

Unannounced Enforcement Compliance Inspection Report 27 January 2017



Dunmurry Manor

Type of Service: Nursing Home

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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 27 January 2017 from 09.30 to 17.30 hours.

The purpose of the inspection was to assess the level of compliance achieved by the home regarding the three Failure to Comply Notices issued on 26 October 2016. The areas for improvement and compliance with regulation were in relation to governance arrangements, the health and welfare of patients and staffing arrangements and the deployment of staff.

FTC Ref: FTC/NH/12230/2016-17/01 (E)

FTC Ref: FTC/NH/12230/2016-17/02 (E)

FTC Ref: FTC/NH/12230/2016-17/03 (E)

Evidence at the time of the inspection 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. The inspection however did identify that appropriate compliance was achieved in respect of FTC Ref: FTC/NH/12230/2016-17/03 (E) which refers to staff provision and deployment in the home.

As a consequence of the findings of inspection and the continued non-compliance with FTC Ref: FTC/NH/12230/2016-17/01 (E) and FTC Ref: FTC/NH/12230/2016-17/02 (E), a meeting was held in RQIA on 3 February 2017 with the responsible individual and management representatives of Runwood Homes Ltd in respect of our intention to serve a notice of proposal to impose conditions on the registration of the home. At this meeting, representatives of Runwood Homes senior management team, acknowledged the inspection findings and agreed that the improvements being made were not yet fully embedded into practice and that further improvements were required.

The notice of proposal to impose conditions on the registration of the home was issued on 6 February 2017. The conditions are detailed below;

1. Admissions to Dunmurry Manor will cease until compliance with the specific actions stated in FTC/NH/12230/2016-17/01 and FTC/NH/12230/2016-17/02 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

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

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

Enforcement action remains ongoing as a result of the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 27 January 2017.

A meeting was held in RQIA on 3 February 2017. This meeting was convened as RQIA had the intention of imposing conditions on the registration of Dunmurry Manor as a means of securing compliance with the Failure to Comply Notices and therefore ensure safe, effective and compassionate care in the home.

During the meeting agreement was reached that the improvements made in the home were not yet sufficiently embedded into practice and given the potentially serious impact on patient care, a decision was made to issue a notice of proposal to impose conditions on the registration of the home.

The notice of proposal to impose the following conditions on the registration of the home was issued on 6 February 2017:

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

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Runwood Homes Ltd John Rafferty	Registered manager: No registered manager in post
Person in charge of the home at the time of inspection: Stuart Johnstone, acting manager	Date manager registered: Not applicable
Categories of care: RC-DE, NH-DE	Number of registered places: 76

3.0 Methods/processes

Prior to inspection we analysed the following records:

- the requirements as indicated in the Failure to Comply Notices:
FTC Ref: FTC/NH/12230/2016-17/01(E)
FTC Ref: FTC/NH/12230/2016-17/02 (E)
FTC Ref: FTC/NH/12230/2016-17/03 (E)
- the registration status of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous care inspection report
- notifications received from October 2016

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

- discussion with the acting manager
- discussion with staff
- discussion with patients
- discussion with three patient representatives
- a review sample of staff duty rotas
- staff training records for the areas specified in the Failure to Comply Notice
FTC/NH/12230/2016-17/03 (E)
- accident and incident records
- complaints records
- adult safeguarding register
- five care records
- a review of quality audits
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- observation of the serving of the midday meal
- observation of the daily activity of the home

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

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

4.0 The inspection

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

The most recent inspection of the home was an unannounced enforcement compliance inspection on 4 January 2017. The requirements and recommendations in the previous QIP as a result of the care inspection of 17 and 18 October 2016 were not reviewed during this inspection as the focus of the inspection was on compliance with the Failure to Comply Notices issued. These will be validated at the next care inspection.

