

Unannounced Care Inspection Report 22 to 24 June 2016



Dunmurry Manor

Type of Service: Nursing Home

Address: Rowan Drive, Seymour Hill, Dunmurry, BT17 9PX

Tel No: 028 9061 0435

Inspector: Heather Sleator

1.0 Summary

An unannounced inspection of Dunmurry Manor took place on 22 June 2016 from 09.20 to 17.30, 23 June 2016 from 09.45 to 16.30 and 24 June from 10.00 to 12.00 hours. On this occasion, Alice McTavish, Residential Care Inspector, undertook the inspection of the residential unit in Dunmurry Manor.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if Dunmurry Manor was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Weaknesses were identified in the delivery of safe care in relation to the staffing arrangements and the deployment of staff, specifically in relation to the afternoon and evening routine, the lack of a robust system to monitor the registration of care assistants with the Northern Ireland Social Care Council, validation of the staff induction training programme, the arrangements for the locking of doors in the home and the garden area at the back of the home. These deficits have led to a reduction in positive outcomes for patients. Two requirements and three recommendations have been stated to secure compliance and drive improvement.

Is care effective?

There was evidence of positive outcomes for patients. All staff demonstrated a high level of commitment to ensuring patients received a good standard of individualised care.

A recommendation has been made regarding the dining experience for patients.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. A recommendation has been made however, that the standard of personal care afforded to patients should be monitored by the manager and registered nurses on a daily basis until such times as the manager is satisfied. Compliance with this recommendation will further drive improvements in this domain.

Is the service well led?

There was evidenced of systems and processes in place to monitor the delivery of care and services within the home. However, requirements and recommendations have been stated in the domain's relating to the safe, effective and compassionate delivery of care.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

For the purposes of this report, the term 'patients' will be used to described those living in Dunmurry Manor which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Stephen Dunne, Applicant Manager, and John Rafferty, Northern Ireland Operational Director, Runwood Homes, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 11 November 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered provider: Runwood Homes Ltd Nadarajah Logan Logeswaran	Registered manager: Stephen Dunne
Person in charge of the home at the time of inspection: Stephen Dunne	Date manager registered: Stephen Dunne – Registration Pending
Categories of care: RC-DE, NH-DE	Number of registered places: 76

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 11 patients, five care staff, ancillary staff, two registered nurse and five relatives.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspectors.

Questionnaires for patients, relatives and staff to complete and return were left for the home manager to distribute. Please refer to Section 4.5 for further comment.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 November 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

The action taken by the registered provider/s, as recorded in the QIP will be validated at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 11 November 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 17 (1) Stated: Second time	The auditing of care records should ensure that all sections of patients' assessment of need are completed, for example, restrictive practice and continence needs.	Met

	Action taken as confirmed during the inspection: The manager stated an audit of all care records had been completed, records were present and viewed and confirmed the audits had been completed and remedial action was taken where a shortfall had been identified.	
Requirement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered person must ensure staff undertake mandatory training in accordance with the required timescales. A record of any training undertaken by staff must be retained in the home and be available for inspection. Action taken as confirmed during the inspection: Staff training records were present and viewed. Evidence was present that staff had completed all mandatory training for 2015 and the programme for 2016 had commenced.	Met
Requirement 3 Ref: Regulation 19 (2) Schedule 4 Stated: First time	The registered person must ensure all records. As specified in Schedule 4, are retained in the home and are available for inspection. Action taken as confirmed during the inspection: Records which were requested and are required to be retained in the home were available for inspection.	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 46.1 and 46.2 Stated: Second time	Staff are to be informed that their responsibilities regarding infection prevention and control measures are to be adhered to daily and will be monitored by management. Action taken as confirmed during the inspection: The review of the staff training record evidenced that 86.3 percent of staff had completed training in respect of infection prevention and control procedures. Discussion with staff also confirmed staffs knowledge. The manager completed a monthly audit and where shortfalls had been identified remedial action had been taken.	Met

