



# Unannounced Care Inspection Report 9 & 10 May 2019



## Dunlady House

**Type of Service: Nursing Home**

**Address: 18 Dunlady Road, Dundonald, Belfast, BT16 1TT**

**Tel no: 028 9048 1002**

**Inspector: Sharon McKnight & Briege Ferris**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 68 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Dunlady House Ltd  <b>Responsible Individual:</b> Mr. William Hugh Wilson	<b>Registered Manager and date registered:</b> Mrs Femina Marmeto 17 February 2016
<b>Person in charge at the time of inspection:</b> Femina (Femy) 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> 62

### 4.0 Inspection summary

An unannounced inspection took place on 9 & 10 May 2019. This inspection was undertaken by care and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The inspection assessed progress with areas for improvement identified in the since the last care and finance 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 training of staff, staffs attentiveness to patients and patient safety. The environment was safely managed without detracting from the homely atmosphere.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

We observed that patients were offered choice with their daily routine, the dining experience was positive for patients and that systems were in place to gain relatives opinions on the services provided.

There were stable and well established management arrangements in place with good systems to provide management with oversight of the services delivered.

The registered manager will consider how best to engage with the patients to promote and support their engagement and participation in decisions about their daily life. This was identified as an area for improvement.

Patients described living in the home as being a good experience/ in positive terms. Those unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>2*</b>

\*The total number of areas for improvement include one which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Femy Marmeto, Registered Manager and Paul and John Wilson, Company Directors 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.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff from 29 April – 12 May 2019
- 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 files
- five patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of the monthly visits made on behalf of the responsible person
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspections**

Areas of improvement identified at previous care inspection have been reviewed and have been met.

Areas of improvement identified at previous estates inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas of improvement identified at previous finance inspection have been reviewed. Of the total number of areas for improvement three were met and one has been carried forward for review at the next care inspection.

There were no areas for improvement identified as a result of the last medicines management inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

In order to determine if care was delivered safely we talked with a number of the patients. Patients told us that staff attended to them promptly and if they were in their bedrooms staff came as quickly as they could when they called them. The patients said that staff were pleasant and attentive to them.

Patients were happy that they knew the staff as it is a consistent team with few changes. Patients said:

“Staff are exceptional, they do their very best.”

“Staff are excellent and very approachable.”

One patient told us that, at times when they were in the lounge, they had to wait too long for assistance to the toilet. One relative commented that at times the home was “a little under staffed.” These comments were shared with the registered manager for their consideration.

We observed that those patients who, due to their frailty were unable to request staffs’ attention, were regularly attended to by staff.

A system was in place to identify appropriate staffing levels to meet the patient’s needs. A review of the staff rotas for the period 29 April – 12 May 2019 confirmed that the staffing numbers identified were provided.

There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. Activities were co-ordinated by Mrs Wilson, the owner, who was supported by the wider staff team on the delivery of activities.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff; six were completed and returned by relatives. Responses indicated the relatives were either satisfied or very satisfied with the staffing arrangements in the home. The following comments regarding staff were received:

“Dunlady House staff are genuinely concerned to be caring towards residents and their families.”

“Staff are very approachable and kind.”

“Staff are very helpful.”

“Staff are very helpful and ... needs are always attended to.”

No responses were received from staff following the inspection. We spoke with nine members of staff from across the staff teams during the inspection; all were satisfied that there was sufficient staff to meet the needs of the patients.

We discussed the recruitment of staff with the manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides training for staff via an e learning programme and face to face training. Review of training records confirmed that staff had undertaken a range of training relevant to their roles and responsibilities. The local health and social care trust also provide training which staff in the home can attend.

We discussed how patients are protected from abuse. The manager confirmed that the home had a safeguarding champion to support the adherence to the safeguarding policies and procedures. Staff receive training annually on the safeguarding and protection of patients; this is also included in the induction and annual training programme for staff.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care council (NISCC). This was all in place.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place.

We observed that some patients had bedrails erected or alarm mats in place; we were satisfied that these practices were the least restrictive possible and used in the patient's best interest. The rationale for using bedrails was recorded following the completion of assessments; this is good practice. The use of restrictive practice was agreed through a multi disciplinary approach with the involvement of family and patients if possible..

We saw from the care records that falls were reviewed and the care plan altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any action could be taken to reduce the risk of further falls/accidents. Patients' relatives, the manager and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

We observed staff using gloves and appropriately. Hand washing facilities, liquid soap and disposable hand towels were widely available and well utilized through the home. Hand sanitising gel was available at a variety of locations throughout the home to support good hand hygiene. Housekeeping and laundry staff had a range of appropriate colour coded equipment which was being used appropriately.

We saw that the environment in Dunlady House was homely, warm and comfortable. The home was clean and fresh smelling throughout. Patients had the choice of remaining in their bedrooms throughout the day or spending their day in one of the two lounges. A selection of comfortable chairs were available in the lounges alongside space for patients who sat in their

own specialised seating. Patients' were encouraged to individualise their own rooms; many had pictures, family photographs and ornaments brought in from home.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was safely managed without detracting from the homely atmosphere.

#### **6.4 Is care effective?**

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

We spoke with nine patients individually who were happy with the care they were receiving. They confirmed that staff arranged visits when they needed them from a variety of healthcare professionals including their GP, podiatry, opticians and dentists. If they were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

We observed that there were clear working arrangements for the sharing of information of the needs of the patients. Staff were allocated identified patient groups and it was their responsibility to ensure the care was delivered appropriately.. Patient care was discussed at the beginning of each shift.

