



The Regulation and
Quality Improvement
Authority

Inspection Report 16 February 2021



Dunanney Care Centre

Type of Service: Nursing Home

Address: 12 Glebe Road, Newtownabbey, BT36 6UW

Tel No: 028 9084 9349

Inspector: Paul Nixon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

1.0 Profile of service

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

2.0 Service details

<p>Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd</p> <p>Responsible Individuals: Mr Christopher Walsh</p>	<p>Registered Manager and date registered: Miss Veronica Sousa Acting – no application required</p>
<p>Person in charge at the time of inspection: Miss Veronica Sousa</p>	<p>Number of registered places: 40</p> <p>There shall be a maximum of 3 named residents receiving residential care in category RC-I and 1 named residents receiving residential care in category RC-MP (E).</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 35</p>

3.0 Inspection focus

Following a risk assessment and to reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely.

This inspection was completed following a review of information requested and submitted to RQIA on 2 February 2021. Feedback was discussed with the manager and responsible individual on 16 February 2021.

This inspection focused on medicines management within the home. The inspection also assessed progress with one area for improvement relating to the management of medicines that had been carried forward from the last inspection. Following discussion with the aligned care inspector, it was agreed that the other areas for improvement identified at the last inspection would be followed up at the next inspection.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

As part of the inspection process we:

- spoke to management about how they plan, deliver and monitor the care and support provided in the home
- reviewed documents to confirm that appropriate records were kept

A sample of the following records was examined and/or discussed as part of the inspection:

- personal medication records
- medicine administration records
- care plans related to medicines management
- medicines management governance and audit
- medicines management staff training and competency records
- manager's completed self-assessment

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	4*	1*

*This includes five areas for improvement which have not been reviewed during this inspection and have been carried forward for review at the next care inspection. No new areas for improvement were identified.

Findings of the inspection were discussed with Miss Veronica Sousa, Manager and Mr Christopher Walsh, 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.

5.0 What has this home done to meet any areas for improvement identified at the last Inspection on 5 November 2020?

Areas for improvement from the last inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: <ul style="list-style-type: none"> • the cleanliness of crash mats 	Carried forward to the next care 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: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: <ul style="list-style-type: none"> • the use of vinyl gloves for direct patient care • the cleanliness of bed rail protectors • the cleanliness of wheelchairs • the cleanliness of domestic trolleys 	Carried forward to the next care 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.	

<p>Area for improvement 3</p> <p>Ref: Regulation 15 (2) (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure care plans and risk assessments are kept up to date and are reviewed regularly.</p> <hr/> <p>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.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that, where appropriate, accident, incidents or other events are reported to RQIA.</p> <hr/> <p>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.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: Second time</p>	<p>The registered manager shall implement a robust audit tool to evidence that medicines are being administered as prescribed.</p> <hr/> <p>Action taken as confirmed during the inspection: A new medication audit has been established monthly as part of the auditing processes and as part of this review a daily medication night audit has been embedded into practice. The monthly monitoring visit by the provider or delegated other considers medication management as part of the monthly review and generates an action plan for completion</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 40 Stated: First time	The registered person shall ensure staff are supervised and their performance appraised to promote the delivery of quality care and services. This should take place at least bi- annually with a yearly supervision schedule planned.	Carried forward to the next care 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.	

6.0 What people told us about this home?

Feedback methods included a poster and online links to questionnaires which were provided to the manager for staff and any patient or their family representative to complete. At the time of issuing this report, five questionnaires from patients' representatives had been received by RQIA. The respondents indicated that they were generally satisfied/very satisfied with all aspects of care. Comments made were:

- "Very happy with all aspects of care, cleanliness and the interaction of staff and management."
- "Very well run care home, with staff who treat the residents so well and are compassionate. They even take the time to get to know the visiting relatives."
- "It is very hard to give any opinion on the care or satisfaction of care given to my loved one, as due to the lockdown I have not been allowed in to visit my loved one for weeks and even when I was allowed in my visit was only allowed to be for 30 mins one day a week! so I cannot see what type of care my loved one is getting, I just have to trust that my loved one is getting the proper care that is needed and when it is needed."
- "I can't fault the home. The staff go over and beyond what they have to."
- "I'm overall happy with the centre.... staff are helpful to me."

7.0 Inspection Findings

7.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with local GPs and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all the prescribed medicines, with details of how and when they should be administered.

It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals e.g. medication reviews, hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they are written and updated to provide a double check that they are accurate.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

The management of pain was discussed. Management advised that staff were familiar with how each patient expressed their pain and that pain relief was administered when required.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient. We reviewed the management of thickening agents and nutritional supplements for one patient. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

7.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

Because this was a remote inspection, the arrangements for the storage and disposal of medicines were not reviewed on this occasion.

7.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment. A sample of medicine administration records was reviewed. The records were found to have been fully and accurately completed.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out.

7.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

We reviewed the management of medicines for two patients who had been admitted to this home. Hospital discharge letters had been received. The patients' personal medication records had been accurately written and signed by two members of staff. Review of the medicine administration records indicated that the medicines had been administered in accordance with the prescribed directions.

7.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place helps staff to identify medicine related incidents. Management were familiar with the type of incidents that should be reported.

7.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

8.0 Evaluation of Inspection

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led in relation to the management of medicines.

The outcome of this inspection concluded that robust arrangements were in place for the management of medicines. We can conclude that the patients were being administered their medicines as prescribed by their GP. No new areas for improvement were identified.

We also assessed that one of the areas for improvement identified at the last inspection had been addressed. The remaining areas for improvement were not reviewed as part of this inspection and are carried forward to the next inspection.

We would like to thank the management for their assistance throughout the inspection.

9.0 Quality Improvement Plan

Areas for improvement are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Miss Veronica Sousa, Manager and Mr Christopher Walsh, Responsible Individual, as part of the inspection process.

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.

9.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following:</p> <ul style="list-style-type: none"> • the cleanliness of crash mats <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> <p>Ref: 5.0</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First Time</p> <p>To be completed by: 7 November 2020</p>	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following:</p> <ul style="list-style-type: none"> • the use of vinyl gloves for direct patient care • the cleanliness of bed rail protectors • the cleanliness of wheelchairs • the cleanliness of domestic trollies <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> <p>Ref: 5.0</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (2) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2020</p>	<p>The registered person shall ensure care plans and risk assessments are kept up to date and are reviewed regularly.</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> <p>Ref: 5.0</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that, where appropriate, accident, incidents or other events are reported to RQIA.</p> <hr/> <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> <p>Ref: 5.0</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2020</p>	<p>The registered person shall ensure staff are supervised and their performance appraised to promote the delivery of quality care and services. This should take place at least bi- annually with a yearly supervision schedule planned.</p> <p>Ref: 5.0</p> <hr/> <p>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.</p>



The Regulation and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care