



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Dunanney Care Centre
Establishment ID No:	1439
Date of Inspection:	2 November 2014
Inspector's Name:	John McAuley
Inspection ID:	17683

The Regulation And Quality Improvement Authority
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General Information

Name of Home:	Dunanney Care Centre
Address:	12 Glebe Road Newtownabbey BT36 6UW
Telephone Number:	028 90849349
E mail Address:	N/A
Registered Organisation/ Registered Provider:	Larchwood Care Homes (NI) Ltd Mr Ciaran Henry Sheehan
Registered Manager:	Mrs Maria Gillespie
Person in Charge of the Home at the Time of Inspection:	Ms Julie McGlinchey – Deputy Manager and then joined at 12.10 midday by Mrs Maria Gillespie
Categories of Care:	NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E)
Number of Registered Places:	40
Number of Patients Accommodated on Day of Inspection:	36
Scale of Charges (per week):	Nursing £567 - £634 Residential £450 - £475
Date and Type of Previous Inspection:	23 May 2014, secondary unannounced inspection
Date and Time of Inspection:	2 November 2014 10am – 1.45pm
Name of Inspector:	John McAuley

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients / residents
- Examination of records
- Review of a sample of care plans
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Dunanney Nursing home is situated on the Glebe Road adjacent to The Glebe Nursing Home in Newtownabbey.

The nursing home is owned and operated by Larchwood Care Homes NI Ltd.

The registered manager is Mrs Maria Gillespie who has been in post for approximately one month.

Accommodation for patients/ residents is provided over two floors of the home with access to the first floor via a passenger lift and stairs.

Communal lounges and dining areas are provided in central areas of both floors of the home.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 40 persons under the following categories of care:

Nursing care

I	old age not falling into any other category.....if required... to a maximum of 31 patients
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
DE	dementia care... to a maximum of 31 patients accommodated within the dementia unit on the ground floor.
MP (E)	mental disorder excluding learning disability or dementia over 65 years
TI	terminally ill

Residential care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
DE	dementia care

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Dunanney Nursing Home. The inspection was undertaken by John McAuley on Sunday 2 November 2014 from 10am to 1:45pm.

The inspector was welcomed into the home by Ms Julie McGlinchey the deputy manager, who was available throughout the inspection. The registered manager Mrs Maria Gillespie arrived in for the inspection at 12.10 midday. Verbal feedback of the issues identified during the inspection was given to the registered manager at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients/ residents, staff and one visiting relative. The inspector observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 23 May 2014 six requirements and two recommendations were issued. Other than one recommendation these were reviewed during this inspection. The inspector evidenced that the six requirements and one recommendation have been complied with within the specified timescale. The other recommendation not reviewed on this occasion will be reviewed at the next inspection. Details can be viewed in the section immediately following this summary.

The DHSSPS Nursing Homes Minimum Standard 19 on Continence Management was reviewed on this occasion. The review found that there were individualised assessments and care plans pertaining to continence care and staff are in receipt of training in this area. General observations of care practices found that patients / residents' personal care needs were attended to promptly and with privacy and sensitivity. A recommendation has been for accessible information in appropriate format to be put in place for patients / residents and their representatives on the promotion of continence. Otherwise this standard has been overall assessed as substantially compliant.

Discussions with patients / residents and one visiting relative were all positive, in respect of the provision of care and their relationship with staff. Details of this consultation are in 6.0 of this report.

Observations of care practices found that duties and tasks were carried out at an organised, unhurried pace, and patients / residents were treated with dignity and respect.

Discussions with staff on duty, confirmed staff were positive about their roles and duties, the teamwork and managerial support, with the only concern was in respect of staffing levels in the evening and night time periods in the first floor of the home. These concerns together with general observations of the dependencies of patients / residents and a review of the evening and night time staffing levels, has made a requirement for these levels to be reviewed accordingly.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Two issues of improvement were identified in relation to a lock to a toilet door and a stair well ceiling, which both had already been identified and reported by the registered manager.

Conclusion

The inspector can confirm that at the time of this unannounced inspection the delivery of care to patients / residents was evidenced to be of a good standard. There were processes in place to ensure the effective management of the issues inspected.

The home's general environment was well maintained and patients / residents were observed to be treated with dignity and respect. However, areas of improvement are identified in relation to staffing and the environment.

Two requirements and one recommendation were made as a result of this inspection. These requirements are detailed throughout this report and in the attached quality improvement plan (QIP).