A range of assessments, to identify each patient's needs, were completed by a registered nurse on admission to the home; it is these assessments which inform the care plans for each patient.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

We reviewed how patients' needs in relation to wound prevention and care, nutrition and falls were identified and cared for. Records reviewed confirmed that wound care was delivered in keeping with the prescribed care. Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. For those patients identified as at risk a care plan was in place

Patients' nutritional needs were identified through assessment and care plans detailing the support patients need to meet their nutritional needs were put in place.

Patients we spoke with were very happy with the variety and quality of the meals provided. Lunch was served in the dining room on the ground floor. Patients had the choice of coming to the dining room or having their meals brought to them on a tray. The dining room tables were nicely set and a choice of condiments was provided on each table. Staff and patients told us that there was a choice at each mealtime of two main dishes and a dessert. Lighter



alternatives, for example sandwiches, were also available at each meal. If patients had specific dietary requirements or limited foods that they liked an individual meal plan was in place for those patients. A record of the meal chosen, along with individual preferences, for example portion size, was available in the kitchen. We met with the two assistant chefs who spoke passionately about the menu, the importance of choice and effective methods of fortifying food to provide food high in calories in a natural way. It was obvious from talking to these staff that they were familiar with the patients' likes and dislikes.

We reviewed the prevention and management of falls. Where a patient was identified as at risk of falling a care plan was drawn up to identify any preventative measures which may reduce the risk. Care records evidenced that a post falls review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. They supported patients to make daily decisions and we observed that with patients who required support to make a decision staff used their knowledge of individuals to prompt decisions. Staff worked well as a team and reported that there were good relations between differing roles within the team.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. The delivery of care took into account personal choice for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

#### **6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09:40 and were met immediately by staff who offered us assistance. The ground floor was quiet; a number of patients had finished breakfast and were being assisted to the lounge, some patients had breakfast in their room and some patients were still sleeping.

We spoke with nine patients, individually throughout the day. Patients confirmed that they were supported to make daily choices; for example where to spend their day, have their meals and join in with activities. We asked if patients felt their consent was gained prior to providing care. They confirmed that staff would ask if they were ready to get up or would like to go to bed. For those patients who were unable to voice their opinion staff provided good explanation of the care they were about to deliver prior to assisting the patient.

The patients told us the following:

"We are spoilt."

"The food is good, I eat too much."

We spoke with the relative of one patient who was happy with the care provided and the information they received from staff. As previously discussed we received six completed questionnaires from relatives following the inspection. The following are some of the comments provided:

“The evening meal is now served at a more reasonable time (around 5 o’clock) than it was a year ago.”

“I am very happy with the care my ... received in Dunlady. I am always kept up to date with ....progress and staff are very approachable and kind.”

“.. is very happy here in the home and really well cared for...”

The home provides questionnaires on an annual basis to relatives. The most recent questionnaires were issued in March 2019. The manager confirmed that the information received from the returned questionnaires will be collated and a response provided to relatives; the response will include any comments/suggestions for improvement and the action taken by the home.

We discussed what opportunities were provided for the patients to have their say about day to day events in the home and an opportunity for management to inform and discuss home issues with them. Questions and individual issues are raised and responded to by management on a patient by patient basis. There is currently no formal processes to gain patient opinion on the day to day running of the home. It was agreed that the manager would consider how best to engage with the patients to promote and support their engagement and participation in decisions about their daily life. This was identified as an area for improvement.

Comments from relative by way of thank you cards included;

“It was always evident to us that the staff of Dunlady were always kind, compassionate and extremely professional in the way in which they attended to ...”

“Thanks very much for setting the table in such a pretty manner for (relatives).birthday.”

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to patient choice and the daily routine, the quality of meals provided and the dining experience and systems to gain relatives opinion on the services provided.

### **Areas for improvement**

The registered manager would consider how best to engage with the patients to promote and support their engagement and participation in decisions about their daily life.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The manager is the person in day to day operation of the home; the current manager has been registered with RQIA since 2016 and was knowledgeable of her responsibility with regard to regulations and notifying RQIA of events. The manager reported that they were well supported by the owners. They were also supported in their role by a deputy manager and an administrator. A review of the duty rota evidenced that the manager's hours were clearly recorded. Patients and staff reported that the manager was very approachable and available to speak to on a regular basis.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included the environment, infection prevention and control practices and care records. The manager explained that any actions identified to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed. Complaints and accidents are reviewed monthly to identify trends and any common themes.

Monthly monitoring reports were completed by the responsible person from the home. These were available in the home and included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home.

The following areas were examined during the finance inspection and were found to be satisfactory:

- Records of the two most recent reconciliations of the patients' bank account
- A sample of patients' property records (in their rooms)
- A sample of patients' individual written agreements
- A sample of patients' personal monies authorisations

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Femy Marmeto Registered Manager and Paul and John Wilson company directors, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 7.1  <b>Stated:</b> First time  <b>To be completed by:</b> 5 July 2019	The registered person will introduce arrangements to promote and support patient participation in decisions about the running of the home and their daily life.  Ref: 6.6  <b>Response by registered person detailing the actions taken:</b> Initial consultation with resident and their relative in creating a forum, received a positive feedback. First Resident-Relative Forum scheduled.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time  <b>To be completed by:</b> 29 March 2019	The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.  Ref: Appendix 1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>

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



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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews