

# Inspection Report

20 May 2021



## Dunlady House

Type of Service: Nursing Home

Address: 18 Dunlady Road,  
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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Dunlady House LTD  <b>Responsible Person:</b> Mr William Hugh Wilson	<b>Registered Manager:</b> Mrs Femina Marmeto  <b>Date registered:</b> 17 February 2016
<b>Person in charge at the time of inspection:</b> Mrs Femina Marmeto	<b>Number of registered places:</b> 68
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 55
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 68 persons.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 May 2021, from 9.50 am to 6.30pm by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas requiring improvement were identified about recruitment practices, fire safety, medication storage, care records and the daily activities.

Patients said that living in the home was a very good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, relatives and staff were included in the main body of this report.

RQIA were assured that by addressing the areas for improvement this would improve the delivery of care and services provided in Dunlady House. RQIA were satisfied that care was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the manager was provided with details of the findings.

### 4.0 What people told us about the service

Seven patients, two relatives and two staff spoken with were happy with the care provided in Dunlady House. Five questionnaires from patients and two from relatives were received and confirmed they were very satisfied that care was safe, effective, compassionate and well led.

### 5.0 The inspection

#### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

#### Areas for improvement from the last inspection on 29 January 2021

Action required to ensure compliance with The Nursing Homes	Validation of
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<b>Regulations (Northern Ireland) 2005</b>		<b>compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 29 (4)(a)(b) <b>Stated:</b> First time	<p>The registered person shall ensure that the monthly monitoring visits and written reports are fully completed and documented.</p> <p><b>Action taken as confirmed during the inspection:</b>            Review of the monthly monitoring reports provided evidence that they had not been fully completed and documented.</p>	<b>Not met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13(7) <b>Stated:</b> First time	<p>The registered person shall make suitable arrangements to minimise the risk of infection. This is in relation to the use of personal protective equipment, storage of gloves, aprons, wipes, equipment and toiletries stored in communal bathrooms, cleaning of toilet seats, a bed bumper on the floor and damaged ensuite shelving.</p> <p><b>This area for improvement has been partially met and has therefore been stated for a second time:</b>            During the inspection it was noted that PPE was not used appropriately by staff and two bed bumpers were trailing on the floor.</p>	<b>Partially met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 14(2)(a) <b>Stated:</b> First time	<p>The registered person shall ensure all parts of the home to which residents have access are free from hazards to their safety. This is in relation to unlocked and unattended cleaning trolleys and cupboards containing cleaning chemicals and prescribed creams.</p> <p><b>This area for improvement has been partially met and has therefore been stated for a second time:</b>            Inspection of the home confirmed not all cleaning chemicals were locked away and prescribed creams were available in communal bathrooms.</p>	<b>Partially met</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 36.1	<p>The registered person shall ensure there is a process of systemic audit in place to ensure compliance with all the operational policies of the home.</p>	<b>Met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 7.1 <b>Stated:</b> First time	The registered person shall ensure that patient' views, feelings and wishes regarding the day to day running of the home that affect their lives and care are sought through a variety of means. This is in relation to patient meetings. <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12.6 <b>Stated:</b> First time	The registered person shall ensure that a menu is displayed in a format which patients can understand and in an appropriate location showing what is available at each mealtime. <b>This area for improvement has not been met and has therefore been stated for a second time:</b> Inspection of the dining room showed that a menu was not displayed showing the meal choice available at each mealtime.	<b>Not met</b>

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. A selection of staff recruitment documentation was reviewed and a more robust system of recruitment checks was required to be in place. This was discussed with the manager and an area for improvement was identified.

Documentation provided showed that not all staff had completed an induction in a timely manner. This was discussed with the manager and is to be completed for all new staff. This will be reviewed at the next inspection.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including infection prevention and control (IPC). Staff meetings had been help on a regular basis. Staff who took charge of the home in the absence of the manager confirmed they were trained and competent. This was evident in the nurse in charge competency documents.

Staff said there was good team work and they felt well supported in their role, were satisfied with the staffing levels but said more staff in the afternoon would be helpful for one to one activities. This was discussed with the manager for her review. Staff also said there was a good level of communication between staff and the manager.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the manager's hours and the person in charge when the manager was not on duty. The manager said that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

Review of the staff on duty found that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Patients told us they were well looked after and staff were very good to them. Staff were positive in their comments about the care provided in the home and on discussion showed that they were aware of patients individual needs. Visitors said there were always staff around and they had no concerns about staffing.

Generally staffing levels were well maintained and addressing the area for improvement on recruitment checks would ensure staff are recruited safely.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to completed adult safeguarding training on a three yearly basis. Staff said they were confident about reporting concerns about patients' safety and poor practice.

