

Unannounced Care Inspection Report 4 May 2017



Dunmurry Manor

Type of Service: Nursing Home

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Tel no: 028 9061 0435

Inspectors: Heather Sleator, Dermot Walsh and Alice McTavish

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Dunmurry Manor took place on 4 May 2017 from 09.30 to 18.15 hours. A residential care inspector undertook an inspection of the residential unit.

The term 'patients' is used to describe those living in Dunmurry Manor, which provides both nursing and residential care.

The purpose of the inspection was to assess the progress made with any issues raised during and since the last care inspection, to assess progress with the actions stated in two failure to comply notices issued on 26 October 2016 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Following an unannounced inspection on 17 and 18 October 2016 three failure to comply notices were issued in relation to staffing, governance arrangements and the health and welfare of patients.

An enforcement compliance monitoring inspection was undertaken on 27 January 2017. Evidence was available to validate full compliance with FTC Ref: FTC/NH/12230/2016-17/03 (E) regarding staffing arrangements including the deployment of staff in the home. Evidence was not available to validate full compliance in respect of FTC Ref: FTC/NH/12230/2016-17/01 (E) regarding the governance issues within the home and FTC Ref: FTC/NH/12230/2016-17/02 (E) which concerns the health and wellbeing of patients at that time.

As a result conditions were placed on the registration of Dunmurry Manor as stated in Section 2.0 of this report. These conditions took effect on 13 April 2017. Conditions are to remain in place until the actions stated in the above failure to comply notices are fully met.

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity>.

Is care safe?

There was evidence of improvement regarding the safe delivery of care. Staffing arrangements were satisfactory, staff appraisal and supervision systems had been established, there was a more robust approach to the management of adult safeguarding referrals and investigations and patient call bells were being responded to in a timely manner which promoted a calm atmosphere in the home.

Further improvement is required in respect of the governance arrangements in the home, particularly in relation to the robust auditing of the quality of nursing and other services provided by the home.

Is care effective?

There was evidence of improvement regarding the patients' dining experience and staffs' responsibilities and duties during the meal service. Evidence was present of individual time and attention being afforded to patients and the promotion of patient choice.

Further improvement is required in respect the effective delivery of care. Shortfalls were evident regarding care records. There was a lack of a consistent approach, for example, in respect of wound care management, including an accurate record to direct staff in the provision of wound care and that care is delivered to patients in accordance with the prescribed interventions of any care plan, including the recommendations of the multi-professional team.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and relatives, who were present at the time of the inspection, were generally complimentary of staff and a number of their comments are included in the report. Comments of a more negative nature were also made by a small number of relatives and the issues raised have been stated in the report. Please refer to section 4.5 for further information.

Is the service well led?

Improvements were noted regarding the management of complaints, adult protection procedures and recording and, to a degree, the system to monitor and report on the quality of nursing and other services provided by the home. However, there was a lack of evidence of the overall robust governance/management arrangements to ensure the safe and effective delivery of care to patients. There were concerns raised about the quality of audits and that care plans had not been established and maintained to meet the assessed care needs of patients.

Evidence at the time of the inspection was not available to validate that the actions stated in the two failure to comply notices had been fully met and conditions on the registration of the home remain in place.

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

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2*

*The recommendations above include a recommendation which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Julie McKearney, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action remains ongoing as a result of the findings of this inspection and the conditions on registration remain in place.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 March 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. 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 person: Runwood Homes Limited John Rafferty	Registered manager: See below
Person in charge of the home at the time of inspection: Julie McKearney	Date manager registered: Julie McKearney - application not yet submitted
Categories of care: RC-DE, NH-DE	Number of registered places: 76 A maximum of 40 patients in category NH-DE to be accommodated on the First Floor and a maximum of 36 residents in category RC-DE to be accommodated on the Ground Floor. 1. Admissions to Dunmurry Manor will cease until compliance with the specific actions stated in FTC/NH/12230/2016-17/01(E) and FTC/NH/12230/2016-17/02(E) dated 26 October 2016 have been fully met. 2. The registered provider must ensure that a nurse manager, with sufficient, clinical and management experience, is working in the home on a day to day basis to ensure the quality and safety of care practice and service delivery to patients. 3. The registered provider must ensure that regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015

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 inspectors, within the nursing unit, also met with 12 patients, three care staff, two registered nurses, one housekeeper, one member of the maintenance staff team, four relatives and one visiting health care professional (dietician).

In the residential unit the inspector met with seven patients individually and with 11 others in groups. The inspector also met with four patients' relatives, the unit manager, a care team manager, a care assistant, the chef and two kitchen assistants and one visiting health care professional (district nurse).

A poster advising that an inspection was taking place was displayed in the home. Questionnaires for patients (16), relatives (20) and staff (20) to complete and return were left for the manager to distribute. Please refer to section 4.5 for further comment.

The following were examined during the inspection:

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| • validation evidence linked to the previous QIP | • complaints and compliments records |
| • staff roster | • incident and accident records |
| • staff training records | • adult safeguarding register |
| • staff induction records | • Statement of Purpose |
| • staff competency and capability assessments | • records of quality audits and |
| • staff recruitment records | • records of staff, patient and relatives meetings |
| | • eight patient care records |

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 March 2017

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 17, 18, 24 October 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (a) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: The review of the staffing arrangements and the deployment of staff at the enforcement compliance inspection of 27 January 2017 evidenced that compliance had been attained. The review of the duty rosters for both the nursing and residential units of the home on the day of the inspection evidenced that the staffing arrangements and the deployment of staff were satisfactory.	
Requirement 2 Ref: Regulation 13 (4) Stated: First time	The registered persons must ensure that the correct times medications are administered are stated on the medication records.	This requirement was subsumed into a Failure to Comply notice
	Action taken as confirmed during the inspection: This requirement forms part of the Failure to Comply with regulations notice.	
Requirement 3 Ref: Regulation 14 (4) Stated: First time	The registered person must ensure that any adult protection (safeguarding) investigation undertaken in relation to the home, is fully documented and any action to be taken and learning outcomes are cascaded to the staff team.	This requirement was subsumed into a Failure to Comply notice
	Action taken as confirmed during the inspection: This requirement forms part of the Failure to Comply with regulations notice.	
Requirement 4 Ref: Regulation 15 (2) Stated: First time	The registered person shall ensure that the assessment of patients' needs is fully completed and evidence of regular review is present. <u>Assessments of need must include a pain management assessment.</u>	This requirement was subsumed into a Failure to Comply notice

	<p>Action taken as confirmed during the inspection:</p> <p>This requirement forms part of the Failure to Comply with regulations notice.</p>	
<p>Requirement 5</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered person must ensure that staff are trained and competent in the following areas;</p> <ul style="list-style-type: none"> • the management of distressed reactions; • dementia awareness; • 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 <p>Action taken as confirmed during the inspection:</p> <p>The review of the staff training records at the enforcement compliance inspection of 27 January 2017 evidenced that the training detailed above, with the exception of pain management had been completed. The review of the staff training records in respect of pain management was delivered to staff in February 2017.</p>	Met
<p>Requirement 6</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person must ensure that systems are established to accurately record and monitor any accident or incident which may occur in the home.</p> <p>Action taken as confirmed during the inspection:</p> <p>This requirement forms part of the Failure to Comply with regulations notice.</p>	This requirement was subsumed into a Failure to Comply notice
<p>Requirement 7</p> <p>Ref: Regulation 15 (2) and 16 (2)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that patient care records are maintained with accuracy and contain a detailed and comprehensive assessment of need, appropriate risk assessments, detailed person centred care plans and appropriate regular reviews. Registered nurses must complete records in keeping with NMC guidance.</p> <p>Action taken as confirmed during the inspection:</p> <p>This requirement forms part of the Failure to Comply with regulations notice.</p>	This requirement was subsumed into a Failure to Comply notice