The inspector would like to thank the patients / residents, staff and registered manager for their assistance and co-operation received throughout this inspection.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	16 (1)	Patient records must evidence that a written nursing plan is prepared by a nurse in consultation with the patient/resident or their representative as to how the patient's needs in respect of his/her health and welfare are to be met.	A review of a sample of four patients / residents' care records confirmed evidence of consultation with the patient / resident and / or their representative in respect of how their health and welfare needs will be met.	Compliant
2.	20 (1) and (2)	It is required that the registered person shall ensure that persons employed by the nursing home <ul style="list-style-type: none"> • are competent and capable to meet the needs of the patients accommodated, • receive an annual appraisal • receive regular supervision. 	Evidence was in place to confirm that a competency and capability assessment was in place for any staff member with the responsibility of being in charge of the home in the absence of the registered manager, and that a programme of supervision and appraisal was put in place.	Compliant

3.	18 (2) (j)	<p>The registered person must having regard to the size of the nursing home and needs of patients, keep the nursing home free from offensive odours by:</p> <ul style="list-style-type: none"> • addressing the mal-odour from the identified toilet and shower-room areas 	<p>There were no mal odours in the home at the time of this inspection.</p>	Compliant
4.	13 (7)	<p>The registered person must make suitable arrangements to minimise the risk of infections and toxic conditions and the spread of infection between patients and staff by:</p> <ul style="list-style-type: none"> • ensuring cleaning of bathroom and sluice areas meet infection control standards • ensuring bathroom and sluice areas are refurbished / re-decorated to an acceptable standard • ensuring hairdressing equipment is not stored in bathroom areas • ensuring commode receptacles are replaced when not fit for purpose 	<p>A review of the bathroom and sluice rooms found these to be maintained to a good standard with minimised risk of infections.</p>	Compliant

5.	27 (4) (d) (iii)	<p>The registered person must make adequate arrangements for the evacuation, in the event of fire, of all persons in the home and safe placement of patients/ residents by</p> <ul style="list-style-type: none"> • ensuring fire escapes are kept clear at all times 	All fire escapes were found to be kept clear of obstruction at the time of this inspection.	Compliant
6.	12 (1) (a)	It is required that the registered person ensures that the care delivered is reflective of the care planned and that it meets the individual patients assessed needs and wishes.	This particular care plan has been amended / revised accordingly to meet the patient's assessed needs and wishes.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	29	Competency and capability assessment pertaining to care assistants and ancillary staff should form part of annual appraisal and/or regular supervision.	A programme of supervision and appraisals has been put in place for care assistants and ancillary staff. However these were not reviewed on this occasion.	Not reviewed
2.	25.11	It is recommended that a review of the role of senior care assistant is undertaken to ensure that the role is clearly defined for all grades of staff regarding the care of residential clients within a nursing home.	A review of the role of the senior care assistant has been undertaken with the employment of two team leader grades to fulfil such.	Compliant

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been no notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection.

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings:	
<p>A review of patients / residents' care records found that there were individualised assessments in place of continence care needs and management of same. The care plans had supporting evidence of patient / resident and / or their representative consultation.</p> <p>Added to this, general observations of care practices found that patients / residents' personal care needs were attended to promptly and with privacy and sensitivity.</p> <p>There was also found to be adequate provision of aids and equipment in place to management this area of care.</p>	Compliant
Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	COMPLIANCE LEVEL
Inspection Findings:	
All staff have received training in continence management and there are guidance, with policies and procedures on continence management, including catheter care and stoma care.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: There is no readily available information on the promotion of continence for patients / residents and their representatives. A recommendation has been made for such information to be provided for.</p>	Not compliant
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: Discussions with the two nurses on duty confirmed that they are in receipt of up to date training in urinary catheterisation and stoma care management.</p>	Compliant

6.0 Additional Areas Examined

6.1 Patients / residents' views

The inspector met with a large number of patients / residents throughout this inspection. In accordance with their capabilities, all confirmed / indicated that they were happy with their life in the home, the provision of care, their relationship with staff and the provision of meals.

Some of the comments made included statements such as;

“I am very happy here”

“We are all well looked after”

“The staff are all very kind”

“The meals are lovely”

“You couldn't complain about a thing here”

No concerns were expressed or indicated, other than two patients / residents in the first floor level, who felt that there were shortages of staff at times.

6.2 Staff views

The inspector met with five members of staff of various grades on duty at the time of this inspection. All spoke positively about their roles and duties, the teamwork and managerial support. The only concerns expressed were in relation to staffing levels in the first floor during the evening and night periods which staff felt needed to be reviewed and were difficult to meet patients / residents' dependencies.

6.3 Relatives' views

The inspector met with one visiting relative at the time of this inspection. This relative spoke in complimentary terms about the provision of care and the kindness and support received from staff.

No concerns were expressed.

6.4 Accident / incident reports

A review of these reports from 18 October 2014, confirmed that these were managed appropriately with a monthly analysis of same carried out by the registered manager. The review indicated that there was a frequency of accidents occurring over the night duty period, which would indicate for a subsequent review of skill mix of staffing levels for this period.

6.5 General environment

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Patients / residents' facilities were found to be comfortable and accessible to avail of.

A toilet opposite the nurses' station in the ground floor level had no lock in place, which a requirement has been made to act on.

The stair well ceiling to the first floor had flaking plaster work with damp like staining, which a requirement has been made to make good.

6.6 Staffing

Staffing levels at the time of this inspection were found to be adequate to meet the needs of patients / residents' needs, as observed from general care practises.

