

# Unannounced Care Inspection Report 1 March 2017



## Daleview House

**Type of Service: Nursing Home**

**Address: Shepherds Way, Dungiven Road, Londonderry, BT47 2AL**

**Tel no: 028 71348015**

**Inspector: Aveen Donnelly**

## 1.0 Summary

An unannounced inspection of Daleview took place on 1 March 2017 from 10.15 to 16.20 hours.

The inspection sought to assess progress with any issues raised 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.

On the day of inspection patients, relatives and staff spoken with commented positively in regard to the care in the home. A review of records, discussion with the registered manager and staff and observations of care delivery evidenced that action had been taken to improve the effectiveness of the care. All the requirements and recommendations made as a result of the previous inspection have been complied with. One requirement and three recommendations were made as a result of this inspection.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Marcella McCorkell, 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 7 February 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Apex Housing Association Gerald Kelly	<b>Registered manager:</b> Marcella Harriet McCorkell
<b>Person in charge of the home at the time of inspection:</b> Marcella Harriet McCorkell	<b>Date manager registered:</b> 31 December 2008
<b>Categories of care:</b> NH-I	<b>Number of registered places:</b> 25

## 3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. We also met with five patients, one care staff, three registered nurses, two kitchen staff and seven patients' representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- accident and incident records
- audits in relation to care records and falls
- records relating to adult safeguarding
- complaints received since the previous care inspection
- information pertaining to recruitment processes
- records pertaining to NMC registration checks
- minutes of relatives' meetings held since the previous care inspection
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 7 February 2017

The most recent inspection of the home was an unannounced finance inspection. The draft report of this inspection has been issued to the home and the completed QIP is due to be returned to RQIA by 27 March 2017. There were no issues required to be followed up during this inspection. Any outstanding issues will be followed up by the finance inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 20 June 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 14 (2) (c) <b>Stated:</b> Second time	<p>The registered person must ensure that any chemicals used within the home are labelled correctly and stored securely in accordance with COSHH regulations.</p> <p><b>Action taken as confirmed during the inspection:</b>            Cleaning chemicals were labelled correctly and stored securely in the sluice rooms.</p>	<b>Met</b>
<b>Requirement 2</b> <b>Ref:</b> Regulation 19 (3) (b) <b>Stated:</b> First time	<p>The registered persons must review the storage arrangements for the records specified in Schedule 4 to ensure that they are at all times available for inspection in the home by any authorised person. The registered manager should also verify employees' suitability for employment.</p> <p><b>Action taken as confirmed during the inspection:</b>            Following the last inspection, RQIA validated that Apex Housing Association had robust recruitment processes in place which were in line with legislative requirements. The required information was held in the home in the form of a recruitment matrix. The review of the recruitment matrix identified that it was insufficiently robust and did not capture all the information required in Schedule 2 of the Nursing Home Regulations (Northern Ireland) 2005. Refer to section 4.3.4 for further detail.</p>	<b>Met</b>

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (ii)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that a robust system is implemented, to ensure that registered nurses' registration with the Nursing and Midwifery Council (NMC) is checked on a regular basis.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and review of records evidenced that appropriate arrangements were in place for monitoring the registration status of nursing staff with the NMC.</p>		
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 14 (5)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances in keeping with best practice.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was no evidence of restraint being used in the home. Discussion with staff confirmed that lap belts were only fastened, when wheelchairs were moving patients from one area to another and this information was included in the patients' care plan, as appropriate.</p>		
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must make suitable arrangements to ensure that there is a good standard of cleanliness maintained in the sluice room on the ground floor. Evidence should be maintained that this is monitored by the registered manager.</p> <p>Sufficient storage for personal protective equipment should also be provided.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The sluice rooms were observed to be clean and tidy. A review of cleaning schedules confirmed that the sluice rooms and the commodes were cleaned on a daily basis. Audits of the cleanliness of the sluice rooms were also undertaken. All personal protective equipment was stored appropriately.</p>		

<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 15 (2) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure care records are kept under review and reviewed at any time necessary to do so having regard to any change of circumstances and in any case not less than annually.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of three patient care records evidenced that a range of validated risk assessments were completed on admission and on a regular basis thereafter. The risk assessments were generally reflected in the patients care plans. Refer to section 4.3.2 for further detail.</p>		
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 27 (2)(c)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure equipment provided in the home is suitable for the purpose for which it is to be used. Confirmation that a seating assessment has been completed for one identified patient must be submitted with the returned QIP.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Confirmation that a seating assessment had been completed for one identified patient was submitted with the previous returned QIP. No concerns were observed in relation to the availability of footstools in the home.</p>		
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 22.4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that risk assessments are completed following patients' falls.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and a review of the accident records evidenced that there was a low rate of falls in the home. Discussion with registered nurses confirmed that they were aware that a falls risk assessment would be completed following patients' falls.</p>		