Requirement 8 Ref: Regulation 12 (1) (b) Stated: First time	The registered person must ensure that the dining experience for patients is reviewed and enhanced in accordance with best practice in dementia care guidelines.	This requirement was subsumed into a Failure to Comply notice
	Action taken as confirmed during the inspection: This requirement forms part of the Failure to Comply with regulations notice.	
Requirement 9 Ref: Regulation 19 (2) Schedule 4, 13 Stated: First time	The registered person must ensure that a record of food provided to patients is maintained in sufficient detail to determine whether the diet is satisfactory, in relation to nutrition and otherwise, and of any special diets prepared for individual patients.	Met
	Action taken as confirmed during the inspection: The review of patient care records evidenced information regarding patients nutritional and hydration needs were recorded. A daily menu choice record was maintained alongside individual food and fluid intake recording charts.	
Requirement 10 Ref: Regulation 29 Stated: First time	The registered person must ensure that the Regulation 29 monthly quality monitoring reports are available in the home and that the reports clearly identify any areas for improvement and the subsequent remedial action taken.	This requirement was subsumed into a Failure to Comply notice
	Action taken as confirmed during the inspection: This requirement forms part of the Failure to Comply with regulations notice.	
Requirement 11 Ref: Regulation 24 Stated: First time	The registered person must ensure that any complaint received by the home is recorded, investigated and the complainant informed of the outcome of the investigation. Any complaint received must be investigated in accordance with Regulation 24, the Nursing Homes Regulations (Northern Ireland) 2005.	This requirement was subsumed into a Failure to Comply notice
	Action taken as confirmed during the inspection: This requirement forms part of the Failure to Comply with regulations notice.	

Requirement 12 Ref: Regulation 17 (1) Stated: First time	<p>The registered person must implement a <u>robust</u> system to review the quality of nursing and other services provided by the home. Audits should be present of the review of:</p> <ul style="list-style-type: none"> nursing care records accidents and incidents complaints management adult safeguarding referrals and investigations <p>Action taken as confirmed during the inspection:</p> <p>This requirement forms part of the Failure to Comply with regulations notice.</p>	<p>This requirement was subsumed into a Failure to Comply notice</p>
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 39 Stated: Second time	<p>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.</p> <p>Action taken as confirmed during the inspection:</p> <p>The review of three staff induction training records evidenced that induction training had been completed and that the induction training records were signed by the inductee and the person in charge of the home at the time of completion of the induction period.</p>	<p>Met</p>
Recommendation 2 Ref: Standard 4.4 Stated: First time	<p>The registered person should ensure that any recommendation made by other professionals is strictly adhered to.</p> <p>Action taken as confirmed during the inspection:</p> <p>This recommendation forms part of the Failure to Comply with regulations notice.</p>	<p>This recommendation was subsumed into a Failure to Comply notice</p>

Recommendation 3 Ref: Standard 4.5 Stated: First time	The registered person should ensure that patients or their representatives are consulted in relation to the planning of care.	Met
	Action taken as confirmed during the inspection: The review of patient care records and discussion with the manager confirmed that patients had been in receipt of a care review with representation from the relevant health and social care trust and the patient's next of kin, within the last six months.	
Recommendation 4 Ref: Standard 12 Stated: First time	The registered person should ensure that the day's menu is clearly displayed and in a format suitable to the needs of the patients	Met
	Action taken as confirmed during the inspection: Observation of the midday meal service evidenced that the day's menu was displayed in both a written and pictorial format and in a suitable location.	
Recommendation 5 Ref: Standard 43.11 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Evidence was present which confirmed that the environmental issues detailed above had been actioned.	
Recommendation 6 Ref: Standard 5.3 Stated: First time	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.	Not Met
	Action taken as confirmed during the inspection: The review of the home's Statement of Purpose did not evidence that the recommended information had been included in the Statement of Purpose. This recommendation has been stated for a second time.	

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 from 17 April 2017 to 30 April 2017 evidenced that the planned staffing levels were adhered to. In discussion with the manager, it was stated a dependency assessment of patients' needs had not been undertaken within the previous four weeks. The manager further stated that the staffing arrangements had not decreased from the date of the previous inspection of 27 January 2017 and that the staff duty roster reflected the staffing arrangements for when there was full patient occupancy in the home. Compliance with the actions stated in the failure to comply notice ref: FTC/NH/12230/2016-17/03 (E) was attained regarding the staffing arrangements for the home at the previous inspection of 27 January 2017. There were no concerns raised by staff in respect of the staffing arrangements.

One relative in the residential unit stated, "The staff are very good, helpful and treat the patients kindly." Another relative in the residential unit did query if staffing levels were reduced at the weekend as it can take a long time for the telephone to be answered. Relatives who were met within the nursing unit provided the following comment, "Staff are brilliant and are a great support to me." Another relative commented that staff were not as visible from late afternoon onwards.

Discussion with staff and observation of the delivery of care evidenced that patients' needs were generally being met. We observed that staff responded in a timely manner to patients' call bells and were attentive to the needs of patients who remained in their bedrooms or were seated in the lounge areas. A relative in the residential unit stated, "The staff have got to know my (relative) really well and they know how to manage my (relative)." Another relative commented that they felt the presence of staff in the lounge areas in the nursing unit was only because inspectors were in the home.

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. Discussion with the manager and review of records evidenced that the arrangements 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).

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Three completed induction programmes were reviewed. The programmes included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The manager also signed the record to confirm that the induction process had been satisfactorily completed.

Training was provided via online training, internal face to face training arranged by management and training provided by the dementia specialist for Runwood Homes Ltd. The review of staff training records evidenced that the manager had systems in place to monitor staff attendance and compliance with training. On two occasions, during the inspection, poor moving and handling technique was observed by staff in the nursing unit. Staff were observed to be 'leading' patients from the front (patient's arms outstretched) as opposed to supporting the patient, when mobilising, at the patient's side. A recommendation has been made that staff complete refresher training (practical) in safe moving and handling. Discussion with the

manager, staff on duty and a review of records confirmed that systems were in place to ensure that staff received an annual appraisal and regular supervision.

Review of eight patient care records evidenced that a range of validated risk assessments were to be completed as part of the admission process. A management decision had been taken in January 2017 to migrate from written care records to computerised records. These were subsequently reviewed and evidence was present of an improvement regarding the accurate completion of risk assessments.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding procedures. This was a required action as stated in the failure to comply notice, ref: FTC/NH/12230/2016-17/01 (E) and evidence was present to support an improvement in adult safeguarding procedures. 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. There was evidence that any learning from a safeguarding investigation has been cascaded to staff; this was evidenced in the minutes of staff meetings and was discussed, on an individual basis with staff at supervision. RQIA were notified appropriately.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. The Information and Governance Manager, Ms Jane Bell, stated that through the auditing of the accidents and incidents which had occurred, greater diligence had been placed on ensuring patients received a late supper from night staff. Ms Bell stated that following this initiative the number of accidents which occurred in the evening time had decreased. Issues were identified during the review of the accident and incident records. The manager was advised that the correct procedure was not being followed by staff regarding the recording of observations, in the event of a patient sustaining a head injury or a potential head injury following a fall. A requirement has been made.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, the dining room, the catering kitchen and storage areas throughout the home. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. There were no issues of concerns brought to our attention by relatives at the time of the inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

There was evidence of improvement regarding the safe delivery of care. Staffing arrangements were satisfactory, staff appraisal and supervision systems had been established, there was a more robust approach to the management of adult safeguarding referrals and investigations and patient call bells were being responded to in a timely manner which promoted a calm atmosphere in the home.

Further improvement is required in respect of the governance arrangements in the home particularly in relation to the robust auditing of the quality of nursing and other services provided by the home.

Areas for improvement

Registered nurses must adhere to best practice guidance regarding the monitoring of patients observations following a suspected head injury. Guidance in respect of post falls management should be available in the home.

Staff should undertake refresher training (practical) in safe moving and handling.

Number of requirements	1	Number of recommendations	1
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4.4 Is care effective?

As referred to in section 4.3, the review of eight patient care records evidenced that a range of validated risk assessments were accurately and consistently completed as part of the admission process, and that the risk assessments were reviewed as required. There was evidence that risk assessments informed the care planning process.

There was evidence of improvement regarding the management of pain and pain assessments were in place for all patients requiring regular or occasional analgesia. Evidence of the review of pain assessments on a regular basis, was also present. Discussion with the registered nurses confirmed their understanding of effective pain management.

Care records were identified as requiring improvements and they were not sufficiently detailed to reflect the needs of patients and were not written in a personalised manner.

The following issues were identified in the named care records provided to the manager and the information and governance manager. The review of one care record in respect of wound care identified a new wound. An initial wound assessment had been completed. However, the care plan in regard to this wound had been developed for an older wound and dated one month prior to the emergence of the new wound. Although the dressing regime was the same, the care plan made reference to review by the tissue viability nurse in regards to the older wound. A second wound was identified within the patient's daily progress notes three days prior to the inspection. A wound assessment, care plan and observation chart had not been developed to direct care in regards to this wound and no further reference to the wound had been made in the patient care records. The patient was reviewed on the day of inspection.

A visiting professional had reviewed a second patient's care plan in regards to nutrition and had made specific recommendations to amend the care provision. The patient's care plan had not been updated to reflect the changes recommended by the visiting professional. A daily supplementary record in regard to nutrition and hydration had not been appropriately amended to reflect the recommendations of the visiting professional leading to the patient receiving less hydration than had been recommended on six separate 12 hour shifts.

The care records reviewed in the residential care unit were found to accurately reflect the needs of patients. The records also reflected a person centred approach to the delivery of care.

Improvements are required to ensure that care records are updated in keeping with legislative requirements, best practice and the actions as stated in the failure to comply notice ref: FTC/NH/12230/2016-17/02 (E) issued on 26 October 2016.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that care was delivered and that there was an improvement in respect of the timely and accurate recording of supplementary care records in accordance with best practice guidance, care standards and legislative requirements. Repositioning charts evidenced the frequency of repositioning and there were no obvious 'gaps' in recording. A more consistent approach to the recording of patients' fluid intake was evidenced.

There was evidence that patients and/or their representatives had been consulted regarding the care planning through the review of care undertaken by representatives from the relevant health and social care trusts. There was also evidence of communication with representatives within the care records.

We observed the serving of the midday meal in the nursing and residential units and evidence was present of an improvement in respect of the patients' dining experience.

The daily menu was displayed on each table and on the wall and the menu was presented in both written and pictorial formats. Additionally, for hot meals, a sample plate was prepared and shown to residents who can then indicate more accurately their preferences. The bain-marie was taken into the dining room (food was previously plated from the bain-marie outside the dining rooms) and this action ensured that the aromas of the food were more obvious, thus enhancing appetite and enjoyment of the food presented. Food was served onto heated plates to ensure that food remained warm for longer; this undoubtedly improved the dining experience for those patients who take longer at mealtimes.

At lunch service in each dining room there were staff on hand to obtain patients' choices of meals, to serve the dishes and to encourage and assist patients to feed themselves. The system in place was more structured and each staff member appeared to be aware of the tasks to be undertaken. The atmosphere was relaxed and unhurried. Music was played in the background and warm, supportive interactions were observed between patients and staff.

New crockery had been purchased and coloured plates were used for those patients who had poor vision. The review of the care plan for a patient in the residential unit evidenced that the individual needs of the patient in relation to eating and drinking were fully and accurately described, including the need for a coloured plate at mealtimes to aid the patient's independence.

It was also noted that staff in the dining rooms wore brightly coloured aprons instead of the plastic aprons. This gave the dining experience a more domestic feel.

Catering staff made the following comments:

- The new system of sample plates is highly successful and ensures that residents make their own choice at mealtimes.
- For patients who require the assistance of staff at mealtimes, it had been observed that more dedicated help was provided and the system of sending up meals before the other patients have their lunch allows staff to spend time with those patients who need more support.
- The new system of one bain-marie for each dining room is more efficient and better meets the needs of residents and patients. Care staff are better organised and know exactly what tasks they are to undertake during mealtimes. One staff member attends a table and this provides more personalised care.

Registered nurses and care team leaders were present in the dining rooms to direct, supervise and monitor the nutritional needs of patients.

There was evidence of improvement regarding the patients' dining experience and staffs' responsibilities and duties during the meal service. Evidence was present of individual time and attention being afforded to patients and the promotion of patient choice. Although, one care assistant was observed assisting a patient with their meal while completing records on the dining table at the same time. The manager was made aware to review this practice to ensure no reoccurrence.

Further improvement is required in respect the effective delivery of care. Shortfalls were evident regarding wound care management, the management of hydration of one patient and the response to visiting professional's recommendations. The findings of the inspection did not evidence that the actions stated in the failure to comply notice ref: FTC/NH/12230/2016-17/02 (E) had been fully met.

Areas for improvement

No new or additional areas for improvement were identified during the inspection. The actions as stated in the failure to comply notices have not been fully met and conditions on the registration of the home remain in place.

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

Staff interactions with patients were observed to be caring. Staff were observed speaking to patients in a friendly and sensitive manner and an improvement in the appearance of patients was observed. A relative raised concerns in respect of the level of personal care afforded to patients, specifically regarding the management of hydration. The relative stated that there were only jugs of water in the lounge areas (nursing unit) used by patients when inspectors were in the home. The staffing arrangements and deployment of staff as observed during the inspection had a more positive impact on the delivery of compassionate care experienced by patients. This included, as previously stated, the dining experience, the appearance of patients and level of personal care afforded and the timely response, by staff, to patients either by attending to individuals needs in communal areas or responding to patient call bells.

On this occasion the activities in the home were not fully assessed. The arrangements for the provision of activities had improved and the full complement of activities coordinators had been achieved. The provision of activities will be reviewed during future inspections.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspectors, within the nursing unit, also met with 12 patients, three care staff, two registered nurses, one housekeeper, one member of maintenance staff team, four relatives and one visiting health care professional.

In the residential unit the inspector met with seven patients individually and with 11 others in groups. The inspector also met with four patients' relatives, the unit manager, a care team manager, a care assistant, the chef and two kitchen assistants.

"I enjoyed my breakfast and I got enough to eat."
 "I like the food here, it's very good."

"This is a good place and I like it."

"I'm getting on well. I like it here and there's plenty for me to do. I like the food."

"It's good here."

"This is a very good place and the staff are great. They keep my room clean and tidy and it's very comfortable. They can have a laugh with me. They treat all of us well. I have no complaints, but if I did, I wouldn't hesitate to let them know."

"I'm happy with the care here and the staff are good to me. They ask me if it is all right to help me and then they talk me through how they are going to help me. My only complaint is that they sometimes lose some of my smaller clothes in the laundry."

Comments received from relatives included:

"I'm happy with the care and with the communication between the home and family members. The staff are very good and there seems to be good levels of activities for residents."

"The care here is brilliant. The staff have got to know my (relative) really well and they know how to manage my (relative). They let me know if anything happens to (my relative) as (relative) isn't too good on their feet. The staff have a laugh with (relative) and treat my (relative) kindly."

"I am happy with the care here. The staff are very good, helpful and they treat the residents kindly. I have no concerns about the care."

"Staff are brilliant and are a great support to me."

"My (relative) is treated like royalty."

"Care is exemplary."

"I can't identify with the information that was on the media about the home."

"Staff even make sure my (relative) has her perfume on."

Three relatives expressed their dissatisfaction with the care provided by the home. Issues of concern related to staffing levels, particularly from 16.00 hours onwards, the competency of staff, staff not being attentive to their relatives' needs and the issues in relation to the provision of fluids for patients and staff being present in the lounge areas with patients. One relative also commented that there was poor communication from senior management to families regarding the frequent changes of the manager of the home. The manager was informed of the issues of concern.

The visiting health care professional commented, "On the occasions when I come to attend a resident, I have found the staff to be helpful and approachable. They know the needs of residents and appear to look after them well. There is always staff around and they are very visible. The home is always fresh smelling and clean and it is well maintained. I have no concerns about the care in the residential unit, which is the only part of the home that I visit."

Questionnaires

In addition to consultation during the inspection questionnaires were left for patients (16), relatives/representatives (20) and staff (20). One relative returned their questionnaire within the specified timeframe. The respondent was either satisfied or very satisfied that care was safe, effective and compassionate and that the service was well led.

Areas for improvement

No new or additional areas for improvement were identified during the inspection. The actions as stated in the failure to comply notices have not been fully met and conditions on the registration of the home remain in place.

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

Julie McKearney had been appointed as the home manager and commenced employment on 20 March 2017; her application for registration with RQIA as the registered manager has not yet been submitted. Ms McKearney facilitated the inspection supported by Jane Bell, information and governance manager for Runwood Homes.