<p>Recommendation 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>Staff should receive training and support in respect of care planning so as their understanding of providing individualised care and support is enhanced and staff understand their responsibility and accountability regarding this area of care. Evidence is to be available in the home that the training and support, in whatever form, has taken place.</p> <p>Action taken as confirmed during the inspection: The manager facilitated training for staff in respect of the care planning process in April and May 2016. This was confirmed in discussion with staff. The review of six patient care records evidenced there had been an improvement in the documenting of care.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 19.1</p> <p>Stated: First time</p>	<p>A policy on Communicating Effectively should be written. The policy should reflect regional guidance document, Breaking Bad News</p> <p>Action taken as confirmed during the inspection: The review of the policy evidenced it had been written, and shared with staff, in accordance with best practice guidance.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 19 and 32</p> <p>Stated: First time</p>	<p>Training on communicating effectively and palliative and end of life care should be undertaken by staff.</p> <p>Action taken as confirmed during the inspection: 12 staff from the home completed a training course, European Certificate in Holistic dementia Care (ECHO) in respect of palliative and end of life care in conjunction with the Northern Ireland Hospice. Aspects of learning from the training have been cascaded to other staff in the home via team meetings and/or 'in-house' training.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 19 and 32</p> <p>Stated: First time</p>	<p>Management should implement a system to evidence staff have read the policy on communicating effectively and palliative and end of life care.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>Staff are required to sign their signature to verify they have read the policy documentation. Evidence was present to support this process had been put into effect regarding the policy documents in respect of communicating effectively and palliative and end of life care. The policy documents were available for staff in each nurses/care station in the home.</p>	
<p>Recommendation 6</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The home's policy on palliative and end of life care should reflect current best practice/regional guidelines, Gain Palliative Care Guidelines, November 2013.</p> <p>Action taken as confirmed during the inspection:</p> <p>The review of the policy documentation evidenced the policies reflected best practice/regional guidelines.</p>	Met
<p>Recommendation 7</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p>	<p>The Regulation 29 monthly monitoring report should reflect on one visit to the home to monitor the quality of services. In keeping with Regulation 29, The Nursing Homes Regulations (Northern Ireland) 2005, this visit should be unannounced.</p> <p>Action taken as confirmed during the inspection:</p> <p>The monthly quality monitoring reports for May and June 2016 were viewed. The reviewed evidenced the reports reflected that the focus of the report was on one of the unannounced visit to the home per month.</p>	Met
<p>Recommendation 8</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p>	<p>The complaints record maintained by the home must evidence all communication with complainants; the result of any investigation; the action taken, whether or not the complainant was satisfied with the outcome, and how the level of satisfaction was determined.</p> <p>Action taken as confirmed during the inspection:</p> <p>The complaints record was reviewed. The record evidenced that the management of complaints is in accordance with Regulation 24, The Nursing Homes Regulations (Northern Ireland) 2005</p>	Met

4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 13 June 2016 evidenced that the planned staffing levels were adhered to. Staff consulted confirmed that staffing levels met the assessed needs of the patients in the morning. Staffing levels reduce from 14.00 hours. At which time, the number of care assistants on duty reduced from six to four care assistants. Care staff stated they felt this level was insufficient to meet patient needs. We observed the activity in the home in the afternoon. Patients became increasingly unsettled in the afternoon and leading up to the time of serving the evening meal. A number of patients were unsettled during this period and were not actively engaged in either a social/recreational activity or with staff. Staff were assisting patients' however due to the dependency needs of a number of patients two staff were required to assist with care duties. This impacted on the ability of staff to supervise patients, anticipate and/or assure patients who were distressed and engage with visitors and patients.

The manager stated there was a shortage of registered nurses in the home, management were recruiting new staff and until such times as the required number of registered nurses were recruited agency staff were being used. The manager stated he was aware of the possible impact on patients and the potential for a lack of continuity of care due to the sustained use of agency staff. To try and lessen this, arrangements had been made with agencies to 'block' book staff members and ensure the same staff were coming to the home and knew the patients. The deployment of staff throughout the daytime period, from 08.00 to 20.00 hours, requires review to ensure that there are sufficient staff on duty during this time period to not only meet the physical needs of patients but ensure that persons with dementia are engaged in a meaningful way and distress and unsettlement is kept to a minimum. A requirement has been made.

