Unannounced Care Inspection Report
3 October 2017

Dunlady House

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

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 Mermeto
Person in charge at the time of inspection: Lily O'Neill, deputy manager Ms Maremto, registered manager was present in the home from 10 00 – 12 30 hours.	**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 3 October 2017 from 09:40 to 16:15.

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 the provision and deployment of staff, training and development, risk management, the provision of activities and the home's environment.

There were examples of good practice found throughout the inspection in relation to patient assessment and care planning and communication between patients, staff and other key stakeholders.

Areas requiring improvement were identified with the provision of equipment in accordance with the National Patient Safety Agency, national colour coding system and staff knowledge of same. Improvements were required with the completion of repositioning charts to evidence care delivery and the need for monitoring systems to ensure these charts were accurately completed.

Patients commented positively regarding the care they received and the caring attitude of staff. These are examples of some of the comments received:

"I am very happy with the care."
"The care is excellent. Staff are thoughtful and considerate. You would go far to find a better place."
"The activities are great."

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	4*

*The total number of areas for improvement include two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Lily O'Neill, Deputy 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 6 April 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 April 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 we met with eight patients individually and with others in small groups and seven staff. Questionnaires were also left in the home to obtain feedback from patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 2 October 2017
- 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
- two staff recruitment and induction file
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- 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 6 April 2017

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

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 11 January 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 41.2 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that a review of the night time routine, the nursing needs of the patients and the provision of registered nurses was undertaken. The four registered nurses spoken with were satisfied that there were sufficient registered nurses on night duty to meet the health and welfare of the patients. This area for improvement has been met.	
Area for improvement 2 **Ref:** Standard 4.7 **Stated:** First time	It is recommended that patient assessments are reviewed at regular intervals and in response to any changes in the patient's condition.	**Met**
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	
Area for improvement 3 **Ref:** Standard 4.9 **Stated:** First time	It is recommended that contemporaneous records of all nursing interventions are maintained to evidence care delivery.	**Not met**
	Action taken as confirmed during the inspection: We reviewed the repositioning charts for two patients – the frequency with which patients were required to be repositioned, as detailed in their care plans, was not evidenced in the charts reviewed. This area for improvement has not been met and is stated for a second time.	

Area for improvement 4 **Ref:** Standard 35.7 **Stated:** First 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.	**Partially met**
	Action taken as confirmed during the inspection: A review of the reports of the monthly monitoring visits completed from March – August 2017 evidenced that some months issues identified during the previous visit had been commented on, other months there was no record any follow up. This area for improvement is assessed as partially met and is stated for a second time.	

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 staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 2 October 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. Observation of the delivery of care and discussion with patients evidenced that their needs were met by the levels and skill mix of staff on duty.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; seven 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 spoken with during the inspection commented positively regarding the staff and care delivery. Patients were satisfied that when they required assistance staff attended to them in a timely manner. We sought relatives' opinion on staffing via questionnaires; six were returned in time for inclusion in the report. The relatives were very satisfied or satisfied that there was sufficient staff to meet the needs of their loved one.

The registered manager confirmed that a nurse was identified to take charge of the home when the registered manager was off duty. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments were signed by the registered manager to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home. The nurse-in-charge was clearly identified on the staffing rota.

A review of two staff recruitment records evidenced that they were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records confirmed that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the registered manager and the administrator. A review of the records of NMC registration evidenced that all of the nurses on the duty rota for the week of the inspection were included in the NMC check. The administrator confirmed that there were systems in place which alerted them to when staff were due to re-register with the NISCC.

The registered manager confirmed that newly appointed staff commenced a structured orientation and induction programme at the beginning of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe.

We discussed the provision of mandatory training with staff who confirmed a variety of training was available and that the content was relevant to their job role. The registered manager explained that they had systems in place to monitor staff compliance; for example at the time of the inspection 100% of staff had completed training in safeguarding in 2017, 89% infection prevention and control and 86% in moving and handling. A range of training was also available from the local health and social care trust and staff confirmed that they were supported to attend these trainings.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified and the policy was currently being updated to reflect the new terminology and roles.

