

Unannounced Follow Up Care Inspection Report 29 June 2017



Dunmurry Manor

Type of Service: Nursing Home

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

Tel no: 028 9061 0435

Inspectors: Heather Sleator and 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 provider 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 nursing home registered to provide nursing and residential care for up to 76 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Mr John Rafferty	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 inspection took place on 29 June 2017 from 09.00 to 13.45 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.

This inspection was carried out following information received from an anonymous telephone caller and a whistleblowing letter to RQIA. The purpose of the inspection was to identify possible breaches in the Nursing Home Regulations (Northern Ireland) 2005.

Concerns were raised in relation to the following:

- staffing arrangements in the home
- management arrangements in the home
- care practices

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing – including deployment
- staff response to distressed patients
- management arrangements
- environment
- meals and mealtimes
- patients' care records

The concerns raised by the whistleblower and the anonymous caller were not substantiated and at the time of the inspection patients' needs were being met in a safe, compassionate and effective manner.

Patients described living in the home, in positive terms. Patients who could not verbalise their feelings in respect of their care 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.

The term 'patients' is used in this report 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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julie McKearney, Manager, and John Rafferty, Responsible Individual, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 4 May 2017 to assess progress with the actions stated in two outstanding failure to comply notices issued following an unannounced inspection on 17 and 18 October 2016. The Quality Improvement Plan (QIP) from this inspection is not yet due for return by the registered person. The responses will be reviewed by the care inspector upon return and the report will be available on the RQIA website in due course.

Following an unannounced inspection on 17 and 18 October 2016 three failure to comply notices were issued in relation to staffing, governance arrangements and the health and welfare of patients.

An enforcement compliance monitoring inspection was undertaken on 27 January 2017. Evidence was available to validate full compliance with FTC Ref: FTC/NH/12230/2016-17/03 (E) regarding staffing arrangements including the deployment of staff in the home. Evidence 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) concerning the health and wellbeing of patients at that time.

As a result conditions were placed on the registration of Dunmurry Manor as stated in Section 2.0 of this report. These conditions took effect on 13 April 2017. The conditions are to remain in place until the actions stated in the above failure to comply notices are fully met.

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity>.

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 two 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 the inspectors met with 11 patients, 13 staff and one patients' visitor/representative.

The following records were examined during the inspection:

- three patient care records
- incident and accident records
- complaints records
- duty rota week commencing 8 May 2017
- minutes of staff meetings
- staff supervision planner

Areas for improvement identified at the last care inspection were not reviewed during this inspection and will be reviewed at the next care inspection.

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 4 May 2017

The most recent inspection of the home was an unannounced care inspection on 4 May 2017. The QIP from this inspection is not yet due for return by the registered person. Their responses will be reviewed by the care inspector upon return and the report will be available on the RQIA website in due course. The areas for improvement will be reviewed at the next care 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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with 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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.3 Inspection findings

Staffing arrangements

The staffing arrangements in the home were reviewed in the nursing and residential units. The manager confirmed the planned staffing levels and confirmed that the staffing levels were determined in conjunction with monitoring patient dependency levels. Discussion with staff and a review of the duty rotas for week commencing 8 May 2017 evidenced that the planned staffing levels were generally adhered to in both units. The manager confirmed the arrangements in place to cover both units in the case of staff sickness absence and confirmed that there three staff had left employment in the past month. There was evidence that agency staff were used in the home to cover staff absence and vacancies. Discussion with the manager and staff confirmed that the same agency staff were employed where possible to allow for consistency of care. The manager and staff also confirmed that new agency staff employed completed a documented orientation and induction programme prior to commencing their first shift.

Three staff consulted were of the opinion that an additional care assistant in the nursing unit during the morning shift would allow for additional time to be spent with individual patients to enhance their social experience. The manager confirmed that staff recruitment was ongoing and that seven staff had been identified to commence employment once the appropriate employment checks had been completed.

Areas of good practice

Areas of good practice included the planning of staffing levels and skill mix to meet patients' needs and the orientation and induction of new staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Management arrangements

The manager has submitted an application for registration which is currently being processed by RQIA. A deputy manager has recently been recruited and a unit manager has been appointed in the residential unit. Management were observed to be visible within both units in the home. A Quality Advisor from Runwood Homes was also providing a supporting role in the home. All staff consulted in both units confirmed that they were confident in raising any concerns with the manager and/or line management and would feel that their concerns would be listened to. Staff also confirmed that they were encouraged to raise any concerns at staff meetings and that they have been asked for their suggestions at these meetings.

Areas of good practice

An area of good practice was identified in relation to the management structures and the availability of the management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Care practices

Staff were aware of their expected roles and responsibilities. The atmosphere in the home on both units was calm and organised. Staff were observed to attend to patients' needs in a timely manner. The patient's representative consulted confirmed that they were very happy with the care and approach of staff and also felt that there had been an improvement in the home.

Staff confirmed that they had received appropriate training to meet their role. Training had been provided both electronically and face to face on a practical level. A supervision planner had been utilised in the home to ensure that these have been conducted.

Staff confirmed that they attended a handover at the commencement of their shift and that they received appropriate information at this handover to meet the needs of patients. Staff also confirmed that daily 'flash meetings' were normally conducted around 11.00 hours. Flash meetings were introduced to identify any issues on the daily running of the home to ensure that these issues, if any, could be addressed in a timely manner.

Discussion with staff and a review of the minutes of staff meetings confirmed that these meetings had been conducted regularly and minutes were available for staff unable to attend the meeting to review.

Patient care records had been maintained appropriately and registered nursing staff confirmed how use of the diary ensured appropriate referrals and communications were made in a timely manner.

Incidents which had been notified to RQIA had been well documented within the patients' care records and included information such as, persons informed of the incident and actions taken in response to the incidents. A patient observed on the nursing unit to display distressed behaviour was cared for in a timely manner by the appropriate number of staff and in a compassionate manner. A review of the patient's care records evidenced that the care provided was in accordance with the patient's care plan.

Staff consulted spoke of good teamwork within the home. Comments made by staff during the inspection included; "Excellent teamwork; best team ever worked in; teamwork has improved leaps and bounds." Staff were observed to work well together. Staff were able to describe how their day was organised and how their plans would be re-prioritised to meet with patients' needs at that time.

The serving of breakfast was observed in both units. Tables in the dining areas had been appropriately set for the meal. Dining areas were appropriately supervised. Staff wore aprons when serving or assisting patients with meals. 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.

Areas of good practice

Areas of good practice were identified in relation 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

The Environment

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Infection prevention and control measures had been adhered to. There were no malodours present in the home. Fire exits and corridors were observed to be clear of clutter and obstruction. Doors had not been propped/wedged open. A fire drill was conducted during the inspection to which staff responded appropriately. Patients in communal areas and patients alone in their bedrooms were observed to have been reassured by staff during and after the fire drill.

Areas of good practice

Areas of good practice were identified in relation to compliance with infection prevention and control and fire safety precautions.

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 new areas for improvement identified during this inspection.

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 4 May 2017 were not reviewed as part of the inspection and are carried forward for review at a subsequent care inspection.

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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (a) and (b) Stated: First time To be completed by: 30 June 2017	<p>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.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 5.3 Stated: Second time To be completed by: 30 June 2017	<p>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.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 47.3 Stated: First time To be completed by: 31 July 2017	<p>The registered provider should ensure that staff undertake refresher training (practical) in safe moving and handling.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews