



Unannounced Care Inspection Report 17 January 2019



Dunmurry Manor

Type of Service: Nursing Home
Address: 2a Hazel Avenue, Dunmurry BT17 9QU
Tel No: 028 9061 0435
Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 40 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin O'Hare-Connolly	Registered Manager: See below
Person in charge at the time of inspection: Michelle Montgomery	Date manager registered: Michelle Montgomery – registration pending
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 40 A maximum of 40 patients in category NH-DE to be accommodated on the First Floor.

4.0 Inspection summary

An unannounced inspection took place on 17 January 2019 from 09.35 to 19.00 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, adult safeguarding, the home's environment, teamwork and reporting of notifiable events. Further good practice was found in the delivery of compassionate care.

Areas requiring improvement were identified under standards in relation to decontamination of hoists, appropriate storage of slings and cleanliness within kitchenettes. An area for improvement in relation to the monitoring of care staffs' registration with the Northern Ireland Social Care Council (NISCC) has been stated for the second time.

Patients were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	3

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

Details of the Quality Improvement Plan (QIP) were discussed with Michelle Montgomery, manager and Joanne Neville, registered manager of Carrickfergus Manor, as part of the inspection process. Enhanced feedback was provided to Michael Doolin, director of operations - north and Caron McKay, regional operations manager. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 8 November 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 November 2018. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with nine patients, seven staff and nine patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for week commencing 14 January 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- nurse in charge competency and capability assessment
- three patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- compliments received

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 9 & 11 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (5) (d) (i) Stated: First time	The registered person shall ensure that the system to monitor staff registration with NISCC is more robust.	Partially met
	Action taken as confirmed during the inspection: There was evidence that a monitoring audit had been conducted in October 2018. However, shortfalls with this area for improvement were identified.	
	This area for improvement has been partially met and has been stated for a second time.	

Area for improvement 2 Ref: Regulation 20 (3) Stated: First time	<p>The registered person shall ensure that registered nurses given the responsibility of taking charge of the nursing home in the absence of the registered manager will have completed a competency and capability assessment for the nurse in charge role.</p> <p>Action taken as confirmed during the inspection: Discussion with registered nursing staff and a review of a random competency and capability assessment for nurse in charge evidenced that this area for improvement has now been met.</p>	Met
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health</p> <p>Action taken as confirmed during the inspection: A review of the environment evidenced that no chemicals were accessible to patients.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Criteria (2) Stated: First time	<p>The registered person shall ensure that the infection control areas identified on inspection are managed appropriately.</p> <p>Action taken as confirmed during the inspection: Areas identified on the previous inspection had been managed appropriately.</p>	Met
Area for improvement 2 Ref: Standard 4 Criteria (9) Stated: First time	<p>The registered person shall ensure that wound dimensions are recorded regularly when completing wound observation charts at the time of wound dressing.</p> <p>Action taken as confirmed during the inspection: A review of one patient's wound care records evidenced that wound observation charts had been completed appropriately and included wound dimensions.</p>	

Area for improvement 3 Ref: Standard 41 Stated: First time	The registered person shall that the nurse in charge of the home in the absence of the registered manager is identified on the duty rota Action taken as confirmed during the inspection: The nurse in charge of the home in the absence of the manager was clearly identified on the duty rota.	Met
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6.3 Inspection findings

6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review. A review of the staffing rota for week commencing 14 January 2019 confirmed that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Consultation with six staff confirmed that they were not satisfied that the staffing levels in the home met the assessed needs of patients. Staff stated that they felt, “frustrated” and that they “give their best but there is never enough time”. In addition, two staff responding on an online survey were of the opinion that the staffing levels were too low. Consultation with nine relatives also confirmed that they were not satisfied the staffing arrangements in the home met patients’ needs. Likewise, three respondents within relatives’ questionnaires confirmed that they did not feel there was enough staff on duty to provide care to the patients. Relatives were complimentary in relation to the staff working in the home and some of their comments can be found in Section 6.6. However, relatives raised concerns in relation to staffing levels in the home and the impact on patient care in respect of supervision of patients, assisting with continence needs and assisting with nutrition and hydration.

