

Unannounced Care Inspection Report 11 April 2018



Dunlady House

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 68 persons.

3.0 Service details

Organisation/Registered Provider: Dunlady House Ltd Responsible Individual: Mr. William Hugh Wilson	Registered Manager: Mrs Femina Marmeto
Person in charge at the time of inspection: Femina Marmeto.	Date manager registered: 17 February 2016
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 registered places: 68

4.0 Inspection summary

An unannounced inspection took place on 11 April 2018 from 09:40 to 17:00.

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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staffing, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment. There were examples of good practice found throughout the inspection in relation to record keeping, the management of nutrition, falls and wound care and the communication of patient need between staff. We also identified good practice in relation to the culture and ethos of the home, dignity and the spiritual care of patients. There were robust systems in place for governance, the management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to: staff recruitment, the evaluation of blood glucose levels and care planning.

Patients said they were happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with 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.

4.2 Action/enforcement taken following the most recent inspection dated 3 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 3 October 2017. 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

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection, the inspector met with nine patients individually and with the majority of others and one patient's relative. Questionnaires were also left in the home to obtain feedback from patients and their representatives. A poster was provided which directed staff to complete an online survey, this enabled staff not on duty during the inspection to provide feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 9 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- four patient care records
- three patient care charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement 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 most recent inspection dated 3 October 2017.

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 3 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.9 Stated: Second time	It is recommended that contemporaneous records of all nursing interventions are maintained to evidence care delivery.	Met
	Action taken as confirmed during the inspection: A review of completed repositioning charts for three patients evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 35.7 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of the completed monthly reports for January- March 2018 evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 46 Stated: First time	The registered person shall review the provision of cleaning equipment to ensure it is in accordance with best practice in infection prevention and control. Staff must be aware of what colour of equipment is used where.	Met
	Action taken as confirmed during the inspection: Observation of practice and discussion with staff evidenced that this area for improvement has been met.	

Area for improvement 4 Ref: Standard 35 Stated: First time	The registered person shall implement monitoring systems to ensure that repositioning charts are accurately completed	Met
	Action taken as confirmed during the inspection: The registered manager explained that following the most recent care inspection repositioning charts were regularly monitored to ensure they were accurately completed. When records evidenced that the required improvements had been embedded into practice the monitoring arrangements ceased. This area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 9 April 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No responses were received prior to this report being issued.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Dunlady House. Patients commented:

"I couldn't praise the staff enough."
"Everyone is very helpful."

We spoke with one relative during the inspection who was complimentary regarding the attitude and attention of staff. A total of 14 completed questionnaires were received from relatives; 10 were completed and returned during the inspection and four were returned following the inspection. All of the respondents indicated that they were satisfied, or very satisfied that there were enough staff and that they could talk to staff if they had a concern. Whilst one respondent indicated they were very satisfied with staffing they commented that "I understand there is sometimes a shortage of staff."

Staff recruitment information was available for inspection and three staff records reviewed identified that recruitment processes were not in keeping with legislative requirements. This was identified as an area for improvement under regulation. The following gaps were identified with the records:

- one file did not contain a reference from the applicant's present or most recent employer, another file had no record of references
- gaps in employment had not been explored or explanations recorded
- reasons for leaving positions involving work with children or vulnerable adults were not always recorded

Records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with relevant skills and knowledge to care for the patients. Discussion with the registered manager and review of training records for 2017/18 evidenced that they had a robust system in place to provide oversight of individual staff compliance with mandatory training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that they were currently considering what systems were required to collate the information for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats. There was also evidence of consultation with relevant persons.

We reviewed accidents/incidents records for the period January – March 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, lounges and the dining room. A number of bedrooms had recently been refurbished with further improvement work planned. The home was found to be warm, well decorated, fresh smelling and clean throughout. The grouting around the shower door in one identified bedroom was cracked and damaged and therefore could not be adequately cleaned; assurances were given that this would be repaired without delay. Fire exits and corridors were observed to be clear of clutter and obstruction.

Systems were in place to support good practice with infection prevention and control measures. We spoke with one member of housekeeping staff who were knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. The registered manager maintained a record of infections for each patient and any antibiotics prescribed. Care plans were in place for patients with a known healthcare associated infection (HCAI). We observed that personal protective equipment, for example gloves and aprons, were available throughout the home. Equipment for the management of laundry and waste was in place for patients with a known HCAI.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

An area for improvement in relation to staff recruitment was identified.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

A review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Therapist (SALT), Dietician, and Tissue Viability Nurse (TVN).

We reviewed the management of diabetes. Patients' blood glucose levels were checked regularly and in accordance with their care plans. One care record contained evidenced that the daily blood glucose readings were evaluated by the registered nurse and action taken if the readings were raised. In the second care record, there was a lack of evidence to determine that appropriate actions had been taken in a consistent manner, when the patient experienced raised blood glucose levels. There was no evidence that the registered nurses evaluated each reading daily to identify if action was required. There was no evidence that levels were re-checked following an elevated result. This was identified as an area for improvement under the regulation.

