

Inspection Report

17 May 2022



Daleview House

Type of service: Nursing Home

Address: Shepherds Way, Dungiven Road, Londonderry, BT47 5GW

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| 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 Leisha Crawley, Senior Nurse 10.00 am – 11.00 am Mrs Marcella Harriet McCorkell, Manager 11.00 am – 5.05 pm | 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: 24 |
| 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 17 May 2022 from 10.00 am to 5.05 pm. 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.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included "I have everything I need", "The staff are brilliant here", "They (staff) are all like my family", "I feel safe here" and "The home is always kept very clean".

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Great team" and a further staff member said "Love working here". There was one response from the staff online survey which indicated they were very satisfied that the provision of care was effective, compassionate and well led and commented that they were "Very happy".

Two relatives were consulted with during the inspection; they commented positively about the care provided, communication, the manager and the staff. Comments included "Great here", "The staff are brilliant at what they do", "Very professional", "..... getting the best possible care" and "Could not fault Daleview for their compassionate care".

Four questionnaires were returned from patients. The respondents were very satisfied with the overall service provision.

Comments made by patients, relatives and staff were shared with the Manager.

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 19 October 2021. | | |
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| 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: Second 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: <ul style="list-style-type: none"> • 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. | Met |
| | Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the management team evidenced that this area for improvement had 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 41 Stated: First time | The registered person shall ensure the staff duty rota clearly identifies: <ul style="list-style-type: none"> • the person in charge in the absence of the manager • the first and surname of each staff employee, their role and hours worked • any abbreviations have a code to signify what they represent. | Met |
| | Action taken as confirmed during the inspection: Review of a sample of staff duty rotas evidenced that this area for improvement had been met. | |
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| 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. 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. | Met |
| | Action taken as confirmed during the inspection: Review of a sample of care record and audits on newly admitted patients evidenced that this area for improvement had been met. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of employee recruitment records evidenced that systems were in place to ensure that patients are protected.

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) with a record maintained by the Manager of any registrations pending.

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 both online and face to face to enable them to carry out their roles and responsibilities effectively.

Review of training records evidenced that some topics were below the desired percentage of staff having completed and/or updated their mandatory training. The Manager confirmed that relevant action had been taken to address any deficits in training with specific staff and was being monitored closely by management to ensure full compliance.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty.

The inspector reviewed three staff competency and capability assessments for the nurse in charge in the absence of the Manager and found these to be completed.

A record of staff supervision and appraisals was maintained by the Manager with staff names and the date that the supervision/appraisal had taken place.

Patients said that they felt well looked after and that staff were attentive. One patient commented "Getting well looked after" and another patient referred to the staff as "Very friendly."

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they meet at the beginning of each shift to discuss any changes in the needs of the patients and that handovers provided them with detailed information. 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. On review of repositioning records there were gaps identified within the charts where patients had not been repositioned as per their care plan and only one staff signature was recorded on charts where patients required assistance of two staff. It was further identified that the condition of the patients' skin and position changed to was not clearly/consistently recorded. These deficits were discussed with the management team and an area for improvement was identified.

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.

Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport. A menu was on display within the main dining room and was reflective of the meals served.

Review of a sample of care records evidenced inconsistencies in the recording of the recommended daily fluid target within dietary/fluid intake charts and care plans. It was further identified that the care plans did not specify at what stage the General Practitioner (GP) should be contacted if the fluid target has not been achieved. This was discussed in detail with the Manager and an area for improvement was identified.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. A number of minor deficits were identified and discussed with the Manager who agreed to have these amended. Following the inspection the Manager provided written confirmation that relevant action had been taken to address this.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

There was evidence that a number of areas throughout the home had recently been painted and new floor coverings had been fitted. The home was warm, clean and comfortable. The management team confirmed that refurbishment works were ongoing including the replacement of identified furniture and a schedule of painting to ensure the home is well maintained.

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. The garden and outdoor spaces were well maintained with areas for patients to sit and rest.

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 and that any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

There was a good supply of PPE and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The manager also said that any issues observed regarding IPC measures or the use of PPE was immediately addressed.

Visiting and care partner arrangements were managed in line with the Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

Patients commented positively about the food provided within the home with comments such as; "Food is great and plenty of choices", "The cook is excellent" and "Food is nice."

A weekly schedule of activities was on display in the reception area of the home with a range of individual and group activities, such as reflective thoughts, arts and crafts, music, games, exercise and walks. Patients commented positively on the activities provided.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by senior management and the organisation.

There was evidence that the Manager had an effective system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

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.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Care Standards for Nursing Homes (April 2015).

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 0 | 2 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Marcella Harriet McCorkell, Registered Manager and Mrs Leisha Crawley, Senior Nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | |
| Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 17 June 2022 | <p>The registered person shall ensure that where a patient requires repositioning:</p> <ul style="list-style-type: none"> • recording charts are reflective of the patients recommended frequency of repositioning within the care plan • the position that the patient is changed to is clearly documented within repositioning charts • the patients skin condition is clearly documented within repositioning charts • recording charts are signed by two staff where assistance of two staff are required. <p>Ref: 5.2.2</p> |
| | <p>Response by registered person detailing the actions taken: Repositioning charts will be reviewed daily by Nurse in Charge and Senior Carer on Duty</p> |
| Area for improvement 2 Ref: Standard 4.8 Stated: First time To be completed by: 17 June 2022 | <p>The registered person shall ensure that where a patient is at risk of dehydration:</p> <ul style="list-style-type: none"> • the recommended daily fluid target within the care plan is accurately recorded within the dietary/fluid recording chart • the action to be taken, and at what stage, if the recommended fluid target is not met is clearly documented within the care plan. <p>Ref: 5.2.2</p> |
| | <p>Response by registered person detailing the actions taken: Fluid targets will be reviewed daily for all residents. All Care Plans have been reviewed. Where targets have not been met this will be subject to review and action taken documented</p> |

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