Staff and relatives’ concerns were passed to the manager and enhanced feedback of the relatives concerns was given to the director of operations and the regional operations director, Runwood Care Homes. Information given to RQIA following the inspection confirmed that additional care assistant hours had been allocated to the duty rota and assurances were provided that the staffing arrangements in the home will be monitored weekly to ensure that patients’ needs will be met. RQIA will continue to monitor staffing arrangements in the home at subsequent care inspections.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC. However, shortfalls were identified within the monitoring of care staff registration with the NISCC. This was discussed with the manager and an area for improvement made in this regard at the previous care inspection has been stated for the second time.

We discussed the provision of mandatory training with staff. Staff spoke positively of the training provision in the home and confirmed that the training provided was relevant to their roles and responsibilities. Discussion with the manager confirmed that additional training on dementia management had been arranged for all staff to attend and that in-house 'developmental training' had been implemented in the home for nursing and care staff. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that any allegation of safeguarding was immediately reported to the appropriate safeguarding body and that records of any investigations had been maintained.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. However, during a review of the environment, hoists within a storage room were observed to be visually unclean and four patients' own slings were observed to be stored inappropriately. This was discussed with the manager and identified as an area for improvement. Storage areas within both kitchenettes in the dining rooms were also observed to be visually unclean. This was also discussed with the manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding and the home's general environment.

Areas for improvement

Areas for improvement were identified under standards in relation to decontamination of hoists and storage of slings, and in relation to the cleanliness of kitchenettes.

An area for improvement identified under regulation in relation to the monitoring of care staffs' registrations with the NISCC has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

We reviewed three patient care records for the management of nutrition and wound care. Patient care records were maintained electronically in the home. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to

evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurses and dieticians. Care plans had been updated to reflect the recommendations of other health professionals. Supplementary care charts such as bowel management, repositioning and food and fluid intake records evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. However, staff also confirmed that a handover was not always provided to staff commencing duty at 14.00 hours. This was discussed with the manager and identified as an area for improvement.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included teamwork was, "brilliant" and "no problems with any of my teammates". Staff also commented that there have been a lot of new employees recently. The director of operations confirmed, following the inspection, that all new staff to Runwood Homes will avail of a two week supernumerary period at the commencement of their employment to allow them to work alongside experienced members of staff to become more familiar with the home's policies and procedures as part of their induction.

Two staff consulted did not feel that if they had any concerns, they could raise these with the home's management. The staff's concerns were passed to the manager for their review and action as appropriate.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The manager advised that relatives meetings were held on a monthly basis. One relative consulted advised that minutes of the relatives meetings were not made available. This was discussed with the manager who confirmed that minutes of relative meetings would be made available in future. The manager also confirmed that on a monthly basis, relatives were also invited to join patients in identified activities.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and teamwork.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

We arrived in the home at 09.35 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

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

The serving of lunch was observed in the dining room on the Rowan unit. A pictorial menu was available of patients' tables reflecting the food served. Food was served from a heated trolley when patients were ready to eat or be assisted with their meal. Patients were seated around tables which had been appropriately set for the meal or were seated in their preferred dining area. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Two relatives expressed concern at the staffing levels to meet the nutritional needs of patients. These concerns were passed to the manager for their review and action as appropriate. As previously stated, following the inspection RQIA have been informed that additional care assistant hours were allocated and the homes management would monitor this to ensure nutritional requirements have been met.

We also reviewed the timings of meals. Staff confirmed that breakfast was served up to 11.00 hours and that lunchtime commenced at 12.00 hours. Evening meal commences at 16.30 hours. Given the close proximity of mealtimes there was a potential for patients' nutritional needs not being met. This was discussed with the manager and identified as an area for improvement.

Between mealtimes, refreshments and snacks were served from a tea trolley at 11.00, 15.00, 19.00 and 21.00 hours. The manager discussed the introduction of new fruit smoothies on the tea trolley which has had a positive response from patients. One relative commented that snacks for patients who require a modified diet were not always available or offered during the tea rounds. This was discussed with the manager. The manager reviewed and confirmed following the inspection that options for patients who require modified diets will now be physically available on the tea trolley during these rounds.

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

- “The family would like to thank all the team at Dunmurry Manor for helping to make ... time with you as happy, peaceful and content as possible.”
- “Thank you for looking after ... so well and making him comfortable during his time in the home.”

