



Announced Care Inspection Report 21 September 2020



Dunlady House

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

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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 nursing home 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 and date registered: Mrs Femina Marmeto 17 February 2016
Person in charge at the time of inspection: Femina (Femy) Marmeto	Number of registered places: 68
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 patients accommodated in the nursing home on the day of this inspection: 53

4.0 Inspection summary

An announced inspection took place on 21 September 2020 from 10.00 to 14.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality of life for patients
- Quality improvement.

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

The term 'patients' is used to describe those living in Dunlady House which provides nursing care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Femina Marmeto, manager, Lily O'Neill, deputy manager and Paul Wilson, director, 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 reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints analysis
- Compliments records
- Incident and accident analysis
- Minutes of patients' meetings
- Minutes of relatives' meetings
- Minutes of staff meetings
- Activity planner for June and July 2020
- Menus for July 2020
- Three patients' care records.

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients, patients' representatives and staff. Ten patients' questionnaires, ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via zoom with Femina Marmeto, manager.

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 previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 January 2020.

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

6.2 Inspection findings

6.2.1 Staffing arrangements

We spoke with the manager when we commenced the inspection regarding staffing levels in the home. The manager confirmed that staffing levels were appropriate for the level of dependency of patients and to respond to patient's needs. We observed on the day of inspection that staff responded to patient's in a timely manner and there were sufficient staff to meet their needs. Patients consulted with spoke positively about the care provided in the home. No concerns about staffing were raised by staff or patients whom we spoke to during the inspection.

Staff spoken with were familiar with their roles and responsibilities and confirmed that training was provided to ensure they had the knowledge to provide the most appropriate care to patients.

As part of the inspection we also asked patients, family members and staff for their comments on staffing levels via questionnaires. A total of twenty questionnaires were returned with sixteen stating they were satisfied with the staffing levels in the home and four who thought more staff at the weekend would be helpful. This information was shared with the manager after the inspection.

6.2.2 Management arrangements

There was a clear management structure in the home and this was confirmed on review of the management structure documentation provided prior to the inspection. There had been no change in manager since the last care inspection. The manager confirmed that the home was operating within its registered categories of care. The information about the management structure of the home was reviewed and found to be clear and complete.

Details and contact numbers were provided for the out of hours on-call arrangements in the home in the event of an emergency. In the absence of the manager the deputy manager would assume the responsibility for taking charge of the home.

6.2.3 Governance systems

A sample of the minutes of staff meetings were provided prior to the inspection and were reviewed and well documented with actions completed. The minutes did not include meetings for health care assistants. This was discussed with the manager and meetings are to be commenced. This will be reviewed at the next inspection.

We reviewed a sample of the quality audits of the working practices within the home. Audits had been completed for hand hygiene, infection prevention and control, falls, wounds, nutrition and care records. However, audits had not been completed for restrictive practices and no actions were recorded for wound and nutritional audits. An area for improvement was made.

The record of the monthly quality monitoring visits were received prior to the inspection and reviewed. They had been completed for May, June and July 2020 however, the reports were not fully completed in areas such as complaints and review of records. An area for improvement was made.

Complaints in the home were monitored on a monthly basis and we found this to be well documented regarding the complaint detail and outcome of the complaint. There had been only two complaints in the home since January 2020 which had been resolved to the complainants' satisfaction.

The analysis for falls in the home were completed on a monthly basis and found to be well documented with patterns and trends identified and any necessary action taken.

We chatted to a number of staff in the home who told us they had a very good supportive manager and management team. They said that staff worked well as a team and supported each other on a daily basis.

Care plans were reviewed for three residents' records. Records were informative and gave direction on care requirements for patients in relation to nutritional needs, dietician's recommendations for those with weight loss and oral care. Documents were completed contemporaneously and evidenced that staff contact with other professionals such as the speech and language team and dentist was undertaken where appropriate.

6.2.4 Infection Prevention and Control (IPC)

Cleaning was taking place throughout the home and staff confirmed that cleaning had been increased daily due to the current pandemic. The lounges, dining room and corridors were clean and tidy throughout and pleasantly decorated.

Discussion with staff in the home showed they had a good knowledge of Covid-19 precautions and had received training in this area. Staff were able to describe the action to be taken in relation to infection prevention and control during an outbreak of Covid-19.

Infection control practices were reviewed throughout the home. We saw that not all staff were using personal protective equipment appropriately, gloves, aprons, wipes, equipment and toiletries were stored in communal bathrooms, a raised toilet seat requiring cleaning, a bed bumper was on the floor and ensuite shelving was chipped and could not be appropriately cleaned. This was discussed with the manager and an area for improvement was made.

