



The Regulation and
Quality Improvement
Authority

Dunmurry Manor
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**Unannounced Care Inspection
of
Dunmurry Manor**

9 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 9 July 2015 from 10:15 to 18:20. Overall on the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved.

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

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 23 April 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with Norma McAllister, home manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd Mr Logan Logeswaren	Registered Manager: Mrs Norma McAllister Senior Manager
Person in Charge of the Home at the Time of Inspection: Mrs Norma McAllister	Date Manager Registered: Norma McAllister confirmed as Acting Manager from February 2015
Categories of Care: NH-DE, RC-DE	Number of Registered Places: 76
Number of Patients Accommodated on Day of Inspection: 52	Weekly Tariff at Time of Inspection: RC £470 - £593 per week NH £593 - £717 per week

3. Inspection Focus

The focus of this inspection was to review the level of compliance attained regarding the requirements and recommendations made as a result of the previous inspection of 23 April 2015.

Information/correspondence was received by RQIA regarding concerns in the following areas: Recruitment and Selection.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home. In relation to the concerns regarding recruitment and selection practices in the home Runwood Homes were requested to investigate the concerns and respond to RQIA. At the time of the inspection the actions taken as a result of the complaint were reviewed.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- 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

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with 12 patients, four care staff, three nursing staff, catering staff and the maintenance staff.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff personnel records
- complaints records
- audits of care records and infection prevention and control

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced Pharmacy inspection dated 6 May 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 17 July 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 (1) (b) Stated: Second time	Care records should be maintained in an accurate and factual manner. Evidence should be present of: <ul style="list-style-type: none"> • The accurate and complete assessment and care planning of continence needs, including a bowel assessment • The daily progress record should be specific and include information referencing the Bristol Stool Chart when recording bowel patterns 	Partially Met
	Action taken as confirmed during the inspection: The inspectors reviewed four patients care records. Sufficient evidence was not present in the review of the care records to verify care records were being maintained in an up to date, accurate and factual manner. Please refer to section 5.3.1 for further detail in respect of care records.	
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 35.3 Stated: Second time	The auditing of care records should ensure that all sections of patients/residents assessment of need are completed, for example, restrictive practice and continence needs.	Partially Met
	Action taken as confirmed during the inspection: Evidence of auditing of care records was available with six care records being reviewed and commented on per month by senior management. Collective evidence was not available that were shortfalls had been identified these were actioned in a timely manner. Please refer to section 5.3.1 for further detail in respect of care records. This recommendation has been subsumed into a requirement of this report.	

Recommendation 2 Ref: Standard 35.3 Stated: First time	Ensure that the quality auditing system is expanded and embedded and evidence that remedial action has taken where a shortfall is identified. Evidence should be present that management verify the remedial action has been completed.	Partially Met
	Action taken as confirmed during the inspection: A system of quality auditing was operational in the home including for example; infection prevention and control procedures, care records and NMC information. However as shortfalls were evidenced in some areas during the inspection including the auditing of care records and infection prevention and control measures this recommendation has been subsumed into a requirement of this report.	

5.3 Additional Areas Examined

5.3.1 Care Records

A review of four care records identified that assessments and care plans were not consistently completed.

Residential unit

The outcome of the review of two care records was as follows:

- A care plan for the management of pain had been developed without the pain assessment tool being completed
- The dementia assessment tool for one patient had not been totalled therefore there was no outcome
- Braden risk assessment had not been dated and there was no evidence of review
- Continence risk assessment was not fully completed
- An advanced care plan had been developed with no evidence of patient/representative involvement
- End of life decisions/wishes had not been completed
- A care plan for the management of anxiety/aggression did not identify any known triggers for behaviours. Monthly evaluations of care stated 'no changes required to care plan' yet a behavioural recording chart had been commenced. The monthly evaluation of care should have been providing a summary of any behaviour which had been displayed, how staff responded and the wellbeing of the patient
- There was no evidence of patients' bowel patterns being monitored in care records. Staff stated this was due to patients being independent in this area
- There was no evidence of consultation with the patient or their representative regarding the planning of care

Nursing unit

The outcome of the review of two care records was as follows:

- Risk assessments were either not completed or partially completed
- Where risk had been identified i.e. continence care and moving and handling a corresponding plan of care was not present
- In both patients' care records individuals bowel pattern had only been recorded on two occasions from 11 June 2015

The process of the auditing care records was discussed with the home manager who responded that six care records are audited on a monthly basis. The inspectors reviewed one audit in a patient's care record; this was still to be or was being actioned. Therefore there was no collective evidence available that where deficits were identified of the follow up with the named nurse/care assistant, to ensure that shortcomings were addressed.

A requirement had previously been made in the quality improvement plans of the inspections of 29 January 2015 and 23 April 2015 requiring care records to be maintained in a consistent, accurate and factual manner. This requirement has been stated in this report, for the third time, and has been discussed with senior management within RQIA who are concerned that improvement in this area had not been attained.

Two recommendations of the inspection of 23 April 2015 were in relation to the auditing of care records. Insufficient evidence was available to support that a robust system of monitoring care through the auditing of care records had been implemented and a requirement has now been made.

A recommendation has been made that staff receive training and support in respect of care planning so as their understanding of providing individualised care and support is enhanced and staff understand their responsibility and accountability regarding this area of care.

5.3.2 Regulation 29 Monitoring Report

The last Regulation 29 monitoring report available in the home was dated 31 March 2015. The home manager 'passed on' a message from the regional manager stating the reports were on his computer. It is a regulatory requirement that the monthly monitoring report is available in the home for inspection and for others who may wish to read it. A requirement has been made.