We engaged with nine patients during the inspection. Patients were observed to be relaxed and comfortable in their surroundings. Staff attended promptly to a patient when they appeared distressed.

Nine patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. Four were returned. Some patient representatives' comments were as follows:

- “... is well settled here. There is excellent nursing care. We are very happy with the care just concerned over the number of staff on duty at night time.”
- “I can see no problem with the care here.”
- “Super home and super food. The staff are very good but I am concerned at the availability of the staff when ... needs assistance.”
- “Love the home and love the staff but would like to see choice for modified diets on the tea trolley. Need more staff for patient care.”
- “Staff are lovely and are very good but most of the patients here required the assistance of two staff leaving the rest to wait when they need assistance. Can take a long time to assist ... with meals.”
- “Really appreciate what the staff do but when they are assisting a patient, that leaves no-one else to assist with others. Really need more carers here.”
- “I really have no complaints. Staff are very good. There is just not enough of them.”
- “My only concern is that there does not seem to be enough carers on the floor.”
- “I have given a score of 5 on question 1 because all of the staff are excellent and I cannot praise them enough but I do feel that they are very much under pressure.”

Staff were asked to complete an online survey; we had two responses within the timescale specified. The respondents indicated that they were not satisfied the home was delivering safe, effective and compassionate care and that the home was well led. Comments from staff consulted during the inspection included:

- “I really love my job here.”
- “It's very hard work.”
- “I find working here quite stressful at the minute.”
- “There is a lack of staff in Dunmurry Manor.”
- “I feel I can do so much more.”
- “It's frustrating. Would like to do more but no time.”
- “Dunmurry Manor is a beautiful home and obviously a lot of thought was put into the reminiscence dementia friendly services. I only wish that was the same for their business plan in terms of staff levels ... Staff want to give people the care they deserve”

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the delivery of compassionate care.

Areas for improvement

An area for improvement was identified under standards in relation to mealtimes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA was notified appropriately. An application for the registration of the manager with RQIA had been received and was being processed.

A separate variation application has also been received in relation to the extension of the residential home to include the Rowan unit. Several relatives expressed environmental and staffing concerns in relation to this variation. The relatives concerns were passed to the manager at the conclusion of the inspection and to the director of operations and the regional operations manager following the inspection. All managers agreed that the patients' relatives concerns would be discussed with them prior to any physical progress made in relation to the variation.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the reporting of notifiable events.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle Montgomery, manager and Joanne Neville, registered manager of Carrickfergus Manor, as part of the inspection process. Enhanced feedback was provided to Michael Doolin, director of operations - north and Caron McKay, regional operations manager.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 21 (5) (d) (i) Stated: Second time To be completed by: 17 February 2019	The registered person shall ensure that the system to monitor care staffs' registrations with NISCC is more robust. Ref: 6.2 and 6.4 Response by registered person detailing the actions taken: NISCC checks are now in place and reviewed on a monthly basis and signed off by the home manager.
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Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

Area for improvement 1 Ref: Standard 46 Criteria (2) Stated: First time To be completed by: 23 January 2019	The registered person shall ensure that patients' hoists are maintained clean at all times and that patients' own slings are stored appropriately. Ref: 6.4 Response by registered person detailing the actions taken: Allocation sheets introduced allocate the person responsible for the cleaning of the hoists and this is verified by the home manger to ensure complaince. Daily walk arounds by the Home Manager check that slings are stored appropriately
Area for improvement 2 Ref: Standard 44 Criteria (1) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that storage areas within both identified kitchenettes are maintained clean and hygienic. Ref: 6.4 Response by registered person detailing the actions taken: Cleaning schedules are in place with persons allocated to complete. This is checked by the Home Manager on her daily walk rounds.
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: 17 February 2019	The registered person shall review the management of mealtimes for patients to ensure adequate gaps between meals. Ref: 6.6 Response by registered person detailing the actions taken: mealtime experience has been reviewed and an extra staff memberr was placed on shift due to the dependencies at the time for the smooth serving of meals. Mealtimes where also reviewed and breakfast times now commence at 8.45am compared to previous 9.15am. this has been effective.

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



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