The registration certificate was up to date and displayed appropriately and reflected the conditions placed on the registration of the home with effect from 13 April 2017; refer to section 2.0 for further information. A certificate of public liability insurance was current and displayed.

Discussion with the manager and review of records for February to April 2017 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. The review of the reports evidenced that an action plan had been generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives. The condition placed on the registration of the home that the Regulation 29 monthly quality monitoring reports are submitted to RQIA has been complied with and reports have been submitted in a timely manner.

A 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. Records were maintained of all complaints and there was evidence in respect of communication with the complainant, the result of any investigation and action taken and if the complainant was satisfied with the outcome. Three complaints remained 'open' at the time of review. The manager stated this was due to the investigation not being complete, as yet.

A review of records regarding the management of adult safeguarding concerns and referrals evidenced that a system had been implemented to record and identify the nature of the safeguarding referral, the result of any investigation and action taken as a result and the learning outcomes for the home and staff team. There was evidence that learning from any safeguarding investigation had been cascaded to staff.

Discussion with the manager and review of records evidenced that a more robust system to monitor and report on the quality of nursing and other services provided had been established. The review of the system did not evidence it was fully effective. For example, audits were completed in relation to care records, however, the audits viewed were incomplete and as it was unclear if remedial action had been taken where a shortfall was identified. Similarly, the auditing of incidents and accidents was incomplete in respect of the recording of observations following a suspected or potential head injury, refer to section 4.3. Shortfalls had been identified within wound care audits and manager's floor audits. No evidence was available to ensure that the actions identified had been reviewed to ensure completion. Completed audits should evidence that they had been analysed and that the appropriate actions had been taken to address any shortfalls identified. There was no evidence that the necessary improvements had been embedded into practice.

The findings of the inspection were discussed with the manager and the information and governance manager. Improvements were in evidence regarding the management of complaints, adult protection procedures and recording and to a degree, the system to monitor and report on the quality of nursing and other services provided by the home. However, there was a lack of evidence of the overall robust governance/management arrangements to ensure the safe and effective delivery of care to patients. As previously stated, there were concerns raised about the quality of audits and that care plans had not been established and maintained to meet the assessed care needs of patients. There was a lack of a consistent approach, for example, in respect of wound care management, including an accurate record to direct staff in the provision of wound care and that care is delivered to patients in accordance with the prescribed interventions of any care plan, including the recommendations of the multi-professional team regarding hydration.

The findings of the inspection did not evidence that the actions stated in the failure to comply notices, FTC Ref: FTC/NH/12230/2016-17/01 (E) regarding the governance issues within the home and FTC Ref: FTC/NH/12230/2016-17/02 (E) which concerns the health and wellbeing of patients, had been fully met.

Areas for improvement

No new or additional areas for improvement were identified during the inspection. The actions as stated in the failure to comply notices have not been fully met and conditions on the registration of the home remain in place.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie McKearney, 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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment 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 12 (1) (a) and (b)

Stated: First time

To be completed by:
30 June 2017

The registered provider must ensure that registered nurses monitor patient observations in the event of a head injury, in accordance with best practice guidance and professional standards, for example; post falls management guidance.

Ref: sections 4.3 and 4.6

Response by registered provider detailing the actions taken:
Best practice is fully implemented for all residents in relation to observations following a suspected or actual head injury.

Recommendations

Recommendation 1

Ref: Standard 5.3

Stated: Second time

To be completed by:
30 June 2017

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 4.2

Response by registered provider detailing the actions taken:
The Statement of Purpose has been amended to include the rationale for locking the front door. A review of the entrance area will be completed by the 30/06/2017 to identify if there is any improvements that could be made to adhere to best practice guidance for the care of residents with dementia.

Recommendation 2

Ref: Standard 47.3

Stated: First time

To be completed by:
31 July 2017

The registered provider should ensure that staff undertake refresher training (practical) in safe moving and handling.

Ref: section 4.3

Response by registered provider detailing the actions taken:
All staff have been fully trained in moving and handling. Refresher training has been completed when this is required.

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



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