



Unannounced Care Inspection Report 10 September 2019



Daleview House

Type of Service: Nursing Home
Address: Shepherds Way, Dungiven Road,
Londonderry, BT47 5GW
Tel No: 028 7134 8015
Inspector: Jane Laird

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.

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 30 patients.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager and date registered: Marcella Harriet McCorkell 31 December 2008
Person in charge at the time of inspection: 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: 29

4.0 Inspection summary

An unannounced inspection took place on 10 September 2019 from 10.30 hours to 18.55 hours.

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 supervision and appraisal, staff recruitment, adult safeguarding and communication between patients, staff and other key stakeholders. Further areas of good practice was found in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and maintaining good working relationships.

Areas requiring improvement were identified in relation to infection prevention and control (IPC), control of substances hazardous to health (COSHH), risk management, record keeping, management of fluid intake and quality governance audits.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	1

Details of the Quality Improvement Plan (QIP) were discussed with Marcella Harriet 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.

4.2 Action/enforcement taken following the most recent inspection dated 21 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 March 2019. There were no further actions to be taken as a result of the inspection.

5.0 How we inspect

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

During our inspection we:

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

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

The following records were examined during the inspection:

- duty rota for all staff from 2 September 2019 to 15 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- five patient care charts including food and fluid intake charts and reposition charts

- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly monitoring reports for July 2019 and August 2019
- RQIA registration certificate

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

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

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

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 10.30 hours and were greeted by the manager and staff who were friendly and welcoming and appeared confident in their role and delivery of care. The manager provided an orientation of the building and an introduction to the patients. Patients were mainly in one of the lounges following breakfast whilst others remained in bed as per their personal preference. Medication was being administered by the registered nurses and catering staff were tidying away the breakfast trays.

Patients indicated that they were well looked after by the staff and felt safe and happy living in Daleview House. One patient said "Very nice people working here". We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame allocated.

Staffing rotas for weeks commencing 2 September 2019 and 9 September 2019 were reviewed which evidenced that the planned staffing levels were adhered to on most occasions and appropriate cover was sought to cover late notice absence. Discussion with the manager identified that recruitment for suitably skilled and experienced care assistants and registered nurses was ongoing to ensure a full complement of staff are employed by the home and to reduce the number of agency staff required. Staff spoken with stated that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence.

A discussion with staff evidenced that they felt supported by management, comments included; “I absolutely love it here”, “I love it here” and “Very supported by management”. We also sought staff opinion on staffing via an online survey. There was no response in the time frame provided.

On review of two staff recruitment records it was evidenced that they were employed following a robust monitoring system to ensure the safety of patients. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Staff confirmed that they were enabled to attend training which provides them with the necessary skills and knowledge to care for the patients. Records of staff training in mandatory topics were not fully available during the inspection; however, following the inspection the manager forwarded the relevant training statistics which were reviewed as satisfactory. A system was also in place to direct the management team of when staff were due their bi-annual supervision and yearly appraisal.

Records confirmed that a process was in place to monitor the registration status of registered nurses and care assistants. There was evidence that registered nurses completed a competency and capability assessment yearly to ensure that they are competent to take charge of the home in the absence of the manager.

The staff we spoke with understood their responsibilities in relation to keeping patients safe and were able to describe what they would do if they suspected or witnessed any form of abuse. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

At the previous inspection it was identified that two doorways between the supported living and the nursing home were not appropriately secured and the manager who has managerial responsibility for both services agreed to have the two doorways secured. During this inspection we identified that the doorways had not been secured as previously agreed. This was discussed with the manager who confirmed that relevant details have been obtained regarding the installation of door access devices and would be completed by December 2019. This will be reviewed at a future inspection.

A number of infection prevention and control deficits were identified in relation to the cleanliness of furniture/equipment within patients’ bedrooms, bathrooms and lounges. The underneath of identified patient equipment evidenced that these had not been effectively cleaned following use. Equipment used by patients was also identified as damaged and could not be effectively cleaned, including bed frames and over bed tables. Dust was evident to radiator surfaces and staining was evident to bed linen and several bed rail protectors. We further identified inappropriate storage of hoists with slings in communal bathrooms and linen trolleys without lids containing unclean linen located within corridor areas. This was discussed in detail with the manager and an area for improvement was identified.

On review of the environment concerns were identified in the management and storage of chemicals which were identified unsupervised within a communal area of the home. This was discussed with the manager who agreed to review the current storage arrangements to ensure patient safety and was identified as an area for improvement.

Denture cleaning tablets and razors were easily accessible and presented a potential risk to patients. This was discussed with the manager who acknowledged the risks associated and agreed to communicate with all relevant staff and ensure that such items are secured and a risk

assessment carried out on individual patients to determine the most appropriate location for these items. This was identified as an area for improvement.

We identified that a patient was administering their own prescribed topical gel which was located on the over bed table within the patients bedroom. This is to be encouraged where appropriate; however on review of their care plan this was not specified. This was discussed with the manager who agreed to review the patients care plan and ensure that a provision of safe storage is created within the patients bedroom and that a registered nurse over sees that this practice remains appropriate. This information was shared with the pharmacy inspector for the home and following the inspection the manager confirmed that all relevant actions detailed above have been implemented.

Prescribed nutritional supplements were identified within a fridge in the lounge. On further examination there was no date of opening on some of the supplements and the fridge was unlocked. The manager agreed to review this practice immediately and communicate with all relevant staff the importance of ensuring supplements are dated when opened to prevent their use after expiry and kept secure. This information was shared with the pharmacy inspector for the home and following the inspection the manager confirmed that the above information was shared with all relevant staff and is monitored daily by the registered nurses.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, wound care, hand hygiene and environment audits were also carried out monthly. However, on review of the issues identified during inspection a discussion was held with the manager around the effectiveness of the audits. This is discussed further in 6.6.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to supervision and appraisal, staff recruitment and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control, COSHH and risk management.

	Regulations	Standards
Total number of areas for improvement	3	0

6.4 Is care effective?

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

We reviewed three patient care records which identified that not all care plans were in place specific to patient's medical conditions to direct the care required. We further identified that risk assessments were not consistently reviewed on a monthly basis. This was discussed with the manager who agreed to review these records and communicate with registered nurses regarding the importance of ensuring all relevant documentation is completed. This was identified as an area for improvement.

We discussed the management of risk in regards to the prevention of dehydration with the manager. It is recommended that the home establish a protocol for those patients identified at risk of dehydration which includes a target of fluid intake to be achieved, clear records of fluid intake taken over a 24 hour period and actions to be taken should the target not be achieved. The management of risk of dehydration should be recorded through care planning and the effectiveness of the care planned should be evaluated daily in the patients' progress records. This was identified as an area for improvement.

We also discussed pressure area care and reviewed a sample of repositioning charts which evidenced that patients were being repositioned as per their care plan. However, we identified that some charts had the potential to be misunderstood due to the quality of the charts which had been photocopied. This was discussed with the manager who had already identified this and was in the process of reviewing the charts.

It was positive to note that restrictive practice, such as the use of bedrails or floor alarm mats, had been discussed with the patient, their next of kin and care manager and appropriate consent provided prior to implementing this practice. There was also evidence within the patient's care records of an initial assessment completed to ensure safe use which was reviewed regularly and was included within the patient's care plans.

Staff confirmed that they were required to attend a handover meeting at the beginning of each shift and were aware of the importance of handover reports in ensuring effective communication. Staff confirmed that the shift handover provided information regarding each patient's condition and any changes noted. One staff member said "Great team work". Other comments included; "Great place" and "Work well together".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

The following areas were identified for improvement in relation to record keeping and management of fluid intake.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Patients were afforded choice, privacy, dignity and respect. The homes commitment to safeguarding was evident within the main entrance area of the home where the manager had implemented a safeguarding tree for staff to place comments about how

they safeguard the adults within their care. Comments from patients were also included on the tree. This was commended by the inspector.

