

# Unannounced Care Inspection Report

## 21 March 2019



## Daleview House

**Type of Service: Nursing Home (NH)**  
**Address: Shepherds Way, Dungiven Road,  
Londonderry, BT47 5GW**  
**Tel No: 02871348015**  
**Inspector: James Laverty**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 30 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Apex Housing Association  <b>Responsible Individual:</b> Sheena McCallion	<b>Registered Manager:</b> Marcella Harriet McCorkell
<b>Person in charge at the time of inspection:</b> Marcella Harriet McCorkell	<b>Date manager registered:</b> 31 December 2008
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.	<b>Number of registered places:</b> 30

### 4.0 Inspection summary

An unannounced inspection took place on 21 March 2019 from 09.45 to 14.10.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last 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 collaboration with the multi-professional team, wound care, the personalisation of patients' bedrooms, cleanliness of the environment, staff interaction with patients and communication between staff.

No areas for improvement were identified during this inspection.

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. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Marcella Harriet McCorkell, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced premises inspection undertaken on 24 July 2018. No further actions were required to be taken following this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

During the inspection the inspector and lay assessor met with nine patients, two patients' relatives, three staff and two visiting professionals. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined and/or discussed during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- accident and incident records
- compliments and complaints records
- two patients' care records
- a selection of governance audits
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 24 July 2018

The most recent inspection of the home was an announced premises inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 14 & 15 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Feedback from the registered manager and observation of the environment confirmed that this area for improvement had been satisfactorily met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment confirmed that this area for improvement was satisfactorily met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)(b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> <li>• that care plan(s) are in place which accurately describe the assessed needs of patients, including, where appropriate, any multiprofessional recommendations (or direct the reader to such information if stored elsewhere)</li> <li>• that nursing staff shall complete all relevant supplementary wound care records in an accurate, thorough and consistent manner in compliance with legislative and best practice standards</li> <li>• that wound care shall be delivered to patients in compliance with currently prescribed care at all times</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The provision of wound care was reviewed during this inspection and is discussed further in section 6.3.1. All aspects of this area for improvement were satisfactorily met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)(b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in relation to the provision of pressure area care to all patients:</p> <ul style="list-style-type: none"> <li>• that all repositioning records (either paper or electronic versions) are completed by staff in an accurate, comprehensive and consistent manner</li> <li>• that patients shall receive appropriate assistance with repositioning in compliance with their assessed needs and prescribed care at all times</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The provision of pressure area care was reviewed during this inspection and is discussed further in section 6.3.1. All aspects of this area for improvement were satisfactorily met.</p>	<p><b>Met</b></p>

<b>Area for improvement 5</b> <b>Ref:</b> Regulation 13 (1) <b>Stated:</b> First time	The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, falls; wound care and care records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of governance audits provided assurance that the incidence of falls and wounds were regularly reviewed. Each patient's primary nurse has the responsibility for auditing care records on a monthly basis after which it is then passed to the registered manager for further review. It was agreed that all such audits should evidence the registered manager's written signature and date to clearly indicate when this specific review has taken place.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure that all medicines are stored safely and securely within the home at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment confirmed that this area for improvement was satisfactorily met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 16 <b>Stated:</b> First time	The registered person shall ensure that all complaints are regularly reviewed in order to identify any trends/patterns. Robust governance processes should also be in place which facilitate the dissemination of any learning derived from such an analysis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and a review of complaints records confirmed that this area for improvement was satisfactorily met.	

## 6.3 Inspection findings

### 6.3.1. Care delivery

The provision of wound care to patients was reviewed. The care record for one patient who required ongoing wound care evidenced that there had been effective collaboration with the multi-professional team, namely the patient’s Tissue Viability Nurse (TVN) and G.P. It was further noted that a comprehensive and person centred care plan was in place to direct nursing staff with regard to wound care which complimented the recommendations of the attending TVN. A review of supplementary wound care records provided assurance that nursing staff were closely adhering to the prescribed wound care regimen. It was also noted that the electronic system which nursing staff principally use to record the provision of wound care had been regularly and accurately maintained. This practice is commended.

The care of patients who required regular assistance with pressure area care was also considered. Review of supplementary care records for one patient, who was assessed as being at a high risk of developing pressure sores, evidenced that staff regularly and effectively assisted the patient with repositioning. These supplementary records had been completed in an accurate and comprehensive manner. It was also noted that an appropriate pressure relieving mattress was in use. However, there was no care plan in place which clearly and accurately referenced the current repositioning schedule for the patient or how use of the pressure relieving mattress should be monitored and reviewed. This was discussed with the registered manager who confirmed following the inspection that care plans, which contained this information, were now in place for all patients, as required.

Two visiting professionals who were spoken with during the inspection spoke very positively about Daleview and made the following comments:

- “Marcella has been top notch ... the care of the patients is the most important thing ... staff are very forthcoming and very friendly.”
- “This is one of the best homes ... in terms of care provided ... staff are very tuned in ... nurses are consistent ... feedback from relatives is very good ... overall basic care is excellent ... staff are very active and proactive to address mental health needs (of patients).”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to collaboration with the multi-professional team and wound care.

### Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



### 6.3.2. The internal environment

Upon arrival to the home, the majority of patients were observed to be relaxing within the ground floor communal lounge while others were either finishing breakfast in the dining room or were resting in their bedrooms.

The registered manager was present upon arrival and ensured that the inspector was welcomed into the setting in a friendly and polite manner. The reception area is spacious and welcoming in appearance with a range of useful information for both patients and visitors, such as, minutes from a recent patients' meeting, details of Sunday worship services and provision of a 'Suggestion box' for patients/relatives to use.

Review of the environment highlighted that bedrooms were personalised to suit the tastes and preferences of individual patients. The environment was also noted to be tidy, clean and fresh smelling. Fire exits and corridors were observed to be clear of clutter and obstruction. The alarm on one unsupervised external fire exit was noted to be switched off and the need to ensure that all such alarms are effectively managed was stressed.

It was positive to note that new sun screens had been fitted to the ceiling of the communal lounge which enhanced the general quality of the environment for patients. Vinyl flooring within one communal bathroom was observed to be lifting and therefore presented a trip hazard. The registered manager confirmed following the inspection that new flooring had been ordered for this and one other communal bathroom in addition to the quiet room.

The premises encompass Daleview nursing home and Daleview supported living which are located adjacent to one another. The registered manager has managerial responsibility for both services although is supported on a daily basis by a senior carer who oversees the supported living service. It was noted that of the three internal doorways which provide a point of access between these two services, only one was restricted. This was discussed with the registered manager who stated that patients and service users from both services do intermingle on occasion and enjoy this interaction. However, it was agreed following the inspection that while such socialising would continue as appropriate, the two identified doorways which were unrestricted should be reviewed and appropriately secured. The registered manager was subsequently requested to submit to RQIA a timeframe for completion of these works which will be reviewed at the next care inspection.

The home also has a 'Family room' which is located on the lower ground floor. It was noted that this area was cluttered and being used as a temporary storage area for several items. This was discussed with the registered manager who advised that the room is rarely used by patients' relatives and as such, the purpose of the room was to be reviewed. It was agreed that any proposed change to the purpose of the room should be discussed with the care inspector and until such changes occur, the room should be maintained in a manner fit for its designated purpose. The room was appropriately de-cluttered during the inspection and this will be reviewed at a future care inspection.

The provision and use of handwashing facilities throughout the home was observed to be consistently effective. Public Health Authority signage which encouraged staff to adhere to the '5 moments' for effective handwashing was displayed in various communal bathrooms. The registered manager was encouraged to ensure that the underside of all wall mounted hand sanitisers were kept clean and that disposable wipes were stored appropriately in communal toilet areas.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the personalisation of patients' bedrooms and the cleanliness of the environment.

## Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.3. Patient, relative and staff engagement.

Staff were observed engaging with patients and visitors in an enthusiastic and friendly manner throughout the day. It was particularly positive to note that nursing staff immediately made contact with one patient's family following the arrival of their Health and Social Care Trust keyworker. This timely and responsive approach to communication with patients' relatives is commended.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. The registered manager confirmed that patients' families are regularly engaged with by staff in a formal and informal manner. As referenced in section 6.3.2, patients and visitors are encouraged to complete and submit into a Suggestion box a 'Feedback Card', on which they can rate various aspects of service delivery, including:

- courtesy of staff
- friendliness of staff
- efficiency of staff
- cleanliness of the building
- overall experience

All the relatives who were spoken with during the inspection expressed a high level of satisfaction with the manner in which the service was led, including the degree to which their views about the service are sought. Feedback from patients' relatives included the following comments:

- "... the staff have been welcoming, compassionate, understanding, helpful and very professional."
- "... I feel at ease knowing that Daleview is looking after ... Blessed for it."

Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner. Staff feedback also highlighted a consistent sense of teamwork and confidence that they could raise any concerns with senior nursing staff or the registered manager. Feedback from staff included the following comments:

- "I love it here."
- "I really enjoy it ... we work well as a team. If you've any issues, Marcella and the nurses are really approachable."
- "I love it ... everybody is so nice."

A photographic display of all staff was noted within the care setting in addition to a wall display which featured staff 'pledges' to various core values which focused on patient care. This display also featured various patients' comments expressing a range of personalised views. This creative approach to fostering a culture of person centred care is commended.

At the time of writing this report, nine patients' relatives' questionnaires have been returned within the specified timescales. All respondents expressed a moderate to high level of satisfaction with the delivery of care. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary. Patient feedback included the following comments:

- "I am looked after by a very helpful, kind and friendly staff for which I am very grateful."
- "They (staff) do their best."
- "I'm being looked after excellently. It couldn't be better."
- "This is a good place."

Feedback from one patient in regard to improving staff routines following meal times was shared with the registered manager who agreed to review the matter with the patient concerned.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and communication between staff.

### Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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