Patients spoken with said that had no concerns to report and were confident in the manager. Review of the home's record of complaint confirmed that these were well managed.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. Review of patient records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were respectful, understanding and sensitive to their needs. Staff knocked before entering patients' rooms and respected patients privacy when carrying out personal care by closing doors.

Patients, staff and visitors were all positive in their comments about safety in the home. Patients commented that staff were good to them and the care was good.

It was established that patients were cared for safely and that they felt safe in the home.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. There was evidence that the environment was well maintained. Improvement was being made to a number of bathrooms in the home which enhanced the quality of the interior.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, clean, tidy and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

There was evidence throughout the home of homely touches such as snacks and drinks available, access to a kitchen and art work undertaken by patients as part of the activity programme provided. The décor of the home included reminders of local wartime history.

It was noted that the medication trolleys were stored and locked safely, however; a store room and fridge were unlocked allowing access to oxygen cylinders, medication and a fluid thickening agent had been left unattended in two bedrooms. This was brought to the attention of the manager for immediate action and an area for improvement was identified.

The hallway leading to two fire exits was cluttered with equipment such as hoists, bed screens and packaging. The fire risk assessment was not up to date for the home. This was discussed with the RQIA estates inspector for follow up and an area for improvement was identified.

Cleaning chemicals in a hairdressing room and a kitchen were not locked away. This was brought to the attention of the manager for removal and this area for improvement was stated for a second time.

Patients, patients' relatives and staff said they felt the home was safe and that they were well looked after. Patients told us that the home was clean and they were happy with how they were cared for.

Generally the home was well maintained however, addressing the areas identified for improvement will make sure patients are comfortable and safe.

### **5.2.4 How does this service manage the risk of infection?**

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA) and the most up to date Department of Health (DOH) infection prevention and control (IPC) guidelines were followed.

Visiting arrangements were managed in line with DoH and IPC guidance. All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records and discussion with staff confirmed that training on infection prevention and control (IPC) measures had been provided. Staff use of PPE, hand hygiene and social distancing were not always carried out; for example during activities in the lounge area. Hand towel and sanitising gel dispensers required cleaning and damaged commodes and a chair required repair or replacement. This area for improvement has been stated for a second time.

Patients told us that the home was kept clean and they were familiar with staff using PPE on a daily basis.

Generally the home was clean and tidy. Compliance with the areas for improvement identified should ensure the risk is properly managed on a daily basis.

### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time?**

Staff met at the beginning of each shift to discuss any changes in the needs of patients. A detailed hand over report was shared with staff during these meetings. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who were less able to mobilise required special attention to their skin care. These patients required regular assistance by staff to change their position.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, bed rails and alert mats. A falls risk assessment was completed and the care plan was in place and up to date.

There was a system in place to ensure accidents and incidents were notified to patients' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients were supported and encouraged with meals where this was required.

The dining experience was an opportunity for patients to socialise. Music was playing and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and the dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was a choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the patients.

Patients and staff said the food was generally enjoyable and a variety of modified meals were also provided for those who required them. There was no menu displayed to inform patients of what was being served for each meal. This was discussed with the manager and has been stated as an area for improvement for a second time.

Improvement was required to the displaying of the daily menu board to assist in assuring that patients receive the right care at the right time.



### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Review of care records identified deficits in the recording and detail of care provision. The record for patients who required assistance with changing their position showed this was not carried out on all occasions as guided by the care plan and in some cases no pressure area care plan was in place. Fluid intake targets documented in care plans were not recorded as having been met on a regular basis and weight records had not been recorded monthly as recommended. This was discussed with the manager and an area for improvement was identified.

Patients' care records were held confidentially in the home. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Compliance with the area for improvement identified should ensure the risk is properly managed on a daily basis.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

Discussion with patients confirmed they were able to choose how they spent their day. For example, patients could remain in their bedroom, chat to family on the phone or take part in activities in the lounge area.

Patients also said that they were encouraged to participate in patient meetings, which provided an opportunity for patients to comment and influence daily life in the home. For example, planning activities, decor and menu choices.

It was observed that staff offered choices to patients throughout the day, which included preferences of clothing, food and drink options, and where and how they wished to spend their time.

Observation and review of documentation showed that there was a small range of activities provided for patients included religious, spiritual and creative events. The daily activities were not displayed in the home for patients and their relatives to see. An area for improvement was identified.

Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients said it was great to have visiting increased and care partners told us that their relatives had benefited so much from the care partner arrangement.