There were systems in place to obtain the views of patients and their representatives on the running of the home and a suggestion box was placed at the main reception area of the home.

Consultation with 11 patients individually, and with others in small groups, confirmed that living in Daleview House was a positive experience.

Patient comments:

- “Staff are very good to me”
- “I’m keeping good”
- “Food is excellent”
- “Really happy here”
- “They are looking after me well”

Representative’s comments:

- “Very bright and welcoming environment”
- “Manager interacts with the patients really well”
- “Would recommend this home to anybody”

We also sought relatives’ opinion on staffing via questionnaires. One questionnaire was returned from a patient representative. The respondent was satisfied with the service provision across all four domains.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Patients’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home’s environment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

The 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 manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which verified that records were maintained appropriately, however, there was an incident where a notification had not been submitted to RQIA in accordance with regulation. This was discussed with the manager who submitted the notification retrospectively and further agreed to communicate with all relevant staff regarding the timely reporting of notifications.

A number of governance audits were reviewed which were completed on a monthly basis by the manager and/or deputy manager as discussed previously in 6.3. Environmental audits were being completed on a monthly basis which captured some of the issues identified during inspection and were in the process of being addressed such as over bed tables and bedframes, however, hand hygiene audits did not provide an overall percentage score of deficits identified. Audits in general did not have action plans or time scales to follow up on deficits identified and to determine if the necessary improvements had been made. This was discussed with the manager and identified as an area for improvement.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Comments included; "Management very approachable", "Very supported by management" and "Good management."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

The following area was identified for improvement during the inspection in relation to the quality governance audits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marcella Harriet McCorkell, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed. Ref: 6.3
	Response by registered person detailing the actions taken: The environmental and infection prevention and control issues identified during the inspection have all now been addressed
Area for improvement 2 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time To be completed by: Immediate effect	The registered person shall ensure that cleaning chemicals are stored in accordance with COSHH regulations. Ref: 6.3
	Response by registered person detailing the actions taken: The Manager will ensure that all cleaning chemicals are securely stored as per COSHH regulations
Area for improvement 3 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: With immediate effect	The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary. With specific reference to: <ul style="list-style-type: none"> • storage of denture cleaning tablets and toiletries including razors Ref: 6.3
	Response by registered person detailing the actions taken: Risk assessments have been carried out for all residents to manage health and safety in relation to storage of toiletries
Area for improvement 4 Ref: Regulation 15 (2) (a) (b) Stated: First time To be completed by: 10 November 2019	The registered person shall ensure that the assessment of patients' needs are kept under review in a timely manner and revised at any time when it is necessary to do so. This is in relation to ensuring: <ul style="list-style-type: none"> • patients care plans and risk assessments are reviewed on a monthly basis or more frequently if deemed necessary • a care plan is in place to direct the required care in relation to patients medical conditions Ref: 6.4

	<p>Response by registered person detailing the actions taken: All care plans and risk assessments are reviewed on a monthly basis and more frequently if required. Care plans are in place to direct the required care in relation to residents medical conditions</p>
<p>Area for improvement 5 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 10 November 2019</p>	<p>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.</p> <p>Specific reference to the management of fluid intake and daily records:</p> <ul style="list-style-type: none"> • Care plans to contain the patients set fluid target • Action taken should be documented within daily records when set fluid targets have not been maintained <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Care plans are now in place in relation to daily fluid targets for all residents. Commentary will be documented in progress notes in relation to action required if targets have not been reached</p>
<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>	
<p>Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 10 November 2019</p>	<p>The registered person shall ensure that management systems are in place to assure the safe delivery of quality care within the home.</p> <p>The registered manager must ensure;</p> <ul style="list-style-type: none"> • audits have clear action plans of any deficits identified • a time frame for completing the action plan and a follow up to determine if the action has been completed • care records are reviewed regularly to ensure that they accurately reflect the needs of the patient <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: .Audits will identify action required for any identified deficits and will stipulate time scales for improvements to be made Care plans will be reviewed regularly to ensure that they accurately reflect the needs of the resident</p>

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



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