

Unannounced Enforcement Compliance Inspection Report 4 January 2017



Dunmurry Manor

Type of Service: Nursing Home

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

Tel no: 028 9061 0435

Inspectors: Dermot Walsh and Heather Sleator

1.0 Summary

An unannounced enforcement compliance inspection of Dunmurry Manor took place on 4 January 2017 from 09.25 to 17.50 hours.

The purpose of the inspection was to assess the level of compliance achieved by the home regarding the three failure to comply notices issued on 26 October 2016. The areas for improvement and compliance with regulation were in relation to governance arrangements (FTC/NH/12230/2016-17/01), the health and welfare of patients (FTC/NH/12230/2016-17/02) and staffing arrangements and the deployment of staff (FTC/NH/12230/2016-17/03). The date for compliance with the notices was 4 January 2017.

FTC Ref: FTC/NH/12230/2016-17/01

FTC Ref: FTC/NH/12230/2016-17/02

FTC Ref: FTC/NH/12230/2016-17/03

Evidence at the time of inspection was not available to validate full compliance with the above three failure to comply notices. However, there was evidence of some improvement and progress made to address the required actions within the notices. Following the inspection, RQIA senior management held a meeting on 5 January 2017 and a decision was made to extend the compliance date up to the maximum legislative timeframe of 90 days. Compliance with the notices must therefore be achieved by 27 January 2017.

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.

1.1 Inspection outcome

The findings of the inspection were discussed with Stuart Johnston, acting manager, as part of the inspection process.

Enforcement action remains ongoing as a result of 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 17, 18 and 24 October 2016.

Following the inspection, the registered persons were required to attend a meeting at RQIA, with the intention of issuing three failure to comply notices. This meeting was held on 25 October 2016. Following discussion with the registered person RQIA were not fully assured that the actions discussed had been sufficiently embedded into practice: and given the potentially serious impact on patient care a decision was made to issue three failure to comply notices in accordance with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 10 (1), in relation to governance arrangements, Regulation 12 (1) (a) and (b), in relation to the health and welfare of patients and Regulation 20 (1) (a) in relation to the staffing arrangements and the deployment of staff.

An announced estates inspection was also undertaken on 24 October 2016 and was reported under separate cover.

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 person: Runwood Homes Ltd John Rafferty	Registered manager: Stuart Johnston (acting)
Person in charge of the home at the time of inspection: Stuart Johnston	Date manager registered: Acting – No Application
Categories of care: RC-DE, NH-DE	Number of registered places: 76

3.0 Methods/processes

Prior to inspection we analysed the following records:

- the requirements as indicated in the failure to comply notices:
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FTC Ref: FTC/NH/12230/2016-17/02
FTC Ref: FTC/NH/12230/2016-17/03
- the written registration status of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous care inspection report
- notifications received from October 2016

The QIP from the previous inspection had not been returned by the provider prior to this inspection.

The following methods and processes used in this inspection include the following:

- a discussion with the acting manager
- discussion with staff
- discussion with patients
- discussion with three patient representatives
- a review sample of staff duty rotas
- staff training records for 2016
- accident and incident records
- complaints records
- adult safeguarding register
- four care records
- a review of quality audits
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- observation of the serving of the midday meal
- observation of the daily activity of the home

The inspectors observed the majority of patients, some of whom were resting in bed and/or seated in the day lounges.

A number of staff were consulted during the inspection including two registered nurses, the deputy manager, care staff on duty, the activities co-ordinator, ancillary staff. In addition, the representatives of three patients were also consulted.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17, 18 and 24 October 2016

The most recent inspection of the home was an unannounced care inspection. The requirements and recommendations in the previous QIP were not reviewed during this inspection as the focus of the inspection was on compliance with the failure to comply notices issued. These will be validated at the next care inspection.

An announced estates inspection was also undertaken on 24 October 2016 and was reported under separate cover and the findings of this inspection have been reviewed by the estates inspector.

4.2 Inspection findings

4.2.1 FTC Ref: FTC/NH/12230/2016-17/01

Notice of Failure to Comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005

The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following six actions were required to comply with this regulation.

- The registered person must ensure that any complaint received into the home is recorded and processed in accordance with regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005. The complaints records must be available for inspection by RQIA at any time.
- The registered person must ensure sufficiently robust auditing systems are in place to quality assure the delivery of nursing and other services provided. This includes, but is not limited to: patient care records, complaints, wound care and accident and incidents.
- Records regarding the completion of these quality assurance audits must be available for inspection by RQIA.
- The registered person must ensure that accident and incident records are appropriately maintained to clearly demonstrate management oversight of each event. Accidents/incidents must be subject to regular review to facilitate the identification of patterns and trends, thus ensuring that risks to patients are minimized.

- The registered person must ensure that the learning outcomes of any safeguarding investigation are appropriately disseminated to staff, training delivered as required and a governance check must ensure that the learning is fully embedded into practice.
- The registered person must ensure that the monthly monitoring reports, in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 contain clear action plans, detailing all areas of improvement required. The reports should be developed and monitored to ensure compliance. On completion, the monthly monitoring reports are to be submitted on a monthly basis to RQIA, no later than three days after the last day of the month.

