

Unannounced Care Inspection Report

28 July 2017



Dunmurry Manor

Type of Service: Nursing Home (NH)

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

Tel no: 028 9061 0435

Inspectors: Heather Sleator and Dermot Walsh

www.rgia.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 and residential care for up to 76 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Mr Gavin O'Hare-Connolly (acting)	Registered Manager: See below
Person in charge at the time of inspection: Julie McKearney	Date manager registered: Julie McKearney - Registration Pending
Categories of care: Nursing Home (NH) DE – Dementia. Residential Care (RC) DE – Dementia.	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.

4.0 Inspection summary

An unannounced care inspection took place on 28 July 2017 from 09.30 to 14.40 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 DHSSPS Care Standards for Nursing Homes 2015.

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

The inspection was undertaken following communication from the responsible individual (acting) for Runwood Homes, Mr Gavin O'Hare-Connolly, he advised the organisation considered that Dunmurry Manor was now compliant with the actions outlined within two Failure to Comply Notices issued on 26 October 2016. The areas identified for improvement and compliance with the regulations were in relation to the governance and management arrangements of the home, FTC Ref: FTC/NH/12230/2016-17/01(E) and the health and wellbeing of the patients, FTC Ref: FTC/NH/12230/2016-17/02(E).

As a result of this inspection and the sustained improvement in the areas inspected, the conditions imposed on the registration of the home on 13 April 2017 were removed. A new certificate of registration to reflect this has been issued to the registered persons.

There were no areas requiring improvement identified at this inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julie McKearney, Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 29 June 2017

The most recent inspection of the home was an unannounced care (whistleblowing) inspection on 29 June 2017. The quality improvement plan (QIP) of the previous inspection of 4 May 2017 was not reviewed at this time and was carried forward for review at the next inspection. No new areas for improvement were identified at the inspection and enforcement action did not result from the findings of this inspection.

However, conditions had previously been imposed on the registration of the home on 13 April 2017 as part of RQIA's enforcement procedures. The conditions in place were:

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.

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
- the returned QIP from the previous care inspection
- the previous care inspection report
- the failure to comply notices FTC Ref: FTC/NH/12230/2016-17/01 (E) and FTC Ref: FTC/NH/12230/2016-17/02 (E)

During the inspection inspectors met with 12 patients, seven staff, two visiting professionals and four patients' visitors/representatives.

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

- discussion with the manager
- discussion with seven staff
- discussion with 12 patients
- discussion with four patient representatives
- a review sample of staff duty rotas
- staff training records
- accident and incident records
- complaints records
- adult safeguarding register
- three 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 breakfast
- observation of the daily activity of the home

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 June 2017

The most recent inspection of the home was an unannounced care (whistleblowing) inspection on 29 June 2017. The quality improvement plan (QIP) of the previous inspection of 4 May 2017 was not reviewed at this time and was carried forward for review at the next inspection. No new areas for improvement were identified at the inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 May 2017

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 12 (1) (a) and (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The review of the notification of incidents received by RQIA and a review of accident recording evidenced that registered nurses were completing patient observations in the event of a head injury, in accordance with best practice guidance and professional standards.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 5.3 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: The review of the home's Statement of Purpose evidenced that the required information was included in the document.	
Area for improvement 2 Ref: Standard 47.3 Stated: First time	The registered provider should ensure that staff undertake refresher training (practical) in safe moving and handling.	Met
	Action taken as confirmed during the inspection: The review of staff training records evidenced that training had been completed in moving and handling for the identified staff members.	

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 to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 26 June 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

There were no concerns raised by staff in respect of the staffing arrangements. One relative commented, "Staff couldn't be better."

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 stated, "The care is very good, my relative has put on weight."

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. Training had been undertaken by staff in relation to moving and handling as this was identified as an area for improvement at the inspection of 4 May 2017. There were no issues of concern observed during the inspection regarding the moving and handling techniques used by staff.

Review of three 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. At the previous inspection of 4 May 2017 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. The review of accident and incident recording evidenced that registered nurses were completing patient observations in the event of a head injury, in accordance with best practice guidance and professional standards.

During the inspection, care delivery/care practices were observed and a review of the general environment was undertaken. Staff interactions were observed to be caring and timely. A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges and two dining rooms. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. Infection prevention and control measures were adhered to and equipment was appropriately stored. There was evidence of sufficient stock of personal protection equipment (PPE) throughout the home.

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.

The findings of the inspection evidenced that the actions stated in the failure to comply notice ref: FTC/NH/12230/2016-17/02 (E) had been fully met.

Areas of good practice

There was evidence of improvement regarding the safe delivery of care. Staffing arrangements were satisfactory and there was a more robust approach to the management of adult safeguarding referrals and investigations. Patient call bells were being responded to in a timely manner which promoted a calm atmosphere in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Reviews of patient care records evidenced that a range of validated risk assessments were accurately and consistently completed, and were reviewed in response to the changing needs of patients. There was evidence that the risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients and were kept under review. There was evidence that registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Wound care management evidenced improvement with a more systematic approach to wound management, in accordance with professional guidelines, for example; NICE clinical guidance on wound care management. There was evidence of the auditing of wound care management by the manager.

The review of the supplementary care records regarding the prevention of pressure damage evidenced that repositioning charts were being consistently maintained. The frequency of repositioning for each patient was stated on repositioning charts. There was no 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. In discussion with registered nurses there was a clear understanding regarding the effective assessment and management of pain relief.

The serving of breakfast was observed. Tables in the dining areas had been appropriately set for the meal. Dining areas were appropriately supervised. Staff wore brightly coloured aprons instead of the plastic aprons. This gave the dining experience a more domestic feel.

Patients, where appropriate, wore clothing protectors. Staff were knowledgeable in regards to patients' nutritional requirements. Patients were assisted in an unhurried manner and were offered a varied selection of breakfast choices. Patients who preferred to have breakfast in their bedrooms availed of tray service which included all appropriate dishes, glasses, cups and saucers.

The findings of the inspection evidenced that the actions stated in the failure to comply notice ref: FTC/NH/12230/2016-17/02 (E) had been fully met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and record keeping, to staffs' knowledge of their roles and responsibilities, staff training, communication within the home, teamwork and the mealtime experience at breakfast.

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.

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. The staffing arrangements and deployment of staff as observed during the inspection had a positive impact on the delivery of compassionate care experienced by patients. This included; 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.

The inspectors met with 12 patients individually and with others in small groups. The inspectors also met with seven staff, four patient representatives and two visiting professionals.

Comments from patient representatives included:

"Staff couldn't be better."

"Care is very good; my relative has put on weight."

"Staff are very kind."

Comments from staff included:

"Things are looking up 100 percent."

"Communication in the home has greatly improved."

"Really good teamwork and there's always someone to talk to."

"In my team (ancillary) we work well together and trust one another."

Comments from visiting health professionals included:

“I have seen an improvement in the home over the last few months.”

A visiting professional asked to speak with the inspectors. The issue brought to the inspectors' attention was not considered to be within the remit of RQIA and the visiting professional was referred to the manager. The visiting professional agreed to discuss the issue with management of the home.

Areas of good practice

Areas of good practice included the approach of staff towards patients who were observed to be afforded dignity and privacy. The serving of breakfast was a calm, organised and pleasurable experience for patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

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 manager and a review of information evidenced that auditing systems had been developed and implemented as outlined in the Failure to Comply Notice. A sample review of audit records including; care records audits, infection prevention and control audits and the manager's weekly floor audits evidenced that these were completed robustly. There was evidence of the remedial action to be taken where a shortfall or the timescale for completion was identified

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. A sample review of audit records evidenced that these were completed robustly. For example, the incidence of falls had decreased from January 2017. There was evidence of the outcome of the thematic review undertaken by the manager and a possible management strategy to minimise the risk of falls occurring to individuals.

The 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. A system had been established to disseminate any learning outcomes for staff through staff meetings and individual supervision therefore governance systems were in place to ensure that any learning was embedded into practice.

The monthly monitoring reports from May to July 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 reports evidenced a clear action plan detailing all areas for improvement.

The findings of the inspection evidenced that the actions stated in the failure to comply notice ref: FTC/NH/12230/2016-17/01 (E) had been fully met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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