Discussion with representatives evidenced that there were no concerns regarding staffing levels.

A review of three personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2. The manager stated that there arrangements in place for monitoring the registration status of registered nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). The review of the records maintained evidenced the process was robust for registered nurses. The process for monitoring the registration status of staff with NISCC was not robust. The records did not evidence that a significant number of care assistants were currently registered with NISCC. This was discussed with the manager and the administrator who agreed there was a weakness in the monitoring process. A requirement has been made that a robust system is established which verifies the registration status of staff with NISCC at any given time.

Staff confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. The review of three induction training programmes did not evidence completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor had not signed the record to confirm completion and to declare understanding and competence. The manager had not signed the record to confirm that the induction process had been satisfactorily completed. A recommendation has been made that the manager ensures the

induction training record for any staff member evidences that it has been fully completed and validated by the manager

Review of three registered nursing personnel records confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home in the absence of the manager.

Training was completed available via an e-learning system, internal face to face training arranged by management and training provided by the local health and social care trust. The review of staff training records evidenced that the manager had systems in place to monitor staff attendance and compliance with training. Discussion with the manager, staff on duty and a review of records confirmed that there are systems in place to ensure that staff received an annual appraisal. In discussion staff stated they had not received formal regular supervision as yet. The manager had a supervision planner in place for 2016 and stated that the completion of the annual appraisal of staff was the priority at present.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Training records reflected that 83.7 percent of staff had undertaken safeguarding training in the past 12 months. Annual refresher training was considered mandatory by the home. A review of documentation confirmed that any safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. There were two safeguarding investigations on-going at the time of the inspection which were being investigated by the adult safeguarding teams from the relevant health and social care trust. The manager had systems in place to monitor the progress of safeguarding issues with the local health and social care trust. Safeguarding referrals or on-going investigations are reviewed and reported on at the monthly quality monitoring visit by John Rafferty, Northern Ireland Operational Director. Safeguarding information, including the relevant telephone numbers, was present in the two offices of both the nursing and residential units.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The manager completed a monthly analysis accident, incidents and of falls to identify any trends or patterns. The local Trust had raised a concern with the manager regarding the number of incidents which were being reported. Following the review of the accident and incident analysis the manager was advised to review the efficacy of the audits so as to ensure a robust analysis. This analysis may provide further information to the manager regarding the review of staffing arrangements and the deployment of staff.

An inspection of the general environment of the home was undertaken and included a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Relatives spoke positively about the 'dementia cafe' in the residential unit, where they could take their relative and have a drink together. Two issues arose in relation to the environment. Firstly weeds were observed between the paving stones in the garden area and the raised beds had not been planted. This gave the garden area a stark appearance despite the attractive garden furniture which was present. Secondly a number of storerooms, which were identified to the manager,

should be shelved as activities equipment and other equipment in these areas were not clearly identifiable and the storerooms were very disorganised. A recommendation has been made.

Discussion took place with the manager regarding the locking of doors in the home. The main front door, which enters in to the entrance lobby of the home, was locked (key coded locking mechanism). Staff or the administrator are responsible for opening the door to gain entrance. All subsequent entrance doors in the home were also locked. Patients were observed at various times throughout the course of the day to be gathered at the entrance/exit door of the residential unit. The manager was advised to review why patients were gathering at this door and ensure that this was not due to a lack of recreational activities or engagement with patients or due to the home's staffing arrangements, as previously discussed. The manager was also advised to review this area of the environment, from a dementia perspective and current best practice guidance, and adapt this area, as appropriate. The manager was advised that the home's Statement of Purpose should reflect that the front door has a key coded locking mechanism and the rationale as to why this action had been assessed as necessary. A recommendation has been made in respect of the locking of doors and the dementia environment.

The home was evidenced to be fresh-smelling, clean and appropriately heated.

Fire exits and corridors were observed to be clear of clutter and obstruction.

There were no issues identified with infection prevention and control practice.

