



Unannounced Care Inspection Report 31 January 2020



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: Bronagh Curran, registered nurse 11.20 – 11.30 Marilou Malate, deputy manager 11.30 – 12.30 Marcella Harriet McCorkell, manager 12.30 – 18.00	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: 28

4.0 Inspection summary

An unannounced inspection took place on 31 January 2020 from 11.20 hours to 18.00 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 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.

An area for improvement was identified in relation to ensuring that a competency and capability assessment is completed prior to any registered nurse taking charge of the home.

Patients described living in the home in positive terms. 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	1	0

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 10 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this 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

'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 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 13 January 2020 to 2 February 2020
- four patient care records
- three patient food and fluid intake charts
- a sample of governance audits/records
- a sample of inductions for agency staff
- a sample of registered nurse competency and capability assessments for taking charge of the home
- medicine competency assessments

- a sample of monthly monitoring reports for November 2019 and December 2019

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

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(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the infection prevention and control issues identified during the previous inspection had been addressed.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time	The registered person shall ensure that cleaning chemicals are stored in accordance with COSHH regulations.	Met
	Action taken as confirmed during the inspection: Observations confirmed that this area for improvement had been met.	
Area for improvement 3 Ref: Regulation 27 (2) (t) Stated: First time	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 	Met

	<p>Action taken as confirmed during the inspection: Review of risk assessments evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 4 Ref: Regulation 15 (2) (a) (b) Stated: First time</p>	<p>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.</p> <p>This is in relation to ensuring:</p> <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 <p>Action taken as confirmed during the inspection: Review of care records evidenced that this area for improvement had been met. This is discussed further in 6.2.3.</p>	<p>Met</p>
<p>Area for improvement 5 Ref: Regulation 13 (1) (a) Stated: First time</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>Action taken as confirmed during the inspection: Review of care records and supplementary charts evidenced that this area for improvement had been met. This is discussed further in 6.2.3.</p>	<p>Met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure that management systems are in place to assure the safe delivery of quality care within the home. The registered manager must ensure; <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 	Met
	Action taken as confirmed during the inspection: Review of governance audits/records evidenced that this area for improvement had been met. This is discussed further in 6.2.5.	

6.2 Inspection findings

6.2.1 Staffing provision

On arrival to the home at 11.15 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. The majority of patients were seated within one of the lounges, whilst others remained in bed as per their assessed needs. There was a relaxed atmosphere within the home and nurse call alarms were answered promptly.

The manager confirmed the planned daily staffing levels for the home and that these levels were generally adhered to. Discussion with the manager identified that recruitment for suitably skilled and experienced care assistants was ongoing to ensure a full complement of staff are employed by the home. A discussion with staff evidenced that they felt supported by management, comments included; "I enjoy working here", "I love it here" and "Great support".

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with management or the nurse in charge.

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

6.2.2 Patient Health and Welfare

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. We observed staff attending to patients' needs in a caring manner and as promptly as possible.

Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment. This is discussed further in 6.2.4.

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

Patient comments included:

- "Very happy here."
- "Staff are very good."
- "Great place."
- "Lovely food and plenty of it."
- "Staff are looking after me well."

Patient representatives/visitors comments included:

- "Great care here."
- "Staff are very friendly."
- "Very happy with everything."
- "Great place."

A visit from a local primary school was taking place in the afternoon where patients and their visitors were encouraged to participate in singing along to tunes that were familiar to them. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. This was commended by the inspector.

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

6.2.3 Management of patient care records

Review of four patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patients. We reviewed the management of nutrition, patients' weight, management of falls and wound care. On review of a recently admitted patient's care records we identified that a number of care plans in relation to the patient's current medical conditions were absent. This was discussed with the manager who agreed to enhance the monitoring audits on all newly admitted patients. Following the inspection written confirmation was received by RQIA that the care plans had been implemented.

We reviewed a sample of supplementary records which evidenced that contemporaneous record keeping in relation to dietary/fluid intake were being well managed within the home. However, we identified that the target of fluid intake to be achieved, was recorded as being generally lower on most occasions over a 24 hour period and although actions taken were documented daily in the patients' progress records a discussion was held with the manager regarding the target of fluid to be achieved and the manager agreed to communicate this with relevant staff and to review the target intake to ensure it remains suitable for the patient. This will be reviewed at a future inspection.

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

6.2.4 General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. The home was found to be warm and comfortable throughout. The manager confirmed that a review of the environment is carried out on a monthly basis by management during the monthly monitoring visits and any areas identified as requiring redecorating are actioned with timeframes established. Furniture/equipment identified during the inspection as damaged or unclean was discussed in detail with the manager, including storage of equipment and clean linen. The manager agreed to action the deficits identified and to enhance the audit tool. This is discussed further in 6.2.5.

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

6.2.5 Management and governance arrangements

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.

Competency and capability assessments were reviewed for registered nurses which evidenced that these had not been fully completed. The manager acknowledged that this required urgent attention to ensure that all registered nurses taking charge of the home are competent in the absence of the manager and agreed to have these completed. This was identified as an area for improvement.

A number of audits were completed on a monthly basis by the manager/deputy manager to ensure the safe and effective delivery of care. For example, 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. Infection prevention and control (IPC), care records, hand hygiene and environment audits were also carried out monthly. As previously discussed in 6.2.4 deficits were identified in relation to IPC and on review of the environmental audits it was evident that a number of these deficits had been identified by the manager with an action plan to address the deficits. However, the actions agreed were not always followed up in a timely manner to ensure that the deficits identified had been addressed. The manager acknowledged the findings and agreed to enhance the audit follow up. This will be reviewed at a future inspection.

Areas for improvement

An area for improvement was identified in relation to ensuring that a competency and capability assessment is completed prior to any registered nurse taking charge of the home.

	Regulations	Standards
Total number of areas for improvement	1	0

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

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that registered nurses complete a competency and capability assessment for 'nurse in charge' prior to taking charge of the home in the absence of the manager.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: All competency and capability assessments have been completed for all nurses taking charge</p>

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



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