



Unannounced Care Inspection Report

16 October 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 16 October 2018 from 11.00 to 16:30.

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, accident notification and the home's environment. There were examples of good practice found in relation to record keeping and the management of nutrition and wound care. Good practice was also observed in relation to the culture and ethos of the home and the dignity and privacy of patients. There were robust systems in place in relation to governance arrangements, management of complaints and maintaining good working relationships.

Areas requiring improvement were identified in relation to the decluttering of bathrooms and shower rooms throughout the home, a planned menu for vegetarian options and the time the evening tea is served.

Generally 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	0	3

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 11 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 April 2018. 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 12 patients individually and others in small groups, two patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- staff duty rota from week commencing 15 October 2018
- incident and accident records
- two staff recruitment and induction files
- seven patient care records
- two patient care charts including blood glucose monitoring and reposition charts
- complaints record
- RQIA registration certificate
- a sample of 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 11 April 2018.

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 11 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21(1)(b) Stated: First time	The registered person shall ensure that before making an offer of employment the following information is obtained and reviewed: <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. 	Met

	<p>Action taken as confirmed during the inspection: Two staff recruitment files reviewed evidenced that prior to making an offer of employment the required information was obtained. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Regulation 13(1)(a) Stated: First time</p>	<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>	Met
	<p>Action taken as confirmed during the inspection: A review of three patients care records evidenced that registered nurses were evaluating blood glucose readings and taking action as required. This area for improvement has been met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 12.3 & 22.5 Stated: First time</p>	<p>The registered person shall ensure that care plans are created to meet patients assessed needs with regard to nutrition and falls.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of three patients care records evidenced that care plans were in place to meet the patients' assessed needs with regard to nutrition and falls.</p>	
<p>Area for improvement 2 Ref: Standard 4 Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection: A review of three patients care records evidenced that the parameters for blood glucose levels were recorded and the action to be taken if blood glucose levels were outside the normal parameters. This area for improvement has been met.</p>	

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 from week commencing 15 October evidenced that the planned staffing levels were adhered to. Staff 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 spoke with relatives of two patients during the inspection, no issues were raised with regard to staffing. Questionnaires were provided for patients and relatives; three were completed by patients and returned prior to the end of the inspection; one was received following the inspection. All of the patient were satisfied with staffing.

Eleven completed questionnaires were received from relatives. All of the relatives were satisfied with staffing. The following comment was provided:

"staff are very friendly and caring and relatives are made to feel welcome.."

"...We both have a good rapport with the staff. They are very approachable and helpful."

We reviewed accidents/incidents records completed 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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. In accordance with good infection prevention and control a number of the bathrooms and showrooms should be generally decluttered; this was identified as an area for improvement. Fire exits and corridors were observed to be clear of clutter and obstruction.

The exterior of the home had recently been repainted and, the registered manager explained that, refurbishment work is planned for the dining room and lounge.

Areas of good practice

relation to staffing, accident notification and the home's environment. There were examples of good practice found throughout the inspection in

Areas for improvement

The following area was identified for improvement in relation to the decluttering of bathrooms and shower rooms throughout the home.

	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.

Review of seven patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

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 for two patients; both had been referred to the dietician in the local health social care trust. Nutritional risk assessments were completed monthly; care plans for nutritional management was in place. Food and fluid intake charts were maintained daily and evidenced that both patients were receiving a varied diet.

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 care records evidenced that dressings were renewed in accordance with the prescribed care. Repositioning charts for two patients were reviewed; the charts evidenced that the patient consistently was assisted to change their position for pressure relief in accordance with their care plans.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Staff confirmed that there continued to be 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and the management of nutrition and wound care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 mid morning and were greeted by staff who were helpful and attentive. Patients were finishing a morning cup of tea or coffee in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 12 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect.

Patients said that they were generally happy living in the home. Two patients raised queries regarding aspects of their care. These were shared with the registered manager who agreed to discuss with issues further with the patients and take appropriate action as required. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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 present in the dining room throughout the meal and were observed assisting patients with their meal as required. Patients able to communicate indicated that they enjoyed their meal. We reviewed the menu for patients who require a vegetarian diet and noted that, whilst patients were offered choice, there was no planned menu. This was identified as an area for improvement. We noted that the serving of evening meal began at 16 00. The importance of ensuring there are appropriate intervals between meals and snacks was discussed with the registered manager and it was agreed that they would review the time evening tea is served to ensure there are appropriate intervals between meals and snacks. This was identified as an area for improvement.

Questionnaires were provided for patients and relatives; four were completed by patients, all of whom were satisfied that care was safe, effective and compassionate and that the home was well led. No additional comments were provided in the responses. Eleven completed questionnaires were received from relatives. All of the relatives were satisfied with all aspects for care. The following are some comments provided:

"Excellent, compassionate care."

"Dunlady House provides a caring and friendly environment for my ... I feel very happy with the support she is given."

“The home is kept very clean and there are never any odours. The resident are kept very clean and tidy at all times. I know my ... is being well cared for.”

“As one enters Dunlady there is a caring atmosphere which is almost tangible.”

“I am extremely satisfied and grateful about the professional and compassionate care which my ... received at Dunlady House over the past 41/2 years.”

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 will be 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 and the dignity and privacy of patients.

Areas for improvement

The following areas were identified for improvement in relation to planned menus for vegetarian options and the time the evening tea is served.

	Regulations	Standards
Total number of areas for improvement	0	2

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 the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. 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. Two of the directors were present for feedback at the conclusion of the inspection.

The following comment was provided in a completed questionnaire returned by a relative:
 “The owners lead by example and their standards are passed down to staff....much credit should be given to Femy and her team...”

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 quality monitoring visits were completed on a monthly basis by a company director on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. A review of reports completed for the period June – September 2018 evidenced that records of events in the home and the complaints records were reviewed and commented on in the report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2018</p>	<p>The registered person shall ensure that the bathrooms and shower rooms are generally decluttered and maintained clutter free.</p> <p>Ref: Section. 6.4</p> <p>Response by registered person detailing the actions taken: General decluttering ongoing. Nurse in charge and IPC link nurse responsible in monitoring communal bathrooms and shower rooms. Refurbishment of bathroom and shower room planning stage-completed</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12:13</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2018</p>	<p>The registered person shall ensure that a planned menu is available for those patients who require a vegetarian diet.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Vegetarian menu available for residents and staff.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2018</p>	<p>The registered person shall review the time evening tea is served to ensure there are appropriate intervals between meals and snacks.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Reviewed meals times as per regulation. Proposed meal times Breakfast 8-10:30 Lunch 12:00-13:30 Tea Time 16:30-17:30 Supper 21:00 Tea Trolley/ Snack 11-11.30/ 14:00-15:00/ 18:30-19:30</p>

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 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care