While patients were afforded choices addressing the area for improvement made about activities will further enhance patient choice and how they prefer to spend their day.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Femina Marmeto has been the manager in this home since 17 February 2016.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed regular audits of care records, IPC, nutrition, restrictive practice and wound management.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. Patients and their relatives said that they knew who to approach if they had a complaint.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said the manager made sure that patients got the very best care.

A record of compliments received about the home was kept and shared with the staff team. Compliments from relatives described how they felt welcomed to the home and thanked staff for the care and attention received by their relatives.

A review of the records of accidents and incidents, which had occurred in the home, found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were not completed in detail and no action plan was in place for areas requiring improvement. This area for improvement has been stated for the second time.

It was evident that the home was well led and that the care was safe, effective and compassionate and addressing the areas for improvement identified will ensure the overall quality of care and lived experience of the patients is improved.

## 6.0 Conclusion

The home was well decorated, suitably furnished, clean and tidy. Improvement was being made to a number of bathrooms in the home and patient's bedrooms contained items which were personal to them.

Patients and relatives were confident about the care provided and spoke positively about staff and the manager. Patients were well dressed and care had been taken with their personal appearance. Interaction between patients and staff were respectful.

Nine areas for improvement were identified.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the manager acknowledges the need to address the areas required for improvement.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	5*

\* The total number of areas for improvement includes four that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Femina Marmeto, registered manager, Paul Wilson and John Wilson, directors, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29 (4) (a) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection	<p>The Registered Person shall ensure that the monthly monitoring visits and written reports are fully completed and documented.</p> <p>Ref: 6.2.3 &amp; 5.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The Responsible Director shall ensure full completion of the written report and continued compliance is being audited by the Registered manager.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 September 2020	<p>The registered person shall make suitable arrangements to minimise the risk of infection. This is in relation to the use of personal protective equipment, storage of gloves, aprons, wipes, equipment and toiletries in communal bathrooms, cleaning of toilet seats, a bed bumper on the floor and damaged ensuite shelving.</p> <p>Ref: 6.2.4 &amp; 5.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Following discussion with IPC Champions and staff meetings robust implementation of IPC policy is now in place. Further auditing and monitoring of the above in place to ensure continued compliance. Structural repairs discussed with Directors ongoing planning in place.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediately from the date of inspection	<p>The registered person shall ensure all parts of the home to which residents have access are free from hazards to their safety. This is in relation to unlocked and unattended cleaning trolleys and cupboards containing cleaning chemicals and prescribed creams.</p> <p>Ref: 6.2.4 &amp; 5.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Following discussion with domestic, trained and care staff this is now compliant and is being audited by the Registered Manager and IPC Champions.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 27 (4) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b>	<p>The registered person shall have in place a current risk written assessment and fire manager plan in place and ensure the means of escape is kept clear of obstacles.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>

30 June 2021	Following discussion from the responsible person, Fire Risk Assessment now completed and up to date 2/6/2021. Fire warden, Fire Awareness Training and Fire Evacuation also up to date. FRA report submitted to RQIA Estate Inspector. Responsible Director ongoing completion of the action plan as per FRA report. All Fire exits is now free of clutter.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.6  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 October 2020	The registered person shall ensure that a menu is displayed in a format which patients can understand and in an appropriate location showing what is available at each mealtime.  Ref: 6.2.5 & 5.1  <b>Response by registered person detailing the actions taken:</b> Following discussion with Responsible Director and Cook Manager, a white board has been display in the dining room wall updated daily with current daily menu and enhanced by the the pictures of the meals Registered person to ensure continued daily menu update.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> Following discussion with Responsible Director a recruitment checklist in place to ensure compliance to statutory employment legislation.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	The registered person shall ensure medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Following staff meeting and discussions with all trained staff and care staff all prescribed medications and creams are safely and securely locked and stored as per standard. A new lay out of the treatment room discussed with directors.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b>	The registered person shall ensure that care plans contain detailed plans reflective of the changing needs of the patient.  With specific reference to: <ul style="list-style-type: none"> <li>• daily fluid intake for patients on a fluid restriction</li> <li>• relevant information within care plans regarding pressure</li> </ul>

30 June 2021	<p>area care</p> <ul style="list-style-type: none"> <li>weight records for patients who require their weight monitored.</li> </ul> <p>Ref: 5.2.6</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2021</p>	<p>The registered person shall ensure activities which are offered to patients are displayed in a place and in a format which patients and their relatives can view.</p> <p>Ref: 5.2.7</p> <p><b>Response by registered person detailing the actions taken:</b> Activity board at the main entrance is now in place and updated weekly</p>

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



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