4.2 Inspection Findings

4.2.1 FTC Ref: FTC/NH/12230/2016-17/01 (E)

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

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

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

- The registered person must ensure that any complaint received into the home is recorded and processed in accordance with regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005. The complaints records must be available for inspection by RQIA at any time.
- The registered person must ensure sufficiently robust auditing systems are in place to quality assure the delivery of nursing and other services provided. This includes, but is not limited to: patient care records, complaints, wound care and accident and incidents.
- Records regarding the completion of these quality assurance audits must be available for inspection by RQIA.
- The registered person must ensure that accident and incident records are appropriately maintained to clearly demonstrate management oversight of each event. Accidents/incidents must be subject to regular review to facilitate the identification of patterns and trends, thus ensuring that risks to patients are minimised.
- The registered person must ensure that the learning outcomes of any safeguarding investigation are appropriately disseminated to staff, training delivered as required and a governance check must ensure that the learning is fully embedded into practice.
- The registered person must ensure that the monthly monitoring reports, in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 contain clear action plans, detailing all areas of improvement required. The reports should be developed and monitored to ensure compliance. On completion, the monthly monitoring reports are to be submitted on a monthly basis to RQIA, no later than three days after the last day of the month.

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

Discussion with the acting manager and a review of information evidenced that auditing systems had been developed and implemented as outlined in the Failure to Comply Notice. However, a sample review of audit records evidenced that these were not completed robustly. For example; six care records were audited by senior management on 26 January 2017. There was no evidence of the remedial action to be taken where a shortfall or the timescale for completion was identified. It was stated that this was due to remedial action being taken as the audit was completed. This information was not present on the completed audits. Conflicting information was also present in relation to wound care management.

A system for the reporting and recording of any accident or incident that may occur had been established. The system enabled for a systematic review of all accidents and incidents and records had been validated by management. However, a sample review of audit records evidenced that these were not completed robustly. For example; the incidence of falls had increased in January 2017 from the previous month. There was no evidence of the outcome of the thematic review undertaken by the acting manager or a possible management strategy to minimise the risk of falls occurring to individuals.

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

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

The monthly monitoring reports of November and December 2016 and January 2017, completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, were reviewed. The review evidenced that progress had been made. The report of 21 January 2017 evidenced a clear action plan detailing all areas for improvement.

The findings of the inspection and evidence available, confirmed that there had been some improvement in the governance systems in the home. Concerns remain that the governance and management arrangements are not sufficiently robust and are not in accordance with all actions as detailed in the Failure to Comply Notice.

4.2.2 FTC Ref: FTC/NH/12230/2016-17/02 (E)

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

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

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

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

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

From the time of the previous inspection of 4 January 2017, care records had been migrated from written records to computerised records. A review of care records evidenced that risk assessments and care plans were either not sufficiently reviewed in response to the changing needs of patients, or contained conflicting information. The review of one patient's care record evidenced that there were two conflicting care plans regarding the patient's dietary requirements. There was conflicting information present regarding the desired daily fluid intake for patients. Assessment information contained information which was different to the interventions stated in care plans and the information regarding fluid intake available in the dining room for staffs' reference.

A review of care records did not evidence that care was delivered in accordance with the prescribed interventions of the plan of care. Care interventions within hydration care plans were not adhered to. There was a lack of consistency to evidence that staff were accurately and diligently recording patients' daily fluid intake, including the recording of any prescribed supplements.

Wound care management evidenced some improvement with a more systematic approach to wound management. However, concerns remained regarding the consistency of staff undertaking wound care management in accordance with professional guidelines.

The review of the supplementary care records regarding the prevention of pressure damage did not evidence that repositioning charts were being consistently maintained. The frequency of repositioning for each patient was not stated on repositioning charts. There was evidence of significant 'gaps' in documenting repositioning or repositioning was not documented

The management of pain, including the effectiveness of prescribed analgesia was reviewed. There was evidence of the regular administration of analgesia for one patient but this was not the case for all patients. Two pain management systems were in operation and this led to confusion for nursing staff. Due to these findings we were unable to validate the effective management of pain and prescribed analgesia.