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p>	<p>A recommendation has been made to ensure that the practice of using the quiet room to store wheelchairs is reviewed, when in use by patients.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A number of patients were observed seated in the quiet room. The storage arrangements for wheelchairs had been addressed.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 21.7</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that records of referrals to the multidisciplinary team are maintained within the care records and that referrals are followed up in a timely manner.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of patient care records confirmed that referrals had been made to the multidisciplinary team, as appropriate.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that the serving of meals in the dining room is monitored, to ensure that patients' meals are served at the appropriate temperature in accordance with best practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> We observed the midday meal being served in the dining room. The atmosphere was quiet and tranquil and patients were assisted with their meals in a timely manner. There was evidence that regular audits of the dining experience were undertaken by the registered manager.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 22.10</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that the audit of accidents and incidents is further developed, to aid in identifying patients who fall most frequently. An action plan should also be developed to evidence follow-up on identified patterns and trends.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and a review of the accident records confirmed that there was a low rate of falls in the home. The accident audit had been further developed to include an action plan, to follow up on any identified patterns or trends.</p>	<p><b>Met</b></p>

<b>Recommendation 6</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered persons should ensure that a robust system of auditing care records is implemented to ensure that care records are audited on a regular basis and follow up action is taken to address identified shortfalls.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and a review of the care record audits confirmed that patient care records were audited on a regular basis. There was evidence that follow up action had been taken to ensure that any identified deficits had been addressed.	
<b>Recommendation 7</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> First time	The registered persons should review that the cleaning schedules and infection prevention and control audits are further developed to provide traceability and follow up on identified areas.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the cleaning schedules and infection prevention and control audits confirmed that they had been further developed, in line with this recommendation.	

### 4.3 Inspection findings

#### 4.3.1 Staffing arrangements

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 20 February 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3.2 Care practices and care records

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with five patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. All those consulted with stated that the patients' needs were being met.

The home used an electronic system for assessing, planning and evaluating patients' care needs. A review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. Risk assessments informed the care planning process and both were reviewed as required.

Personal care records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans and a sampling of food and fluid intake charts confirmed that patients' fluid intake had been monitored. Patients' total fluid intakes were recorded in the daily progress notes.

A review of bowel records confirmed that patients' bowel movements were recorded on a daily basis and where patients did not have bowel movements, the electronic system recorded the numbers of days from the last bowel movement. However, there was no evidence that this was being monitored by the registered nurses. A recommendation has been made in this regard.

One identified patient required a pressure relieving mattress on their bed. Observation of the specific pressure relieving mattress evidenced that staff had to 'set' the pressure according to the patient's weight. We found that the patient, whose weight was 51.7 kgs, using a mattress that was set for a patient of more than 115 kgs which would not effectively relieve pressure and could potentially be detrimental. Specific details of the findings were discussed with the registered manager who immediately responded to the concern by informing staff and reviewing all electric mattresses in the home and confirming, to the inspector, that all were operating correctly. The registered manager explained that the mattress settings had recently been reviewed and that a template had been developed to record daily checks, to ensure that the settings were correct. A recommendation has been made in this regard.

#### Areas for improvement

A recommendation has been made that registered nurses review patients' bowel records on a daily basis to ensure that the records are accurate and that evidence of any actions taken are recorded in the patients' daily progress notes.

A recommendation has been made that the settings of pressure relieving mattresses are monitored and recorded, to ensure their effective use.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.3.3 Consultation

During the inspection, we met with five patients, one care staff, three registered nurses, two kitchen staff and seven patients' representatives. Some comments received are detailed below:

#### Staff

"The care is great, the carers are brilliant and everyone gets what they need"  
 "The teamwork is good, the staff are approachable and we always get good feedback"  
 "Everything is fine. All the patients are spoilt here, it is such a good place"  
 "I have no concerns, the care is great, a home from home, the patients are all content"  
 "We provide a high standard of care"  
 "I am very content and feel secure here, the communication is very good"

#### Patients

"It is all very nice"  
 "The dinners are lovely, I get what I need"  
 "I couldn't see how anyone could complain, it is very good"  
 "Everything is fine"

#### Patients' representatives

"I would die if my relative ever had to move out of this home, great nursing care"  
 "I am happy enough, no concerns"  
 "Everything is good"  
 "They are very good here. If not, the manager would deal with it"  
 "They are well looked after here"  
 "We are delighted with the care here, it is fantastic"  
 "It's all been very good"

One patients' representative stated that there was a lack of stimulation for the patients. This was discussed with the registered manager, who explained that although there was no dedicated staff member employed to provide activities, there was one staff member assigned to provide activities every day. Discussion with patients confirmed that there were sufficient activities throughout the day and patients gave examples of the different activities they participated in. On the day of the inspection, most of the patients attended a religious service in the lounge. Hand massages were also offered to other patients. Staff consulted with were aware which staff member was assigned to provide activities and stated that they enjoyed this aspect of the care.

We also issued ten questionnaires to staff and relatives respectively; and five questionnaires were issued to patients. Five patients, four staff and three relatives had returned their questionnaires, within the timeframe for inclusion in this report.

Three relatives responded that they were all 'very satisfied' with the care under the four areas or domains. No written comments were provided.

Although all patients responded that they were either 'satisfied' or 'very satisfied' that the care was safe, effective and compassionate, one patient indicated that they were not satisfied that there were enough staff available to care for them. Two staff respondents also indicated that

they were 'unsatisfied' that there was sufficient staff available to meet the needs of patients. These comments were contrary to the findings on the day of the inspection, where all those consulted with commented positively in regard to the care in the home. Given that there was no impact on patient care observed on the day of the inspection, these comments were referred to the registered manager to address, following the inspection.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.3.4 Management and governance arrangements

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All those consulted with knew who the registered manager was and stated that they were available at any time if the need arose. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

It was evident that following the last inspection, action had been taken to improve the effectiveness of the care. However, as discussed in section 4.2, the information recorded on the recruitment matrix held in the home was insufficiently robust and did not capture all the information required in Schedule 2 of the Nursing Home Regulations (Northern Ireland) 2005. Refer to section 4.3.4 for further detail. A requirement has been made in this regard.

Discussions with staff, patients and relatives confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. However, a review of the most recent relatives' meeting evidenced that a concern had been raised by a relative during the meeting. This concern had not been recognised as a complaint and was not recorded in line with the home's policies and procedures. This was discussed with the registered manager. A recommendation has been made in this regard.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. Monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. The monthly quality monitoring report provided a comprehensive overview of areas that were meeting standards and areas where improvements were required and included all the requirements and recommendations made as a result of previous RQIA inspections. An action plan was generated to address any areas for improvement. Discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

## Areas for improvement

A requirement has been made that the recruitment template held in the home is robust enough to capture all the information required in Schedule 2 of the Nursing Home Regulations (Northern Ireland) 2005 and that the registered manager has oversight of this information.

A recommendation has been made that any concerns raised during patients' or relatives' meetings are recognised as such; and should be recorded in the home's complaints record and managed in accordance with the DHSSPS Care Standards for Nursing Homes 2015.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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### 4.3.5 Environment

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Infection prevention and control measures were adhered to and equipment was stored appropriately.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marcella McCorkell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 21 (1) (b)  
Schedule 2

**Stated:** First time

**To be completed by:**  
29 April 2017

The registered persons must ensure that the recruitment template held in the home is robust enough to capture all the information required in Schedule 2 of the Nursing Home Regulations (Northern Ireland) 2005 and that the registered manager has oversight of this information.

**Ref: Section 4.2 and 4.3.4**

**Response by registered provider detailing the actions taken:**

The recruitment register will be reviewed to ensure all required information is captured and will subsequently be maintained as recruitment exercises are concluded.

### Recommendations

#### Recommendation 1

**Ref:** Standard 23

**Stated:** First time

**To be completed by:**  
29 April 2017

The registered persons should ensure that registered nurses review patients' bowel records on a daily basis to ensure that the records are accurate and that evidence of any actions taken are recorded in the patients' daily progress notes.

**Ref: Section 4.3.2**

**Response by registered provider detailing the actions taken:**

The registered nurses are reviewing patients' bowel records on a daily basis to ensure that the records are accurate and evidence of any actions taken are recorded in the patients' daily progress notes.

#### Recommendation 2

**Ref:** Standard 23

**Stated:** First time

**To be completed by:**  
29 April 2017

The registered persons should ensure that the settings of pressure relieving mattresses are monitored and recorded, to ensure their effective use.

**Ref: Section 4.3.2**

**Response by registered provider detailing the actions taken:**

The registered person will ensure the settings of pressure relieving mattresses are monitored and recorded to ensure their effective use.

#### Recommendation 3

**Ref:** Standard 16.11

**Stated:** First time

**To be completed by:**  
29 April 2017

The registered persons should ensure that any concerns raised during patients' or relatives' meetings are recognised as such; and should be recorded in the home's complaints record and managed in accordance with the DHSSPS Care Standards for Nursing Homes 2015.

**Ref: Section 4.3.4**

**Response by registered provider detailing the actions taken:**

The registered person will ensure any concerns raised during patients' or relatives' meetings are recognised as such and recorded in the

	schemes complaints record and managed in accordance with the DHSSPS Care Standards for Nursing Homes 2015.
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***\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\****



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