Review of three 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.

A review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA in July to September 2017 confirmed that these were appropriately managed. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Patients spoken with were complimentary in respect of the home's environment.

Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately. We spoke with one member of housekeeping staff regarding the National Patient Safety Agency and their national colour coding system for equipment such as mops, buckets and cloths. The staff member confirmed they had red and blue mops and buckets and were knowledgeable of the use of equipment of these colours.

The nation colour coding system refers to four colours of equipment; the staff member was not aware of this. The registered manager should review the provision of cleaning equipment to ensure that it is in accordance with best practice in infection prevention and control. Staff must be aware of what colour of equipment is used where. This was identified as an area for improvement under the care standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and deployment of staff, training and development, risk management and the home's environment.

Areas for improvement

An area for improvement was identified with the provision of cleaning equipment and staff knowledge of same.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

A review of three care records evidenced that a comprehensive assessment of need and a range of validated risk assessments were completed for each patient. Assessments were reviewed as required and at a minimum monthly. There was evidence that assessments informed the care planning process. Care records contained good details of patients' individual needs and preferences.

As previously discussed we reviewed the repositioning charts for two patients – the frequency with which patients were required to be repositioned, as detailed in their care plans, was not evidenced in the charts reviewed. As this was identified as an area for improvement during the previous care inspection and has not been met the registered manager should implement monitoring systems to ensure repositioning charts are accurately completed. This was identified as an area for improvement under the care standards.

We reviewed the management of catheter care for two patients. Care plans were in place which detailed the frequency with which the catheters were due to be changed and systems were in place to alert staff to when the next change was due. Care records evidenced that the catheters were changed in accordance with the prescribed frequency. Records evidenced that the patient's intake and urinary output were recorded daily and totalled at the end of every 24 hour period.

We examined the management of enteral feeding for one patient. The dietetic report which detailed the prescribed nutritional regime was available in the patient's care records. We reviewed the care charts completed for the four days prior to the inspection which evidenced that the prescribed nutritional regime was adhered to.

Patients who had been identified as at risk of losing weight had their weight regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely manner. Records reflected that referrals had been made to the appropriate healthcare professionals.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that communication was good within the home and that they provided with the relevant information in response to patients daily needs and changing needs. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that they enjoyed working in the home and with colleagues and if they had any concerns, they could raise these with the manager who was in the home daily. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager confirmed that staff meetings were held and records were maintained of the staff who attended, the issues discussed and actions agreed. Records evidenced that the most recent staff meeting was held on 18 July 2017.

A record of patients including their name, address, date of birth, marital status, religion, date of admission, date they left the home (where applicable) and details of where they were transferred to, details of death (where applicable) and the name of the public body responsible for arranging each patients admission was held in a patient register. This registered provided an accurate overview of the patients residing in the home on the day of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient assessment and care planning and communication between patients, staff and other key stakeholders.

Areas for improvement

An area was identified for improvement under standards in relation to the implementation of monitoring systems to ensure repositioning charts are accurately completed

	Regulations	Standards
Total number of areas for improvement	0	1

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.

We arrived in the home at 09:40. There was a calm atmosphere and staff were busy attending to the needs of the patients. Patients were observed either in their bedrooms as was their personal preference or seated in the dining room or lounges again in keeping with their personal preference. Staff interaction with patients was observed to be compassionate, caring and timely. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There was evidence that patients were involved in decision making about their care. Patients were consulted with regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. Staff encouraged those patients who could express their preference to do so and demonstrated a detailed knowledge of patients' likes and dislikes for those patients who were unable to express their opinion.

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Discussion with patients individually and with others in smaller groups, confirmed that they were content living in the home.

These are examples of some of the comments received:

"I am very happy with the care."
"The care is excellent. Staff are thoughtful and considerate. You would go far to find a better place."
"The activities are great."