The review of the management of any complaint received into the home evidenced that complaints were recorded and processed in accordance with regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005. Evidence was present of the quality auditing of complaints.

Discussion with the acting manager and the deputy manager and a review of information evidenced that auditing systems had been developed and implemented as outlined in the failure to comply notice. However, a sample review of audit records evidenced that these were not completed robustly; some audit findings were contrary to the findings of this inspection. For example; audits completed in relation to care records and wound care management were incomplete and did not identify the areas for improvement found during this inspection. Audits completed in relation to the patients dining experience did not include auditing of the nursing unit which was where the concerns were initially evident.

The acting manager had had a limited period of time from commencing in the home to establish a robust auditing process. Whilst some areas for improvement had been identified through the audit processes, there was no evidence in the audit records that the areas for improvement had been re-audited to check compliance. The completion of the audit cycle as a means to ensure quality improvement was discussed with management.

A system for the reporting and recording of any accident or incident that may occur had been established. The system enabled for a systematic review of all accidents and incidents and records had been validated by management. However, as with other auditing process reviewed, further work was required to ensure the system in operation was robust.

The acting manager had reviewed the adult safeguarding information available in the home and organised the information into a register format. Safeguarding referrals were detailed giving the nature of the safeguarding concern, the status of the referral, the outcome of any investigation undertaken and by whom and learning for the home. We were unable to evidence if a system had been established to disseminate any learning outcome for staff, if training had been delivered, where applicable, and governance systems were in place to ensure that any learning is embedded into practice.

A monthly monitoring report in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, completed for October 2016 was reviewed. The review evidenced that some progress had been made, although further improvements were required. An action plan was available, although not all shortfalls identified in the report had been included in the action plan. There was also no evidence that actions had been followed up. The report did not reflect some of the findings of this inspection.

The findings of the inspection and evidence available confirmed that not all actions detailed within the failure to comply notice have been met. There was evidence available to confirm that some progress had been made toward achieving compliance and the above notice was extended with a compliance date of 27 January 2017.

4.2.2 FTC Ref: FTC/NH/12230/2016-17/02

Notice of Failure to Comply with Regulation 12 (1) (a) and (b) of The Nursing Homes Regulations (Northern Ireland) 2005

The registered person shall provide treatment, and other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –

- (a) meets his individual needs**
- (b) reflects current best practice**

In relation to this notice the following nine actions were required to comply with this regulation.

- The registered person must ensure that care plans are established and maintained to meet the assessed care needs of patients.
- The registered person must ensure that risk assessments and care plans are regularly reviewed.
- The registered person must ensure that care is delivered to patients in accordance with the prescribed interventions of any plan of care, including instructions from the multiprofessional team.
- The registered person must ensure that all patients with wounds and/or pressure damage have up to date care plans in place, to direct staff in the provision of wound care.
- The registered person must ensure that an accurate record is maintained in relation to the number, type and status of wounds in the home. Individual patient records must reflect the recommendations of the multiprofessional team as applicable.
- The registered person must ensure that patient repositioning charts are accurately maintained and reflect the assessed needs of the patients, as prescribed in the patient's care plan.
- The registered person must ensure that a robust system is established regarding the assessment and management of pain, including the effectiveness of prescribed analgesia.
- The registered person must ensure that patient call bells are answered promptly.
- The registered person must ensure that meals and mealtimes are in accordance with best practice for persons living with dementia.

A review of care records evidenced that risk assessments and care plans were either not in place, not sufficiently reviewed in response to the changing needs of patients or contained conflicting information. The review of one patient's care record did not evidence that action had been taken for a patient with a substantial cumulative weight loss. There was no evidence that the patient had been referred to the relevant health professionals and the patient's risk assessment and care plan did not reflect the patient's changing needs.

A review of care records did not evidence that care was delivered in accordance with the prescribed interventions of any plan of care, including instructions from the multiprofessional team. Shortfalls were identified in one care record reviewed in relation to nutrition and hydration which did not evidence that the recommendations from the dietician had been transferred to the patient's care plan. Deficits were also evident regarding the recording of the patient's fluid intake, as prescribed supplements were not recorded as being taken; therefore the patient's fluid intake was inaccurate.

The review of wound care management in a patient's care record did not evidence that a systematic and robust strategy was in place. In discussion with staff they were unsure as to the type and location of the wound. The review of the wound management records did not evidence that staff were undertaking wound care management in accordance with professional guidelines. The wound assessment record did not evidence that staff were consistently adhering to the dressing regime and there was no photographic evidence of the status of the wound available.

The review of the supplementary care records regarding the prevention of pressure damage did not evidence that repositioning charts were being consistently maintained. There was evidence that night staff had not been recording and reporting on the condition of patients' skin and that patients were not repositioned for periods in excess of 12 hours. The repositioning charts did not state the frequency of repositioning required for each patient.

