



# Unannounced Care Inspection Report

## 13 June 2019



## Dunmurry Manor Nursing Home

**Type of Service: Nursing Home**

**Address: 2a Hazel Avenue, Dunmurry, Belfast, BT17 9QU**

**Tel No: 028 9061 0435**

**Inspector: Dermot Walsh**

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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 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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 24 patients living with a dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual(s):</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Michelle Montgomery 15 March 2019
<b>Person in charge at the time of inspection:</b> Michelle Montgomery	<b>Number of registered places:</b> 24  A maximum of 24 patients in category NH-DE to be accommodated on the First Floor.
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 23

### 4.0 Inspection summary

An unannounced inspection took place on 13 June 2019 from 09.35 hours to 19.00 hours.

This inspection was undertaken by the care inspector and a lay assessor.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection on 7 March 2019 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 staffing arrangements, staff training and development, adult safeguarding, compliance with infection prevention and control, risk assessment, communication within teams, management of incidents and with quality improvement. Further good practice was observed in relation to the delivery of compassionate care, teamwork and with maintaining good working relationships.

Areas requiring improvement were identified in relation to wound care planning, recruitment, monthly monitoring of falls, hydration management and dining room supervision. An area for improvement in relation to cleanliness of kitchenettes has been stated for the second time.

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

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

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	*5

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Michelle Montgomery, 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 7 March 2019

The last inspection of the home was an announced care and a variation to premises registration inspection. 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 and people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

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

A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

Our lay assessor comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

The following records were examined during the inspection:

- duty rota for all staff week commencing 9 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment file
- three patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample monthly monitoring reports from January 2019
- RQIA registration certificate

Areas for improvement identified from the care inspection of 7 March 2019 were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from inspection of 7 March 2019**

Areas for improvement identified following the previous care inspection of 7 March 2019 have been reviewed. Of the total number of areas for improvement three in relation to monitoring care staff registrations; decontamination of hoists and the management of meal timings were met. One area in relation to the cleanliness of kitchenettes has not been met and has been included in the QIP at the back of this report.

## **6.2 Inspection findings**

### **6.3 Is care safe?**

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

The registered manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 9 June 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet

patients' needs. Six relatives consulted spoke positively on the care provision in the home. Two of the relatives did not think there was enough staff on duty in relation to the availability of staff. Relatives concerns were passed to the registered manager for their review and action as appropriate.

A review of one recently recruited staff member's recruitment records evidenced a shortfall in the appropriate pre-employment checks in relation to a Northern Ireland Social Care Council (NISCC) registration check being conducted prior to the staff member commencing post. This was discussed with the registered manager and identified as an area for improvement.

The registered manager evidenced regular checks made on all staff following employment in the home to ensure that they maintained their registration with Nursing and Midwifery Council (NMC) or NISCC as appropriate. An area for improvement in this regard has now been met. New care staff were required to join the NISCC register as soon as possible following commencement of employment.

A record of any training that staff had completed was maintained in the home. Staff were satisfied that the training provided assisted them in their roles within the team. Discussion with the registered manager and staff confirmed that training in using new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators had been conducted. The use of IDDSI indicators commenced regionally from April 2019 describing the levels of food and fluid consistency for each individual patient to ensure safe dietary intake.

The registered manager confirmed that all nursing and care staff were also mentored and coached through supervision and appraisal. A system had been developed to ensure that all registered nursing and care staff employed received, at minimum, two recorded supervisions per year and one annual staff appraisal. Staff consulted confirmed that they were recently issued with dates to attend for annual appraisal allowing them time to prepare for their appraisal.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Discussion with the registered manager confirmed that they were aware of the regional safeguarding policy and procedures. One registered nurse and four care staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

A review of three patients' care records evidenced that appropriate individualised risk assessments were completed for each patient at the time of their admission. Risk assessments had been reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

Falls in the home were not monitored on a monthly basis for any patterns and trends in times or locations of the fall and reduce the overall incidence where possible. This was discussed with the registered manager and identified as an area for improvement. It was noted that the number of falls in the home had been consistently reducing over the past four months. Where a fall had occurred, the patient's falls log and falls care plan had been updated. Accident records reviewed evidenced that the appropriate monitoring observations had been conducted and that the appropriate persons had been notified of the fall. A butterfly was placed on bedroom doors to alert staff to the patients' risk of falls.



We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was clean and fresh smelling. Compliance with infection prevention and control had been well maintained. Hoists used were observed visibly clean and an area for improvement in this regard has now been met. However, a review of the kitchenette in the home evidenced that improvement was required in relation to cleanliness. This was discussed with the registered manager and an area for improvement in this regard has been stated for the second time.