As we inspected the home saw that cleaning trolleys containing cleaning chemicals were left unattended in unlocked areas of the home, cleaning chemicals and prescribed creams were also accessible in unlocked cupboards. This was discussed with the manager who removed the chemicals and cleaning trolleys immediately and an area for improvement was made.

6.2.5 Quality of life for patients

Patients appeared happy and relaxed in the home. Patients spend a lot more of their time in their rooms due to the current pandemic. Bedrooms were personalised with possessions that were meaningful to the patients and reflected their life experiences. Patients told us:

"It's very good here."

"I'm ok here but there's no place like home."

"They (staff) are very nice."

We asked to review the minutes of patients' meetings however these meetings were not taking place. This was discussed with the manager and patient meetings are to be commenced to ensure patients' views and wishes on day to day life in the home are taken into account and recorded along with any necessary actions. An area for improvement was made.

Review of the menu documentation provided by the home showed that daily menus were recorded and rotated over a three week period. There was two options for main courses, a vegetarian option and modified diets as required.

We observed the lunchtime meal and saw that patients were given a choice of main course. Those who preferred to eat in their rooms had their meals served on a tray. There was no menu displayed to inform patients what was planned for the daily meals. This was discussed with the manager and an area for improvement was made.

We reviewed the record of activities in the home prior to the inspection and found that very few activities were planned regularly throughout June and July 2020 other than window visits, movies and hairdressing. This was discussed with the manager and a variety of activities are to be put in place. This will be reviewed at the next inspection.

As part of the inspection questionnaires were provided for patients and family members for their comments. A total of twelve questionnaires were returned and confirmed that they were satisfied that care was safe, effective, compassionate and well led.

We saw a number of lovely compliments which had been received by the home from families and residents, including;

“Thank you for taking care of (our loved one). It doesn’t go unnoticed.”

“When we applaud the health service on a Thursday evening we also given an extra round of applause to the amazing Dunlady team.”

“We cannot thank you enough for all the love, care and kindness you showed towards our aunt.”

6.2.6 Quality improvement

During the Covid-19 pandemic the home has purchased a mobile phone and i-pad for the use of patients to communicate with their families regularly. Patients have become familiar with this style of communication and have found it very useful

This has been a new way for patients to see and speak to their families and has helped with the ability to stay in touch and to update both patients and families during the pandemic.

Areas for improvement

The following areas were identified for improvement in relation to completion of quality audits, completion of monthly monitoring visit reports, IPC, storage of chemicals and prescribed creams, patients’ meetings and displaying of the daily menu.

	Regulations	Standards
Total number of areas for improvement	3	3

6.3 Conclusion

On the day of the inspection the manager provided documents requested for review.

The home was clean and tidy.

Feedback from patients, relatives and staff was positive.

Areas for improvement are detailed in the QIP.

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, manager, Lily O'Neill deputy manager and Paul Wilson, director, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 29 (4)(a)(b)</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<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</p>
	<p>Response by registered person detailing the actions taken: Discussed with company's Board of Directors re:Regualtion 29. To ensure monthly monitoring visits and written reports fully completed and documented.Any undertaking of Regulation 29 will be dicussed with higher management.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2020</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection. This is in relation the to 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>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: General Meeting with all staff completed, discussed IPC. Updated online Training of Infection Control for all staff, currently ongoing. Decluttering of residents bedrooms and communal areas like lounge and bathroom etc.,ongoing. Registered Manager and IPC Champions will monitor and complete IPC Audits, PPE.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14(2)(a)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<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</p>
	<p>Response by registered person detailing the actions taken: Meeting with domestic staff feedback re: Inspection. Reiterated COSHH and PPE. Sluice room and storage for cleaning trolley ongoing refurbishment, discussed cleaning structure with domestics. Meeting with staff nurses feedback re: Storage of prescribed creams, monitored and put away out of reach by residents. All trained staff will be responsible in monitor prescribed creams, to be included on medication audits.</p>

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 36.1</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<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> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Written root-branch analysis of quality assurance audits been reviewed by Registered Manager and Nurses to ensure worthwhile audit and with learning outcomes.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2020</p>	<p>The registered person shall ensure that patients' 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.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Relative Meetings and Residents Meeting conducted separately and safely. All groups have an overwhelming response. Relative meetings will be conducted as whenever necessary for the best interest of their loved ones as agreed. Residents who were able to come, were all delighted that their voices were heard and agreed to meet up at least as frequent as possible at least every 1-2 months.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.6</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2020</p>	<p>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.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Discussed with Director John and Kitchen Manager. Daily Menu List is now displayed in the dining room for residents.</p>

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



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