Areas for improvement

The dependency levels of patients must be kept under regular review to ensure that the numbers and skill mix of staff deployed is appropriate to meet the needs of the patients, the time of day and the layout of the home.

A robust system must be established which verifies the registration status of staff with NISCC at any given time.

The induction training record for any staff member should evidence that it has been fully completed and validated by the manager

The garden area at the back of the home should be regularly maintained to a standard which encourages patients to use it and is of interest. Shelving in the identified storage rooms should be erected.

The Statement of Purpose should reflect the rationale for the locking of the front door and the entrance/exit doors of the residential unit. The arrangements for the locking of doors should be reviewed from a dementia perspective and in accordance with best practice dementia guidelines in respect of the environment.

Number of requirements	2	Number of recommendations:	3
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4.4 Is care effective?

A review of three patient care records in the nursing unit and four care records in the residential unit evidenced that initial plans of care were based on the pre admission assessment and referral information. A range of validated risk assessments were completed as part of the admission process.

Residential unit care records

The review of the residential care records evidenced that the assessment documentation in use was based on a nursing model and whilst it did not reflect a social care model, which would be more conducive to the needs of individuals assessed as requiring residential care, staff have used the model skilfully so as to be relevant to the needs of their patients. Evidence was present of a person centred approach to care planning and one care record in particular evidenced a high level of insight and understanding of the individual by staff. There was a lack of evidence that the patient and/or their representative had been consulted in respect of the care planning process. Staff in the residential unit confirmed that the manager had given guidance and support regarding the care planning process and reporting and recording.

Nursing unit care records

Nursing care records reflected that, appropriate assessment of need and validated risk assessments were being utilised. Where appropriate, timely referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians and palliative care nurse facilitators. Care records were regularly reviewed and updated, as required. The review of the care records confirmed a more systematic and consistent approach to the planning of care. The review of the progress records maintained by registered nurses evidenced that there had been an improvement in the recording of patients' response to planned care on a daily basis. Some, but not all, registered nurses were reporting in a more holistic manner. The manager stated the newly appointed deputy manager is guiding nursing staff regarding the reporting of patients' wellbeing.

As was evidenced in the review of the care records in the residential unit, nursing care records did not evidence the planning of care to be a participative process. This was discussed with the manager agree to establish a system to evidence the involvement of the patient and/or their representative in the process. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were held annually but could be requested at any time by the patient, their family or the home.

Discussion with the manager and staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. Staff meetings were evidenced to be held regularly and records of these meeting were maintained. Any decisions taken at staff meetings were clearly identified in the minutes, copies of the minutes are displayed for those staff unable to attend the meeting to access.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff also confirmed that if

they had any concerns, they would raise these with the registered manager. Staff reported there had been positive changes in the home with the new manager who was stated to be very patient focused; one staff member stated, 'He takes a great interest in the patients and is the first person to roll his sleeves up and pitch in when needed.'

The serving of the midday meal in the nursing unit was observed. Tables were attractively set with cutlery, condiments and napkins. The meals were nicely presented and smelled appetising. All of the patients spoken with enjoyed their lunch. The meals are transported to the dining rooms by a heated trolley. Staff informed patients of the choice of meal available and asked what their preference was. A catering assistant individually plated patients' meals according to their choice, this was good practice. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray. There were few trays available and when asked, a registered nurse stated there weren't many available. To facilitate the smooth running of meal times, trays should be set with cutlery and condiments and the food should be covered prior to leaving the dining room.

There were two dining rooms per unit with one heated trolley servicing two dining rooms. Lunch service began in one dining room; the mealtime was not rushed in any manner. However, patients' in the second dining room were seated at the dining tables approximately 45 minutes prior to the serving of the meal in the second dining room. This is a long period of time for patients to sit waiting in the dining room. Patients should be seated in the dining room shortly before the meal is served and not have to wait. A recommendation has been made that the mealtime arrangements are reviewed to enhance the dining experience for patients. This was discussed with the manager who agreed to review the mealtime arrangements.