Care plans were in place for the management of diabetics. The action to be taken if the patient's blood glucose levels were outside the parameters detailed in their care plan was not consistently recorded for the two patients. Care plans for the management of diabetes should be further developed to include the action to be taken if patients' blood sugar levels are outside the normal parameters identified. This has been identified as an area for improvement under the standards.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition and weights for two patients that had been identified as having actual weight loss. Both patients had been referred to the dietician. A nutritional risk assessment was completed monthly; however a care plan for nutritional management was only available for one of these patients. Patients who are assessed as at risk of malnutrition should have a nutritional care plan in place.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. A post falls review, to examine a range of factors, was completed for each patient following a fall. Similarly as outlined above a care plan for falls management was only available for one of the care records reviewed. The shortfalls identified in regards to care planning for nutritional and falls management have been identified as an area for improvement under the standards..

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the prescribed dressing regime. A review of wound care records for the period 25 March – 4 April 2018 evidenced that prescribed dressing regimes were adhered to.

Supplementary care charts, for example; food and fluid intake records and repositioning charts were completed daily. Staff demonstrated an awareness of the importance of contemporaneous record keeping.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, the management of nutrition, falls and wound care and the communication of patient needs between staff.

Areas for improvement

The following areas for improvement were identified under the regulations and standards; the evaluation of blood glucose levels by registered nurses and care plans for the management of diabetes, falls and nutrition.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 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.

When we arrived in the home we were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with nine patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were received:

"I find everyone very pleasant."

"I can call for staff very easily."

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"We would like to thank all the nursing and support staffsuch professionalism alongside a genuine warmth and caring attitude...." (February 2018)

"Thank you to all staff for looking afterso well. She was only with you a short time but she called it home and settled in and was very happy."

"...Everyone was so patient and understanding with him..." (October 2017)

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation; for example appropriate signage, photographs and the provision of clocks and prompts for the date. Numerous photographs of patients participating in activities were displayed in the home alongside examples of art and crafts made by the patients.

A service of worship was held twice weekly within the home; one took place during the inspection. A number of patients were joined by their relatives for the service which was held in the main lounge. Patients and relatives spoke highly of the spiritual care within the home and how much they enjoyed the services.

As previously discussed a total of 14 completed questionnaires were received; 10 were completed and returned during the inspection and four were received following the inspection. All of the respondents indicated that they were satisfied, or very satisfied that care was safe, effective, compassionate and that the home was well led. The following comment was provided:

“Many varied activities, good socially for residents.”

Staff were asked to complete an on line survey, we received no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

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, provision of activities and the spiritual care of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within its registered categories of care.

Since the last inspection there has been no change in the management arrangements. The registered manager continues to be well supported by the responsible individual, Mr Wilson, and the directors of Dunlady House Ltd who visit the home on a regular basis. Three of the directors, and Mr and Mrs Wilson, were present in the home throughout the inspection. Mrs Wilson continues to be very involved in the arranging and delivery of activities.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

We discussed the arrangements in place for monitoring the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control practices and care records. In addition systems were also in place to provide the registered manager with an overview of the management of infections and any weight loss occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by one of the company directors on behalf of the responsible individual. Unannounced visits were completed monthly and a report issued in accordance with Regulation 29 of The Nursing Homes Regulations. A review of the reports clearly demonstrated discussions with patients, relatives and staff and their opinion of the service. We discussed with the director responsible for completing the visits the importance of ensuring that records of events in the home and the complaints records are also reviewed and commented on in the report.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents 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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21(1)(b) Stated: First time To be completed by: 9 May 2018	<p>The registered person shall ensure that before making an offer of employment the following information is obtained and reviewed:</p> <ul style="list-style-type: none"> • Two references including one from the candidate's present or most recent employer (if any) • Reasons for leaving previous employment with children or vulnerable adults should be recorded in the application form • A full employment history together with a satisfactory explanation of any gaps in employment. <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Responsible person to ensure that Home Operational Policy for Recruitment of Staff strictly adhered. Applicant's information required reviewed as per GDPR</p>
Area for improvement 2 Ref: Regulation 13(1)(a) Stated: First time To be completed by: Immediate from the day of inspection.	<p>The registered person shall ensure that the results of blood glucose monitoring are evaluated by a registered nurse and action taken as required.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Blood glucose closely monitored and evaluated by nurse in charge looking after diabetic resident. Default - target BG individualised reported and recorded, monitored by DSN.</p>
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 12.3 & 22.5 Stated: First time To be completed by: 9 May 2018	<p>The registered person shall ensure that care plans are created to meet patients assessed needs with regard to nutrition and falls.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Guidelines discussed with nurses. Care plan developed with residents MUST 1 >2/3 (low nutritional risk- medium/high risk)</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 9 May 2018</p>	<p>The registered person shall ensure that care plans for the management of diabetes are further developed to include the action to be taken if patients' blood sugar levels are outside the normal parameters identified.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Audited and updated care plans for diabetic residents. To include blood sugar target levels and equivalent nursing actions.</p>

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



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