Fire exits, corridors and stairwells were observed to be clear of clutter and obstruction. There were no malodours detected in the home. Patients were seated in one of the lounges or in their bedroom as was their choice.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff training and development, adult safeguarding and on compliance with infection prevention and control guidelines.

### Areas for improvement

New areas for improvement were identified in relation to staff recruitment and with monitoring patterns and trends in falls. An area for improvement in relation to the cleanliness of the kitchenette has been stated for the second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 6.4 Is care effective?

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

Dietary requirements such as the need for a diabetic diet, were communicated through staff handovers. Information also included the consistency of patients' food and fluids. As previously discussed, staff training had been conducted in using new IDDSI indicators. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was implemented to determine the risk of malnutrition and need for onward referral. Where a risk was identified there was evidence within patients' care records that advice was sought from an appropriate health professional, such as a dietician or speech and language therapist.

Patients and staff confirmed that they had 24 hour access to food and fluids. Patients and staff commented positively on the food provision. We reviewed the lunchtime meal experience during the inspection. A choice of meal was available for patients. The meal commenced around 12.30. Patients dined in the main dining room on the ground floor or at their preferred dining area. Food was served from a heated trolley when patients were ready to eat or be assisted with their meal. Food taken outside of the dining room was covered on transfer. The food served was nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were

assisted in an unhurried manner. An area for improvement was identified in relation to the supervision of patients in the dining room prior to the commencement of meals. Meal timings had been amended to ensure adequate gaps between meals. An area for improvement in this regard has now been met.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence; a care plan was developed to guide staff in measures to prevent skin breakdown. However, a review of wound management records evidenced a shortfall in wound care planning. The wound care plan did not accurately reflect the dressing regime or frequency of dressing for the wound. This was discussed with the registered manager and identified as an area for improvement. Wounds had been individually assessed and individual wound observation charts had been maintained to monitor the progress of the wound. A photograph of the wound was also available for review.

Supplementary care records were maintained well in respect of repositioning, food and fluid intake and bowel management. However a review of two patients' fluid intake records evidenced that they consistently did not meet the fluid target set for the patient. An area for improvement was made. We discussed the opportunities for fluid intake in the home and the importance of accurately recording each.

When a restrictive practice, such as the use of an alarm mat had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. There was evidence of communication with the patient's next of kin. Care plans were in place and there was evidence that the continued need for the use of restrictive practice was monitored.

Staff confirmed that they received a handover at the commencement of every shift. Pre-printed handover sheets were available for staff containing detailed information such as patients' mobility requirements, risk of falls and the IDDSI descriptors. Staff could add their own comments to the handover sheets to aid in the delivery of patient care.

Staff were observed communicating well when delivering care. Staff described the teamwork in the home as, "much better now," and spoke positively of the recent addition of a new deputy manager to the home. Staff confirmed that they could raise any concern with any of the home's management.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk assessment, communication and with teamwork.

### **Areas for improvement**

Areas for improvement were identified in relation to wound care planning, supervision of patients in the dining room and hydration.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	2



## 6.5 Is care compassionate?

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

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "... She was always treated with sympathy and patience and efficiency and her dignity was respected at all times and for this we are extremely grateful."
- "A very big thank you to all the nurses and carers of ... for all their love and kindness shown to ...."

The registered manager confirmed that meetings with patients' relatives were planned on a monthly basis and that minutes of these meetings were recorded. The registered manager also confirmed that since the last care inspection, a new committee group had been set up to assist with events and fundraising activities, including relatives and staff. Staff and relatives had planned to take part in an upcoming fun run in Lisburn and a summer fete had been planned. The committee group met on a monthly basis and minutes of these meetings were maintained as were the development of action plans.

The registered manager discussed an ongoing project with the South Eastern Health and Social Care Trust known as the 'Care Citizens Hub'. Following the inspection, information sent to RQIA confirmed planned engagements which had been confirmed at the most recent meeting of the Citizens Care Hub. Engagements had been arranged with local schools, colleges and library facilities to facilitate activities such as gardening, baking, story-telling, crafts and choir singing. An inter-generational training programme on dementia management has also been arranged as part of this project for anyone who would be interested in attending.

In addition to the planned engagements, the registered manager confirmed the development of a 'Wellbeing Lead' person in the home to ensure that meaningful activities are conducted with all patients in the home. The wellbeing lead person will, in the future, conduct individual patient assessments on all patients and then plan and organise group/one to one activities' in response to the assessments.

