and procedures in place to support the effective management of patients' pain.

The home is currently moving to maintaining their care records electronically. Supplementary care charts, for example food and fluid charts and repositioning charts are now maintained on the computerised system. We reviewed the recording of repositioning charts for two patients. for the period 7 - 11 January 2017. The patients' care plans stated that repositioning should be completed 2 – 3 hourly. The records of repositioning were not consistently recorded; for example on one date there were only three entries; on other day there were gaps of up to 5 hours between records of repositioning. The registered nurses spoken with reported that neither patient currently had pressure ulcers. Staff spoken with were knowledgeable of the patients' needs and the necessity to ensure they were repositioned regularly. One patient confirmed that staff assisted them to change position throughout the day and night. Through observations and discussion with staff and a patient we were assured that repositioning was being undertaken, however improvement was required in the records to evidence the care delivery. A recommendation was made.

### Areas for improvement

Patient assessments should be reviewed at regular intervals and in response to any changes in the patient's condition.

Contemporaneous records of all nursing interventions must be maintained to evidence care delivery.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>2</b>
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### 4.5 Is care compassionate?

We arrived in the home at 10:00 hours. There was a calm atmosphere and staff were busy attending to the needs of the patients. Patients were sitting in the lounges or their bedrooms as was their personal preferences. Staff confirmed that whilst socialisation between patients was promoted, each had a choice as to how they spent their day and where they preference to sit throughout the day.

Patients spoken with commented positively in regard to the care they received. The following comments were provided:

"I am awful well looked after, everything is to my liking."

"We are warm comfortable and well looked after."

"I have no complaints only praise for here."

"If you have to be in a home here is great."

We spoke with the relatives of two patients. Both commented positively with regard to the standard of care and communication in the home.

Ten relative questionnaires were issued; two were returned within the timescale for inclusion in this report. The respondents all indicated that they were very satisfied that care was safe, effective, compassionate and well led. One comments provided was:

“This is one of the few homes that smells fresh and where staff come and sit and talk with my ...”

Ten questionnaires were issued to staff; four were returned within the timescale for inclusion in this report. All staff were either very satisfied or satisfied that care was safe, effective and well led. One staff indicated that they were unsatisfied that care was compassionate and commented that patients opinion should be sought more or issues such as menu choice and decisions re care delivery. This opinion was shared with the register manager who agreed to discuss the review the comments.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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#### 4.6 Is the service well led?

Patients, relative and staff commented positively regarding the registered manager and her role within the home. Staff reported that they were well supported in their role and that management were approachable.

The registered manager confirmed that the responsible person generally visited the home daily to provide support and assistance as required. Support is also provided by the company directors who have operational responsibilities within the home.

The arrangements for the unannounced monthly visits required in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were reviewed. We discussed the importance of ensuring that previous issues are reviewed and the progress commented on in the report. A recommendation was made.

### Areas for improvement

Issues identified during monthly monitoring visits should be reviewed during the next visit and the progress commented on in the report.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>1</b>
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#### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Femina Marmeto, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 nursing 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2017</p>	<p>It is recommended that the registered manager review the provision of registered nurses on night duty to ensure that it is sufficient to meet the health and welfare of the patients.</p> <p><b>Ref section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Registered Manager reviewed provision of registered nurses at night. Reviewed night staff nurse roles and responsibilities are properly managed to meet the nursing care and delivery of residents at night. Arrangements/ provisions are in place to support night staff nurse to best meet residents needs and care, i.e. residents night medications reviewed by GP and was reduced to 65%, admission cut off is 18:00/ unless it's an emergency admission; and on call nurses (manager and deputy/ senior member of staff) available to assist night staff nurse in case of emergency.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2017</p>	<p>It is recommended that patient assessments are reviewed at regular intervals and in response to any changes in the patient's condition.</p> <p><b>Ref section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Ongoing transfer (at least 85%) of all residents care plans and risk assessments electronically. Updates and review ongoing. Reiterated to nursing staff their responsibility and accountability of updating residents records. Ensure all residents assessments reviewed by assigned Primary Nurse regularly. Care plan reviewed and updated according to the care need of the resident.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2017</p>	<p>It is recommended that contemporaneous records of all nursing interventions are maintained to evidence care delivery.</p> <p><b>Ref section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Due to undergoing transfer of residents care records electronically, the home will maintain supplementary paper charts to ensure real time recording, maintaining evidence recording of care delivery and to avoid gaps in recording.</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p>	<p>It is recommended that any issues identified during monthly monitoring visits should be reviewed during the next visit and the progress commented on in the report.</p> <p><b>Ref section 4.6</b></p> <p><b>Response by registered provider detailing the actions taken:</b></p>

<b>To be completed by:</b> 8 February 2017	Discussed Regulation 29 reports with Registered Provider. Registered Manager and assigned Director to monitor Regulation 29 reports, ensuring all action plan and follow ups included in the report monthly.
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*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)