

Unannounced Care Inspection Report 29 January 2018



Dunmurry Manor

Type of Service: Nursing Home (NH)
Address: 2A Hazel Avenue, Dunmurry, Belfast, BT17 9QU
Tel no: 02890610435
Inspector: Heather Sleator

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 and residential care for up to 76 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Ms Julie McKearney
Person in charge at the time of inspection: Julie McKearney	Date manager registered: 10 August 2017
Categories of care: Nursing Home (NH) DE – Dementia. Residential Care (RC) DE – Dementia.	Number of registered places: 76 comprising: 40 patients in category NH-DE 36 residents in category RC-DE

4.0 Inspection summary

An unannounced inspection took place on 29 January 2018 from 09.15 to 17.00.

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 inspection assessed progress with any areas for improvement identified 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. The focus of the inspection was the provision of nursing care; the residential unit was not inspected on this occasion.

Evidence of good practice was found in relation to staff recruitment practices; staff induction, training and development; adult safeguarding arrangements; infection prevention and control practices; the care records and care delivery and effective communication systems. The culture and ethos of the home promoted treating patients with dignity and respect. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents; quality improvement processes and maintaining good relationships within the home.

An area requiring improvement was identified and was in relation to the recording of catheter care.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The comments and opinions of staff and relatives may be found in section 6.6.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Julie McKearney, Registered Manager, as part of the inspection process. 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 23 January 2018

The most recent inspection of the home was an announced premises inspection undertaken on 23 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this 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
- 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 individually and the others in small groups, nine staff and one patient's representative. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster informing staff of how to submit their comments electronically, if so wished, was given to the registered manager to display in the staff room.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 15 to 28 January 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 23 January 2018

The most recent inspection of the home was an announced premises inspection.

The completed QIP was returned and approved by the estates inspector.

This QIP will be validated by the estates inspector at the premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 19 August 2017

There were no areas for improvement identified as a result of the last care inspection.

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 registered manager confirmed the planned daily staffing levels for the home. Observation and a review of staff allocation in the home confirmed that the planned staffing level had been adhered to. The registered manager confirmed that staffing levels were subject to regular review to ensure the assessed needs of the patients were met.

A review of the staffing rota from 15 to 28 January 2018 evidenced that the planned staffing levels were generally adhered to. Discussion with staff confirmed that where agency staff were used, the same agency staff had been employed to allow for consistency of care. Discussion with two agency staff confirmed that they had received an induction to the home prior to commencing on their first shift and were very positive about working in the home. 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.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff confirmed that training had been delivered by either internal or external trainers in fire safety, moving and handling, adult safeguarding procedures and dementia awareness. Staff also confirmed that they were in receipt of individual supervision and an annual appraisal. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home’s policies and procedures. 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. This information informed the responsible individual’s monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since August 2017 confirmed that these were appropriately managed.

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, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored. There was evidence of inappropriate storage of clothing in one bathroom, the registered manager gave assurances that the clothing would be removed and staff reminded not to leave or store personal items or equipment in bathrooms.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and the home’s environment.

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.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. However, there was one exception regarding catheter care. Nursing staff had not been recording the serial code of the new catheter when catheters were being replaced. This has been identified as an area for improvement under the care standards.

Supplementary care charts including repositioning records and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. A new recording system/booklet had been introduced and staff stated they found the new system helpful.

Review of four patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with staff and a review of the duty rota evidenced that nursing and senior care staff were required to attend a handover meeting at the beginning of each shift. Daily allocation sheets were present to allocate staff to specific areas of the home to work in and/or specific responsibilities.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained. A staff meetings planner had been implemented by the registered manager and identified meeting dates for care staff, nursing staff, heads of departments meetings and meetings with the ancillary staff teams for example; catering and housekeeping staff.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager.

Discussion with the registered manager and review of records evidenced that the most recent relatives meeting in the nursing unit was held on 20 December 2017 and in the residential unit 7 September 2017 however only one relative attended the meeting in the residential unit. Minutes were available for review and these had been validated by the registered manager.

There was information available to staff, patients, representatives in relation to a number of areas including dementia services and advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders.

Areas for improvement

The following area was identified for improvement under the care standards; registered nurses should record all information pertaining to catheter care and specifically the serial code/batch number of any new catheter used.

	Regulations	Standards
Total number of areas for improvement	0	1

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. There were no concerns raised by relatives regarding patient and personal care. A staff member was unavailable for work on the day of inspection however this had not adversely impacted on the delivery of care to patients. This was evidenced by the observation of 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.

Three activities coordinators are employed. In discussion with an activities coordinator it was stated that the main meal of the day is now served in the evening and enjoyed by the patients. A range of information was displayed in the home regarding activities and it was stated that staff are striving to include the local community in the life of the home. A recent initiative with a local supermarket had proven to be very successful.

We observed the serving of breakfast and the midday meal. The daily menu was displayed on each table and on the wall and the menu was presented in both written and pictorial formats. Additionally, for hot meals, a sample plate was prepared and shown to residents who can then indicate more accurately their preferences. Generally, the bain-marie was taken into the dining room (food was previously plated from the bain-marie outside the dining rooms) and this action ensured that the aromas of the food were more obvious, thus enhancing appetite and enjoyment of the food presented. Food was served onto heated plates to ensure that food remained warm for longer; this undoubtedly improved the dining experience for those patients who take longer at mealtimes. One exception to this practice was observed at breakfast time. In one dining room porridge had been plated and left in individual bowls on a food trolley. This is not good practice as the meal was not being served at the correct temperature. Food was served directly from the heated trolley in the second dining room. This was discussed with the registered manager who stated this should not have happened as there were sufficient heated trollies available. The registered manager stated she would speak to catering, care and nursing staff regarding this to ensure this did not happen again.

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

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

We met with nine patients individually and others in small groups, four care staff, three registered nurses, the activities coordinator and one housekeeper. On this occasion we met with one patient's representative.

Staff

All staff spoken with indicated that the care and other services provided in the home were good. Staff advised that the staffing arrangements were adequate to meet the needs of the patients. Staff stated that the registered manager was supportive and approachable.

Comments received from staff included:

"We all work together better now, we knew we just had to do it."

"I like coming to this home (agency staff member)"

"This is a busy home; sometimes think we could do with more staff."

Patients

All patients spoken with commented positively about the home; the care they received and that staff were kind and respectful. Patients were observed sitting in the lounges, dining rooms and/or their bedroom, as was their personal preference. Patients appeared well dressed and commented that they had enjoyed their lunch, were offered a choice at mealtimes and were happy in the home.

Patient Representatives

We met with one patient's representative. No issues of concern were raised and the representative stated they were satisfied with the care and attention afforded to their relative.

Comments included:

"The manager is very approachable."

"Girls (staff) are brilliant."

"I have no complaints about anything."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and review of records and observation at the time of the inspection evidenced that the home was operating within its registered categories of care.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered 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.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

Discussion with the registered manager and review of records from November 2017 to January 2018 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie McKearney, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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 Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2018</p>	<p>The registered person shall ensure that registered nurses record any changes re catheter care and management in accordance with best practice and clinical guidelines.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Memo displayed on stock cupboard of catheter packs advising registered nurses to complete all relevant documentation in relation to catheter care and management, including the recording of batch number on cathether pack.</p> <p>Information Folder now in place for permanent registered staff and agency nurses to follow above guidelines.</p>

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



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