5.3.3 Recruitment and Selection

Concerns had been brought to the attention of RQIA regarding the recruitment and selection procedures operational in Dunmurry Manor. In accordance with the DHSSPS complaints procedure, in the first instance, Runwood Homes were informed of the concerns and requested to investigate the issues raised and submit a concluding response to RQIA. The response was received and further clarification was requested.

The recruitment and selection process was discussed with the home manager on inspection and a sample of personnel files were reviewed. The review evidenced that a member of the interview panel had also supplied a reference for the candidates and that a reference from the candidates' most recent line manager was not always available. This was discussed with the home manager who stated there can be times when it is difficult to obtain a reference from the most recent line manager and if the interview process was satisfactory and all other supporting documentation was satisfactory a further character reference was sought.

The home manager was not aware that it is not best practice for interview panel members to also be the candidates referee. A requirement has been made that recruitment and selection procedures are reviewed to ensure they are in accordance with employment law and best practice.

5.3.4 Infection Prevention and Control Procedures

During the tour of the environment a number of issues concerning infection prevention and control measures were observed. These included inappropriate storage of equipment and clothing in bathrooms, some storerooms were 'cluttered' and disordered in appearance, open packets of continence products and signage in the home, particularly in patients' bedrooms was not laminated. Infection control audits were being completed on a monthly basis, these were reviewed and where shortfalls had been identified action had been taken. A recommendation has been made that staff are informed of the importance of adhering to infection prevention and control measures on a daily basis.

5.3.5 Patients Views

The inspectors met with patients during the inspection.

Comments received included:

"Love it here, staff are very good."

"I like here."

"Very nice here, luxury."

"Like it here, want to stay and become an auxiliary."

"Not enough to do, bored sitting here all day."

"Very noisy, people constantly calling out."

The home manager is requested to address the issues raised in relation to the provision of activities and the noise levels in the home.

5.3.6 Staff Views

Comments received from staff included:

"Like one big family."

"Good staff here."

"Staffing levels are sufficient."

"I feel patients' needs are being met."

"Manager is always available to speak to."

"I enjoy it here, staff are friendly."

"Staff work well together and are very friendly."

Areas for the attention of management include:

"I would like to have more time to spend with patients to give better care."

"I don't feel I'm getting up to date with care planning."

"New patients' aren't discussed at handover."

"I would like time to read the care plans."

6. Quality Improvement Plan

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: Third time</p> <p>To be Completed by: 31 August 2015</p>	<p>Care records should be maintained in an accurate and factual manner. Evidence should be present of:</p> <ul style="list-style-type: none"> • The accurate and complete assessment and care planning of continence needs, including a bowel assessment • The daily progress record should be specific and include information referencing the Bristol Stool Chart when recording bowel patterns <p>Ref: Section 5.3.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All care plans within the care home are currently being reviewed and amended. This review is being conducted by an experienced team and involves an assessment of all residents current care needs. Training is being provided to all staff in how to maintain effective care plans. To evaluate the effectiveness of this training staff are being mentored on an individual basis to provide additional support and supervision.</p>
<p>Requirement 2</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: First time</p> <p>To be Completed by: 6 August 2015</p>	<p>Copies of the Regulation 29 reports must be available in the home.</p> <p>Ref: Section 5.3.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All copies of Regulation 29 reports are available in the home as well as related action plans for service improvement. These reports are contained within a dedicated file in the Managers office.</p>
<p>Requirement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>The auditing of care records should ensure that all sections of patients' assessment of need are completed, for example, restrictive practice and continence needs.</p> <p>Ref: Section 5.3.1</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All care plans within the care home are currently being audited/reviewed and amended. This review is being conducted by an experienced team and involves an assessment of all residents current care needs. Training is being provided to all staff in how to maintain effective care plans. To evaluate the effectiveness of this training staff are being mentored on an individual basis to provide additional support and supervision.</p>

Requirement 4 Ref: Regulations 7, 9 and 21 Schedule 2 Stated: First time To be Completed by: 30 September 2015	Recruitment and selection procedures should be reviewed and revised, where applicable, to ensure the process is in accordance with legislation and best practice. Ref: Section 5.3.3 Response by Registered Person(s) Detailing the Actions Taken: The recruitment and selection procedures have been reviewed and the Manager was informed that all recruitment processes must adhere to best practice, company policies and all relevant legislation.		
Recommendations			
Recommendation 1 Ref: Standard 46.1 and 46.2 Stated: First time To be Completed by: 31 August 2015	Staff are to be informed that their responsibilities regarding infection prevention and control measures are to be adhered to daily and will be monitored by management. Ref: Section 5.3.4 Response by Registered Person(s) Detailing the Actions Taken: Staff have been informed of their responsibilities regarding infection prevention and control measures to be adhered to. The management team within the home will be monitoring the adherence of staff to expected best practice and also completing infection control audits. Training in infection control management is included in the induction programmes of all staff. In addition all staff have been requested to renew their training in infection control immediately.		
Recommendation 2 Ref: Standard 4 Stated: First time To be Completed by: 31 August 2015	Staff should receive training and support in respect of care planning so as their understanding of providing individualised care and support is enhanced and staff understand their responsibility and accountability regarding this area of care. Evidence is to be available in the home that the training and support, in whatever form, has taken place. Ref: Section 5.3.1 Response by Registered Person(s) Detailing the Actions Taken: All relevant staff will be trained and receive support in maintaining effective care plans. Records to evidence this training will be maintained for inspection.		
Registered Manager Completing QIP	John Rafferty	Date Completed	08/09/2015
Registered Person Approving QIP	Logan N Logeswaran	Date Approved	09/09/2015
RQIA Inspector Assessing Response	Heather Sleator	Date Approved	29/09/15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address