We discussed the provision of activities with the patients and observed that they were knowledgeable regarding the activity programme. Patients were well informed of what activities were planned and explained that a lady came to the home each Tuesday and held an arts and crafts event with them. However on the day of the inspection the activity was cancelled due to unforeseen circumstances. Patients were informed of this at the earliest opportunity and many of them informed us of the cancellation our conversations. Patients explained that they generally looked forward to the different events that were planned throughout the week. Some patients commented that whilst they didn't join in with all of the activities there were certain events they enjoyed and the weekly craft event was one of them.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. They explained that they had regular, daily contact with the patients and any visitors and was with confirmed that they knew who the registered manager was and that she was regularly available in the home to speak with.

Quality assurance questionnaires were also issued annually to relatives; there were last issued in March 2017 with a 30% response rate. The results were included in the annual report for 2016/17. The responses were generally positive with any areas of dissatisfaction being addressed through the complaints process.

We issued questionnaires for ten relatives; six were returned within the timescale for inclusion in this report. All of the relatives were either very satisfied or satisfied that care was safe, effective and compassionate and that the service was well led.

We issued ten questionnaires to nursing, care and ancillary staff; seven were returned within the timescale for inclusion in this report. Staff were either very satisfied or satisfied with the care provided across the four domains. Additional comments provided were discussed with the registered manager for review and action as appropriate.

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

Areas for improvement

The following areas were identified for improvement in relation to relation to the culture and ethos of the home, dignity and privacy, the provision of activities and taking account of the views of patients.

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 and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

The registered manager's hours were clearly recorded in the home. Discussion with patients and staff evidenced that the registered manager's working patterns provided good opportunity to allow them contact as required. Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described management support in positive terms and felt confident that they would respond positively to any concerns/suggestions raised.

Discussion with the registered manager and 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.

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments received on thank you cards:

"…. in the short time she was with you, she came to think of Dunlady House as home."
"…. the staff seemed to strike a balance between offering us support and giving us space, not an easy task."
"My family did not know all the staff and yet the word friend seems a fitting way to address you."

The registered manager confirmed that monthly audits were completed which included infection control, care records and medication administration. The records of audit evidenced that any identified areas for improvement had been reviewed to check compliance and drive improvement.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Review of records evidenced that unannounced quality monitoring visits were completed on a monthly basis. An action plan was included within the report to address any areas for improvement. As previously discussed a review of the reports of the monthly monitoring visits completed from March – August 2017 evidenced that some months, issues identified during the previous visit had been commented on, other months there was no record any follow up. This was an area for improvement identified during the previous inspection and is now stated for a second time.

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 new 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 Lily O'Neill, Deputy 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 Care Standards for Nursing Homes (2015)	
Area for improvement 1 **Ref:** Standard 4.9 **Stated:** Second time **To be completed by:** 31 October 2017	It is recommended that contemporaneous records of all nursing interventions are maintained to evidence care delivery. Ref: Section 6.2 and 6.5
	Response by registered person detailing the actions taken: Discussed with nursing staff, that all primary nurses will ensure that all care plans and records were maintained to provide accurate recording. Registered Manager and Deputy Manager to audit monthly.
Area for improvement 2 **Ref:** Standard 35.7 **Stated:** Second time **To be completed by:** 31 October 2017	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. Ref: Section 6.2 and 6.7
	Response by registered person detailing the actions taken: Discussed with Registered Provider and Stakeholders regarding issues in relation to `writing Regualtion 29 reports. Registered Manager to continue to review and monitor all reports accordingly.
Area for improvement 3 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 31 October 2017	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. Ref: Section 6.4
	Response by registered person detailing the actions taken: All domestic staff completed COSHH and Infection Control Training. Equipment (yellow bucket purchased) in place to be use as appropriate). Registered Manager and Senior Nursing Staff to audit weekly/monthly and whenever necessary.
Area for improvement 4 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 31 October 2017	The registered person shall implement monitoring systems to ensure that are repositioning charts are accurately completed Ref: Section 6.5
	Response by registered person detailing the actions taken: Discussed with Nursing and Care Staff that all residents repositioning chart will be recorded on paper. Nurse in charge and senior member of staff will monitor and review charts daily to ensure accurate recording.Plan to scan all reports to be attahced to individual file. Registered Manager/ Deputy Manger to audit weekly/ monthly and whenever necessary

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews