Inspection Report

1 June 2021

Daleview House

Type of Service: Nursing Home
Address: Shepherds Way,
Dungiven Road, Londonderry
BT47 5GW
Tel no: 02871348015

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Apex Housing Association **Responsible Individual:** Miss Sheena McCallion	**Registered Manager:** Mrs Marcella Harriet McCorkell **Date registered:** 31 December 2008
Person in charge at the time of inspection: Mrs Marcella Harriet McCorkell	**Number of registered places:** 30
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	**Number of patients accommodated in the nursing home on the day of this inspection:** 22
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 30 persons. Patient bedrooms are located over two floors. Patients have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 1 June 2021 from 11.00 am to 6.15pm. The inspection was undertaken by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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 care delivery, teamwork and maintaining good working relationships.

Areas requiring improvement were identified in relation to the maintenance of the staff duty rota, obstruction of identified fire exit doors, fire safety and care record audits for newly admitted patients. One area for improvement has been stated for a second time in relation to care records.

Patients spoke positively about living in Daleview House. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that patients were receiving effective and compassionate care and that the manager had taken appropriate action to address the deficits identified to ensure that practices are safe and well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with 12 patients, both individually and in groups, and 12 staff. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. One patient said; "The staff are just great". Three questionnaires were returned from patients and one from a relative who were satisfied/very satisfied with the service provision overall. There was no feedback from the staff online survey.

Staff told us that the manager was very approachable; there was great teamwork and that they felt supported in their role. One staff member said; "Great place to work".

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 7 August 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals. This is in specific reference to care plans and risk assessments: • Risk assessments are completed on a monthly basis or more often if necessary • Accurately reflect the location and nature of the patient's pain within pain management care plans • Contain clear information regarding medical conditions where treatment is being provided • Where a patient has a history of weight loss the MUST is accurately reflected within the care records.	**Partially met**
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement has not been fully met and has been stated for a second time. This is discussed further in section 5.2.6.	
Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.	

Area for improvement 3 **Ref:** Regulation 29 **ni** **Stated:** First time	The registered person shall ensure that the monthly quality monitoring report is robust, provides sufficient information on the conduct of the home and includes an action plan of any identified areas for improvement following the visit.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of monthly quality monitoring reports and discussion with the manager evidenced that this area for improvement has been met. This is discussed further in section 5.2.8.	
Area for improvement 4 **Ref:** Regulation 30 (d) **Stated:** First time	The registered person shall ensure that RQIA are notified of any event in the home which adversely affects the wellbeing or safety of any patient.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of accident/incident records evidenced that this area for improvement has been met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location, showing what is available at each mealtime.	**Met**
	Action taken as confirmed during the inspection: A daily menu was on display within the main dining room in a suitable format. This is discussed further in section 5.2.5.	
Area for improvement 2 **Ref**: Standard 35 **Stated:** First time	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. • Environmental and PPE compliance audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned • Audits on the meal time experience should be commenced • Governance audits in respect of care records to ensure care plans and risk assessments are maintained as required.	**Met**

	Action taken as confirmed during the inspection: Review of a sample of audits and observation of the environment evidenced that this area for improvement has been met. This is discussed further in section 5.2.8.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the patients.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Staff said teamwork was good, that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

There were a number of maintenance issues identified with the staff duty rota. For example, the person in charge in the absence of the manager was not highlighted, abbreviations were used without a code to signify what they represented and identified shifts were recorded without the name of the staff member who had completed them. This was discussed in detail with the manager and an area for improvement was identified.

It was observed that there were enough staff on duty to respond to the needs of the patients in a timely way. Call bells were answered promptly by staff who were observed to respond to requests for assistance in a caring and compassionate manner.

Patients said that they felt well looked after and that staff were attentive. One patient commented “they couldn’t do enough for you” and referred to the staff as “lovely”.

There were safe systems in place to ensure staffing was safe to ensure that patients’ needs were met by the number and skill mix of the staff on duty.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an up to date basis. Staff told us they were confident about reporting concerns regarding, for example, patients' safety or poor practice.

On occasions some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails and alarm mats. Review of patient records and discussion with the manager, and staff, confirmed that the correct procedures were followed if restrictive equipment was required. It was positive to note that patients and/or their relatives were involved in any discussion about the use of equipment.

Staff confirmed they had completed specialised training to ensure they were aware of the Department of Health's (DoH) Deprivation of Liberty Safeguards (DoLS) and restrictive practices. Staff knew where to access information regarding DoLS and demonstrated their knowledge of what constituted a restrictive practice.

We observed a chemical within an unlocked cupboard in a communal bathroom and brought this to the attention of the manager who immediately had this removed and agreed to discuss with staff and to monitor during daily walk arounds.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. A courtyard garden was also accessible for patients to sit and rest. There was evidence that a number of areas throughout the home had recently been painted or had flooring replaced and the manager confirmed that refurbishment works were ongoing to ensure the home is well maintained. However, there was surface damage evident to a number of bedframes which could therefore not be effectively cleaned. Following the inspection the manager provided written confirmation that new bedframes had been ordered.

Whilst corridors were clear of clutter and obstruction; sand bags were observed at two fire exit doors presenting as a potential tripping hazard in the event of an evacuation. This was discussed with the manager and an area for improvement was identified.

We also observed the laundry room unattended with the door propped open. This was discussed with the manager as an area for improvement.

Patients' bedrooms were personalised with items important to the patient. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Jugs of juice were available in lounges and patients were offered suitable drinks and snacks between their main meals. Staff were seen to ask patients in the communal lounges if they

preferred to watch TV or listen to music; it was positive to see that patients opinions were sought and taken into account.

Emergency pull cords in communal bathrooms did not have appropriate fittings to distinguish them from a light pull cord. This was discussed with the manager and following the inspection written confirmation was received from the manager that this had been addressed.

5.2.4 How does this service manage the risk of infection?

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA). On arrival to the home we observed a container with COVID-19 samples in the reception area where a member of staff was completing a COVID-19 test. This was discussed with the manager who acknowledged that this was not an appropriate location for samples to be obtained and/or held. During the inspection the manager relocated the samples to a more suitable location and agreed to communicate this with staff.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the DoH and infection prevention and control (IPC) guidance.

Observation on notices on display evidenced that they had not been laminated. This was discussed with the manager who agreed to address this. Following the inspection written confirmation was received from the manager that this had been addressed.

Policies regarding visiting and the care partner initiative had been developed and the manager advised that these would continue to be updated to reflect the most recent guidelines.

The manager said that cleaning schedules included frequent touch point cleaning and this was carried out by both domestic and care staff on a regular basis. The manager also said that any issues observed regarding IPC measures or the use of PPE were immediately addressed. On discussion with a housekeeper, the procedure for cleaning isolation rooms was incorrectly described. This was discussed with the manager who agreed to communicate the correct procedures with housekeeping staff and to monitor during daily walk arounds. Following the inspection the manager confirmed in writing that relevant procedures were discussed with housekeeping staff.

There was a good supply of PPE and hand sanitising gel in the home. The majority of the home was maintained and storage of equipment was mostly appropriate.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicates patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records relating to repositioning were mostly well maintained.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. Review of records showed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Staff told us how they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT.

A daily menu was on display within the main dining room offering a choice of two meals. Observations of the meals provided were not reflective of the menu. This was discussed with the chef who advised that the meal had been changed at late notice due to the food delivery and acknowledged that the menu should have been updated to reflect the meals provided. This was discussed with the manager who agreed to monitor this going forward to ensure that the menu is reflective of the meals offered.

Patients spoke positively in relation to the food provision and their mealtime experience.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. However, a recently admitted patient did not have identified care plans within the required timeframe in relation to relevant medical history. This was discussed with the manager and the care plans were updated during the inspection. This is discussed further in section 5.2.8 below.

Review of six patient care records evidenced that they were mostly well maintained, however, as mentioned in section 5.1 above there were a number of deficits in relation to the accuracy and details of malnutrition universal screening tool (MUST) assessments within identified care records required to manage the risk of malnutrition, and not all care records contained relevant care plans in relation to patients medical history. Details were discussed with the manager and an area for improvement has been stated for a second time.

While some aspects of patients' care records had been accurately maintained, improvements were required.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed that they could go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

Patients were observed enjoying activities which had been arranged by the activity coordinator. Patients' needs were met through a range of individual and group activities, such as reminiscence, arts and crafts, music, games and prayers. Patients commented positively on the activities provided. The activity coordinator was very enthusiastic in her role.

A weekly schedule of activities was available and on display within the corridor outside the main lounge. The notice was small and difficult to read. This was discussed with the activity coordinator who agreed to review the layout of the schedule. Following the inspection written confirmation was received from the manager confirming that this had been addressed.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

It was evident that patients could choose how they spent their day and that staff supported them to make these choices.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the manager was approachable and accessible. There has been no change to management arrangements for the home since the last inspection.

A review of accidents and incidents which had occurred in the home found that these were managed and reported appropriately.

Audits were completed by the management team to ensure the quality of care and services provided to patients. We discussed the importance of commencing audits on newly admitted patients as mentioned above in section 5.2.6, to ensure that relevant care plans and risk assessments have been implemented within the required timeframe. Details were discussed with the manager and an area for improvement was identified.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA. A discussion was held with the manager regarding one of the reports that lacked sufficient information. Following the inspection relevant information was received.

6.0 Conclusion

As a result of this inspection four new areas for improvement were identified in respect of the maintenance of the staff duty rota, obstruction of identified fire exit doors, fire safety and audits for newly admitted patients care records. One area for improvement has been stated for a second time in relation to care records. Details can be found in the Quality Improvement Plan included.

Evidence of good practice was found in relation to care delivery, teamwork and maintaining good working relationships. There were safe systems in place to ensure staff were recruited and trained properly; and that patient's needs were met by the number and skill of the staff on duty. The risk of infection was monitored during IPC audits. Patients' care records had been generally well maintained; any improvements required are detailed in the Quality Improvement Plan.

Patients chose how to spend their day in the home and in which area to spend it. They could engage in the arranged activities in the home or with their own preferred activity such as reading or watching television. Systems were in place to monitor the quality of services and drive improvements. Accidents had been managed appropriately and there was good communication between the homes management and staff.

Based on the inspection findings and discussions held, RQIA were assured that patients were receiving effective and compassionate care and that the manager had taken action to address the deficits identified to ensure that practices are safe and well led.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

* The total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Marcella Harriet McCorkell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** Second time **To be completed by:** 1 July 2021	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals. This is in specific reference to care plans and risk assessments: • contain clear information regarding medical conditions where treatment is being provided • where a patient has a history of weight loss the MUST is accurately reflected within the care records. Ref: 5.1 and 5.2.6
	Response by registered person detailing the actions taken: The registered Manager will ensure that the specific care plans and risk assessments identified on the day of the Inspection contain clear information regarding medical conditions where treatment is being provided and where a patient has a history of weight loss the MUST is accurately reflected within the care records
Area for improvement 2 **Ref:** Regulation 27 (4)(c) **Stated:** First time **To be completed by:** With immediate effect	The registered person must ensure that arrangements are made to ensure that means of escape from the home are readily available and maintained free from obstruction at all times, with particular reference to sand bags that were observed to be in place at identified fire exit doors during the inspection. Ref: 5.2.3
	Response by registered person detailing the actions taken: The sandbags causing an obstruction to the identified fire door have been removed
Area for improvement 3 **Ref:** Regulation 27 (4)(b) **Stated:** First time	The registered person must ensure that adequate precaution is taken against the risk of fire with specific reference to ensuring that fire doors are not propped open. Ref: 5.2.3

To be completed by: With immediate effect	**Response by registered person detailing the actions taken**: The registered Manager will ensure that adequate precaution is taken to ensure that fire doors are not propped open
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 41 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the staff duty rota clearly identifies: • the person in charge in the absence of the manager • the fist and surname of each staff employee, their role and hours worked • any abbreviations have a code to signify what they represent. Ref: 5.2.1
	Response by registered person detailing the actions taken: The identified deficits on the duty rota were actioned following the Inspection
Area for improvement 2 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 1 July 2021	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to care record audits on newly admitted patients to ensure that care plans and risk assessment are completed within the required timeframe. Ref: 5.2.8
	Response by registered person detailing the actions taken: An new audit tool has been developed for all new admissions to ensure that all relevant care plans and risk assessments are completed within agreed timescales

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