Areas for improvement

The mealtime arrangements should be reviewed to enhance the dining experience for patients.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. There was a calm atmosphere in the home in the morning. Patients were observed to become more unsettled in the afternoon and the noise level in the nursing unit noticeably increased. In discussion staff stated that they felt they were 'stretched' in the afternoon as there was a reduction in the staffing level and they could not give the same amount of time and supervision to individuals due to this. This was discussed with the manager and his line manager during feedback at the conclusion of the inspection and is referenced in Section 4.3 of this report in respect of staffing arrangements.

We observed a lack of attention to personal care regarding patients clothing and presentation. A number of female patients were observed to have no stockings on. When asked, staff stated this was because there were none available in the patient's bedrooms when staff were assisting the patients to get washed and dressed in the morning. Staff further stated this was because the laundry hadn't returned the patient's clothing. This was unsatisfactory and staff need to be informed by the manager, of the expected standard of personal care which is to be afforded to patients. The standard of personal care should be monitored by the manager and registered nursing staff on a daily basis and a recommendation has been made.

On this occasion the arrangements for the provision of activities in the home was not assessed. This will be reviewed at the next inspection.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. The most recent relatives meeting was the 2 May 2016 and 16 families attended. The minutes of this meeting were on the relatives' notice board in the entrance lobby. In discussion with a relative during the inspection it was stated, 'I have noticed a great improvement since the new manager started, he made a point of meeting with relatives and he spent two hours at the meeting explaining his vision for the home and listening to families.'

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. One patient confirmed that they knew they could approach any member of staff to discuss any issues or make a complaint but has never had to do so.

Other comments received from patients included:

- 'Staff are all very kindly and helpful.'
- 'They are good to me and I like it here.'
- 'I'm happy here; they (staff) are good.'
- 'They (staff) look after me well, they are helpful and kind.'

We met with five relatives during the inspection, all of whom were very happy with the care and attention afforded by staff in the home.

Comments included:

- 'Great home, staff are wonderful.'
- 'Staff always keep me informed of what's happening.'
- 'Happy with the care, (my relative) always looks well; I would like to see more activities to keep patients occupied.'
- 'I think the new manager has introduced more structure and organisation to the home.'
- 'I feel there is enough staff on duty, they are all very helpful and approachable.'
- 'The staff are certainly very dedicated.'
- 'I am happy with the care given to my (relative), they are happy and content here.'

We spoke with nine staff who commented:

- 'It's really refreshing to see a manager who actually works alongside you with patients.'
- 'It's great that we're actually encouraged to sit and talk to patients.'
- 'Very good home, we all work well together. I think the new manager is good, on his first day he introduced himself and then made the patients his focus, no-one else has done that.'
- 'I couldn't ask for a better manager, he is always approachable and supportive.'
- 'The staff team is strong, dedicated and motivated.'

In addition 10 relative/representatives; 8 patient and 10 staff questionnaires were provided by RQIA to the manager for distribution. At the time of issuing this report three questionnaires had been completed and returned from staff members. A staff member commented that they 'feel at last we have stability within management and leadership.'

Areas for improvement

The standard of personal care afforded to patients, by staff, should be monitored by the manager and registered nursing staff on a daily basis.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

Discussion with the home manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of other staff in the home and to whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Staff confirmed that they had access to the home's policies and procedures.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Representatives spoken with confirmed that they were aware of the home's complaints procedure and that they were confident that staff/management would manage any concern raised by them appropriately.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A system was in place to monitor the quality of the services delivered. The registered manager completed a programme of audits on a monthly basis. Areas for audit included care records, infection prevention and control practices, falls, wound care management, complaints and the environment. Where a shortfall had been identified an action plan was developed, completed and the area re-audited to check that the required improvement has been completed.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas for improvement have been identified in the sections discussing the delivery of safe, effective and compassionate care.

Feedback at the conclusion of the inspection was given to Stephen Dunne, manager and John Rafferty, Northern Ireland Operational Director of Runwood Homes Ltd. Both Mr Dunne and Mr Rafferty demonstrated their commitment to address the issues identified during the inspection.

Areas for improvement

Two requirements and five recommendations have been made in relation to safe, effective and compassionate care to further secure compliance and drive improvements.

Number of requirements	2	Number of recommendations:	5
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Stephen Dunne, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 20 (1) (a)

Stated: First time

To be completed by:
31 July 2016

The registered provider must ensure that the dependency levels of patients is kept under regular review to ensure that the numbers and skill mix of staff deployed is appropriate to meet the needs of the patients.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

The dependency levels of patients are reviewed monthly. Staffing levels and skill mix will be deployed to meet the needs of the patients. Where there is a need to increase staffing levels this will be implemented in consultation with key stakeholders. The registered manager will utilise audits to inform practice with regards to dependency levels and associated staffing needs. Residential residents will be continually reviewed to assess for their changing needs. The home manager will link with community care managers and request care reviews.

Requirement 2

Ref: Regulation 9
Schedule 2 (5)

Stated: First time

To be completed by:
31 July 2016

The registered provider must detail and have documentary evidence of the registration of staff with the appropriate professional regulatory body. A robust system for the monitoring of the registration of staff must be in place and be regularly reviewed.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

A full audit has been completed for each staff member within the home with regards to the appropriate professional regulatory body. All staff within the 6 month employment period have applied for registration. All staff who were on the register and should have renewed registration have completed this process. All staff professional regulatory details will be held within the database. On the first working day of each month staff professional registrations will be audited and details inputted into the database. Staff have been informed of the importance of professional registration and their responsibilities to maintain their professional registration through meetings with staff.

Recommendations	
Recommendation 1 Ref: Standard 39 Stated: First time To be completed by: 31 July 2016	The registered provider should ensure that the induction training record of any staff member evidences the signature of both the inductee and inductor and that the manager has signed the record to validate the completion of the induction training. Ref: Section 4.3
	Response by registered provider detailing the actions taken: A new auditable induction file has been established which now holds all employed staff inductions. The inductions are audited by the manager to ensure that the inductee, inductor and manager have fully completed the induction process and signed off this process. The manager will audit staff induction on completion and sign off same.
Recommendation 2 Ref: Standard 5.3 Stated: First time To be completed by: 31 July 2016	The registered provider should ensure that the rationale for the locking of the front door is included in the Statement of Purpose. A review of the entrance area into the residential unit should be completed, using best practice dementia guidelines, to ensure the area is designed and managed to promote the wellbeing of persons with dementia. Ref: Section 4.3
	Response by registered provider detailing the actions taken: The Statement of Purpose has been updated to reflect the rationale for the locking of the front door to improve safety. A review of the front entrance has been completed using best practice dementia guidelines. This will be evidenced in the Dementia Services Folder.
Recommendation 3 Ref: Standard 43.11 Stated: First time To be completed by: 31 July 2016	The registered provider should ensure the environmental issues, for example; the provision of shelving in storage areas and the upkeep of the garden, are addressed. Ref: Section 4.3
	Response by registered provider detailing the actions taken: The provision of shelving in storage areas has been requested and plan is in place to attach same. The upkeep of the garden has been discussed with the maintenance officer and he is aware of the need to ensure same is on-going and continuous. The home manager will regularly review the garden areas and ensure they are comfortable and appealing for all residents and family members. Any improvements required will be put into place.

<p>Recommendation 4</p> <p>Ref: Standard 12.21 and 12.22</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered provider should ensure that the patients' dining experience, as discussed, and including a review of the serving of meals, is addressed.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: Mealtime assessments will be conducted by home manager, chef or senior personnel within the home. It has been discussed with staff regarding the importance of serving food in a timely manner. This is monitored through the implementation of mealtime assessments. This recommendation has been discussed with The Dementia Services Manager and the focus will be on mealtime experience.</p>
<p>Recommendation 5</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered provider should ensure that patients' personal care and grooming needs are regularly assessed and met and patients are dressed appropriately.</p> <p>Ref: Section 4.5</p> <p>Response by registered provider detailing the actions taken: The registered manager has reflected on inspection findings. Systems are in place to ensure patients personal care and grooming needs are met. The use of keyworker system is in place.</p>

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