Consultation with seven patients individually, and with others in smaller groups, confirmed that living in Dunmurry Manor was a positive experience. Patients were presented well in their appearance and were observed relaxed and comfortable in their surroundings. One patient who appeared distressed during the inspections was quickly reassured by staff. Ten patient questionnaires were left for completion. None were returned.

Six patient representatives were consulted during the inspection. Patient representatives' questionnaires were left for completion. None were returned. Some patient representatives' comments were as follows:

- "The home is fantastic. Can't praise them enough. Everyone knows my name and I'm kept up to date with ... care. I know the codes to get in and out of the home."
- "I have no problems here at all. The staff are all lovely and always have been."
- "We are very happy with the care here. We visit regularly and have no issues. We are always kept up to date."
- "This is a nursing home and will never be the same as the person's home but it is very good."
- "I call here every day. I am very happy with the care my wife receives. Staff are all kind and helpful but there should be more staff on duty at all times."
- "I am happy with the care provided. Staff are good but there isn't enough. The environment, décor and facilities are all good and clean and well maintained. No complaints."

Staff were asked to complete an online survey; we had 11 responses within the two week timescale specified. All respondents indicated that they were satisfied or very satisfied the home was providing care in a safe, effective and compassionate manner and that the home was well led. Comments from six staff consulted during the inspection and responses received included:

- "I'm really enjoying working here. It is improving every day."
- "I do love it here."
- "Now it is ok."
- "I'm loving it at the minute."
- "There is a good routine at the minute."
- "Big improvements have been made since I have joined. Staff morale is higher on the floor, routine is better and a better atmosphere. Residents are happy and are joining in with activities."
- "I love to work with my colleagues."
- "I am happy to work here."
- "Nice management, helping all the time. Colleagues are really good."
- "The amount of changes in the place now with the new managers is great. I love working here now."
- "I am a new member of staff. I feel supported. The care given is of a high standard."

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the delivery of compassionate care and with staff interactions with patients.

### Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

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

## 6.6 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

A review of the duty rota clearly evidenced the identity of the nurse in charge of the home in the absence of the registered manager.

A system was in place to record any complaints received including all actions taken in response to the complaint. Visitors to the home consulted confirmed that they would have no difficulty in raising concerns with the home's management.

Discussion with the registered manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. These included audits regarding accidents/incidents, care records, health and safety and infection prevention and control practices. The health and safety audits were reviewed during the inspection. An action plan was developed where shortfalls were identified and there was evidence that action plans had been reviewed to ensure completion.

Discussion with the registered 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.

Monthly monitoring visits were also conducted by Runwood's internal compliance inspector to review the care provision and service provision of the home. Any areas identified for improvement had been documented as discussed with the registered manager or nurse in charge and identified within an action plan included in the report. There was evidence within the reports that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed. Reports were available for review by patients and their visitors, staff, Trust staff and other healthcare professionals.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Michelle Montgomery, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that wound care plans contain accurate dressing regimes and frequency of dressing. Wound care plans must be updated to reflect any changes made to the dressing and/or frequency.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Weekly wound care audits are now in place that are to be submitted to the Registered Home Manager for review.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 44 Criteria (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 July 2019	The registered person shall ensure that all storage areas within both identified kitchenettes are maintained in a clean and hygienic manner at all times.  Ref: 6.1 and 6.3
	<b>Response by registered person detailing the actions taken:</b> New kitchenettes are being fitted on 16.08.19 and a completion date for 23.08.19. Daily clean and weekly deep clean of kitchenettes are allocated on the allocation charts. These will be spot checked by the deputy manager and home manager on the daily walk around.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 38 Criteria (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 June 2019	The registered person shall ensure that all appropriate pre-employment checks are conducted prior to all new staff members commencing in post.  Ref: 6.3
	<b>Response by registered person detailing the actions taken:</b> A record is now kept on all pre employment NISCC checks.

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 22 Criteria (10)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2019	<p>The registered person shall ensure that falls in the home are monitored on a monthly basis for patterns and trends and that a preventative action plan is developed where appropriate.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> In addition to the successful work completed on reducing falls within Dunmurry Manor, a falls analysis record will be completed and documented monthly.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that patients who are brought to the dining room are supervised at all times while in the dining area.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Meal time leaders are allocated on the daily allocation chart to ensure the supervision of all residents throughout the mealtime experience.</p>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b>	<p>The registered person shall ensure that patients' fluid targets are consistently met and the patients' care plans identify the actions to take when this target is not met.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Daily totals are now displayed and added up at the end of each shift by the nurse in charge. Care plans all now reflect the actions required when targets are not met. Weekly audit implemented by the deputy manager to monitor actions and totals.</p>

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





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