There was a calm atmosphere in the home and patients were being supported by staff in a timely manner. We observed that when the nurse call system was activated staff responded to the call system promptly. Staff were observed spending time with patients in the lounge areas and providing support to those patients who remained in their bedrooms. In discussion with a relative of a patient it was stated that they were not confident that staff responded promptly to the nurse call system when activated. The relatives of two patients expressed their satisfaction with the standard of care afforded by staff to their relatives.

The serving of the midday meal was observed. There was evidence that the patients' dining experience had improved. Care staff and nursing staff were present in the dining room at all times and a staff member was assigned to each dining table to provide assistance and support to the patients seated at the table. Staff were able to discuss the individual dietary needs of each patient and any associated risk, including the risk of and management of choking. Staff were observed encouraging patients regarding their nutritional intake and a visual choice of meals was offered to patients, at the point of service. We confirmed that patients who required a modified diet were afforded a choice of meal at mealtimes. Staff were observed engaging with patients during the meal service and there was a calm atmosphere in the dining room. One heated trolley was used to service both dining rooms. The meal service commenced in one dining room at 12.30 and then moved to the second dining room at 12.55 hours. Patients were seated in both dining rooms prior to the heated trolley arriving at 12.30 hours. However, patients were not observed to be unsettled or distressed when waiting for the meal service to commence as staff were engaging patients in conversation. The organisation of the meal service was observed to have significantly improved.

The findings of the inspection and evidence available confirmed that not all actions detailed within the Failure to Comply Notice had been met. There was evidence available to confirm that some progress had been made toward achieving compliance however, concerns remained in respect of the sustained delivery of safe and effective care to patients.

4.2.3 FTC Ref: FTC/NH/12230/2016-17/03 (E)

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

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

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

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

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

A sample review of the staff duty rota evidenced that the planned staffing arrangements from the week commencing 15 January 2017 to 28 January 2017 were in accordance with recommended minimum skill mix of 35 percent registered nurses and 65 percent care staff, in accordance with DHSSPS Care Standards for Nursing Homes 2015. A deputy manager had been appointed and commenced employment on 2 January 2017. The acting manager stated that the deputy manager would be working in a supernumerary capacity to provide support and guidance to the registered nurses and care staff, and to co-ordinate and supervise the delivery of patient care. The acting manager confirmed that a number of registered nurses had recently been recruited and were to commence employment at the beginning of February 2017. It was anticipated that the recruitment of permanent nursing staff would reduce the number of agency nursing staff working in the home. The acting manager also stated that the recruitment of care assistants was an ongoing priority.

In discussion staff stated they felt that the staffing levels and staffing arrangements had improved. Staff confirmed they received a handover report when commencing duty and felt that the day was 'better organised.' Staff confirmed they had attended a number of training events with a specific focus on dementia care practice recently, and found the training to be helpful and beneficial. The deputy manager stated that a daily allocation record would be developed to provide staff with clarity as to their designated duties and responsibilities.

In discussion with the acting manager it was stated that the required training for staff regarding; the management of distressed reactions; dementia awareness and the dining experience, and the prevention and management of pressure ulcers and pressure relieving equipment had been completed by staff. We reviewed the staff training records and evidence was present of the date the training took place and of the staff who attended. Training regarding the management of pain and the use of pain assessment tools had been scheduled for February 2017.

The findings of the inspection and evidence available confirmed that the actions detailed within the Failure to Comply Notice had been met. Confirmation of compliance with Failure to Comply Notice FTC/NH/12230/2016-17/03 (E) was sent to the provider on 6 February 2017.

Conclusion

Evidence at the time of inspection was not available to validate full compliance with one of the three Failure to Comply Notices. However, there was evidence of some improvement and progress made to address the required actions within the remaining two notices. On 3 February 2017 a meeting with the responsible individual and senior management representatives from Runwood Homes was held in RQIA. As a consequence of this meeting, a Notice of Proposal to Impose Conditions of the Registration of Dunmurry Manor was issued on 6 February 2017.



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