The management of pain, including the effectiveness of prescribed analgesia was reviewed. Nursing staff were unable to verbalise how they assessed and managed pain. A validated pain assessment tool was present in patients' care records, however, the assessment tool did not evidence regular review or use, rather an annual review was undertaken. Due to these findings we were unable to validate the effective management of pain and prescribed analgesia.

There was a calm atmosphere in the home and patients were being supported by staff in a timely manner. We observed that when the nurse call system was activated staff responded to the call system promptly. Staff were observed spending time with patients in the lounge areas and providing support to those patients who remained in their bedrooms. In discussion with relatives of a patient it was stated that they were not confident that staff responded promptly to the nurse call system when activated. The relatives stated that on one occasion, when the alarm mat in their relative's bedroom was activated, it was 27 minutes before staff came to their relative's bedroom; this was of concern to the family.

The serving of the midday meal was observed. Whilst there had been some improvements, the patients dining experience still requires further attention. A member of staff stated a record of patients' menu choice had been developed; this record was not present at the time of the inspection. There was no evidence to confirm patients who require a modified diet were offered a choice at mealtimes as there was no previous menu record available to evidence choice. One heated trolley services both dining rooms. We were informed a system had been implemented whereby patients who required assistance with their meals were served at an earlier time. At the main mealtime we observed four meals on a trolley, staff stated these meals were for patients who required assistance. The meals had been left for a period of time and were therefore not being served at an optimum temperature. We observed a container with custard in the kitchen area of one dining room. The custard had been left in the dining room for 30 minutes prior to the serving of the meal at 13.00 hours and was cold. The organisation of the meal service was not observed to have significantly improved.

The findings of the inspection and evidence available confirmed that not all actions detailed within the failure to comply notice have been met. There was evidence available to confirm that some progress had been made toward achieving compliance and the above notice was extended with a compliance date of 27 January 2017.

4.2.3 FTC Ref: FTC/NH/12230/2016-17/03

Notice of Failure to Comply with Regulation 20 (1) (a) of The Nursing Homes Regulations (Northern Ireland) 2005

The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –

- (a) ensure that all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;**

In relation to this notice the following four actions were required to comply with this regulation.

- The registered person must review the staffing arrangements at Dunmurry Manor to ensure that there is sufficient staff including skill mix to meet the needs of patients accommodated.
- The registered person must ensure that staff are appropriately deployed on a daily basis to ensure that the needs of patients are met in a timely manner.
- The registered person must ensure that staff are appropriately trained and competent, particularly in the following areas:
 - the management of distressed reactions
 - dementia awareness and the dining experience
 - prevention and management of pressure ulcers and pressure relieving equipment
 - the management of pain and use of pain assessment tools
- Records of training and competency should be retained for inspection.

A sample review of the staff duty rotas evidenced that the planned staffing arrangements from the week commencing 2 January 2017 to 15 January 2017 were in accordance with recommended minimum skill mix of 35 percent registered nurses and 65 percent care staff, in accordance with DHSSPS Care Standards for Nursing Homes 2015. A deputy manager had been appointed and commenced employment on 2 January 2017. The acting manager stated the deputy manager would be working in a supernumerary capacity to provide support and guidance to the registered nurses and care staff and to coordinate and supervise the delivery of patient care. The acting manager stated that five registered nurses had recently been recruited and were to commence employment at the beginning of February 2017. It was anticipated that the recruitment of permanent nursing staff would reduce the number of agency nursing staff working in the home. The acting manager also stated that the recruitment of care assistants was a priority.

In discussion staff stated they felt that the staffing levels and staffing arrangements had improved, particularly from Christmas time. Staff confirmed they received a handover report when commencing duty and felt that the day was 'better organized.' The deputy manager stated that a daily allocation record would be developed to provide staff with clarity as to their designated duties and responsibilities. Despite the improvements regarding the staffing arrangements and deployment of staff in the home we were unable to verify the delivery of safe and effective care to patients, as discussed in sections 4.3.1 and 4.3.2.

In discussion with the acting manager it was stated that the required training for staff regarding; the management of distressed reactions, dementia awareness and the dining experience, prevention and management of pressure ulcers and pressure relieving equipment and the management of pain and the use of pain assessment tools had not been undertaken, as yet, by staff. The acting manager stated he was sourcing the relevant training consultants or agencies to deliver the training and anticipated a training schedule and dates would be confirmed in the near future.

The findings of the inspection and evidence available confirmed that not all actions detailed within the failure to comply notice have been met. There was evidence available to confirm that some progress had been made toward achieving compliance and the above notice was extended with a compliance date of 27 January 2017.

Conclusion

Evidence at the time of inspection was not available to validate full compliance with the above three failure to comply notices. However, there was evidence of some improvement and progress made to address the required actions within the notices. Following the inspection, RQIA senior management held a meeting on 5 January 2017 and a decision was made to extend the compliance date up to the maximum legislative timeframe of 90 days. Compliance with the notices must therefore be achieved by 27 January 2017.



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