However staff reported that there was a reduction of one care assistant from 2pm to 8pm, which left a floating support member over two floors. This reduction in staffing was reported to of occurred from June 2014, and staff declared that they felt there was an impact on the overall workload in the first floor because of this. Discussions with the registered manager regarding this confirmed that she has resolved this issue by the employment of two team leader grades, over a seven day period which will resume the overall original staffing level compliment.

The compliment of staffing on night duty consisted of one nurse and three care assistants for an overall total of forty patients / residents over two floors. This skill mix of trained staff was considered inadequate in terms of meeting the overall patient / resident dependencies and a requirement has been made for this to be reviewed accordingly.

6.7 Care practises

Discreet observations of care practices throughout this inspection, evidenced patients / residents being treated with dignity and respect. Staff interactions with patients / residents were observed to be polite, friendly, warm and supportive.

Care duties and tasks were organised and carried out in an unhurried pace.

A Sunday service was in place for patients / residents.

The supervision and assistance with the Sunday dinner time meal found this to be carried out in an appropriate manner with an appetising meal provided for in conducive surroundings.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Maria Gillespie, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
All residents have a preadmission assessment carried out and a plan of care developed to meet their needs. A full assessment is carried out following admission and includes nutritional screening using the MUST tool, pain and continence assessments. The care plan is complete within 11 days of admission.	Substantially compliant

Section B

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 5.3

- A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.

Criterion 11.2

- There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.

Criterion 11.3

- Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.

Criterion 11.8

- There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.

Criterion 8.3

- There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.

Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>All residents receive safe effective care based on their assessments. This can be either be nursing or residential care. The care plans aim to promote independence as far as possible.</p> <p>Where advice is deemed necessary referrals are made to other healthcare professionals.</p> <p>Advice and input is requested from the local tissue viability nurse and the community podiatrist when circumstances dictate. Those who wish to do so can avail of the services of a private podiatrist.</p> <p>If a resident loses over 2 kgs in any one month advice is sought from their GP in the first instance and a referral is also made to the dietician. All meals will be fortified in line with advice from the dietician and as a last resort a supplement may be requested from the GP.</p> <p>Advice will be sought from the GP if a resident has a poor oral intake on 2 consecutive days.</p>	<p>Substantially compliant</p>

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> • Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
A daily statement is made in the nursing records at least twice in every 24 hour period. Any changes in the residents condition will be fully documented and the care plan amended as necessary.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The Home agrees all plans of care in partnership with the resident, their family and with reference to the documentation received from the referring Trust. Interventions only take place using validated assessment tools. Kitchen staff are fully aware of the Nutritional guidelines and these are used to plan the menus	Substantially compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>Records are completed in line with the NMC guidelines and cover all nursing interventions and procedures. The Activities coordinator completes separate records for the activities which the resident participates in.</p> <p>A record is kept of the meals chosen by the residents from the menu on a daily basis. Special diets are catered for.</p> <p>If a resident has been assessed as being at risk then a record is kept of all food and drinks consumed. Referrals are made to the speech and language therapist and/or dietician or GP as and when required.</p>	Substantially compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.7</p> <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>The outcomes of care are recorded twice within each 24 hour period and more often if deemed necessary. All aspects of the care plans are reviewed at least monthly by the Named nurse taking into account any changes in the residents condition.</p> <p>An annual review is arranged by the Care Manager and attended by the resident (if they so wish) their relative or representative and the Named nurse/Key worker. All outcomes are agreed and recorded</p> <p>Review minutes are held in each residents individual file.</p>	Substantially compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Residents are encouraged to take part in devising their own care plan and are invited to attend all planned reviews. Any changes agreed are incorporated into the care plan and everyone is kept fully informed and up to date of progress towards specified goals.	Substantially compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>The menus are kept under constant review to ensure they meet the expected standard of nutrition. The home offers 2 choices at every meal and if necessary another option can be made available. The Home provides well balanced meals taking into account those on special diets and consistencies.</p> <p>Residents are encouraged to come to the dining room for meals but are also able to have their meals in the privacy of their own room if they wish.</p> <p>Staff spend time with those who have swallowing difficulties to ensure they have sufficient time to enjoy their meal.</p> <p>Hot and cold beverages of the residents choice are available with each meal.</p>	Substantially compliant

Section I

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 8.6

- **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.**

Criterion 12.5

- **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.**

Criterion 12.10

- **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:**
 - **risks when patients are eating and drinking are managed**
 - **required assistance is provided**
 - **necessary aids and equipment are available for use.**

Criterion 11.7

- **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.**

Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>All nurses employed by the Home are required to keep their knowledge and skills current and relevant. Training is provided for all grades of nursing and care staff and they are required to attend. The different types of diets and consistencies have been taken from the 'Dysphagia diet food texture descriptors' document, laminated and clearly displayed in both our dining rooms for easy reference.</p> <p>Following some discussion it was decided to serve the main meal of the day in the evening, with a different flavour of homemade soup every day as one of the 2 options at lunchtime. This has worked well and there has been an improvement in the stabilising of the residents weights.</p> <p>The staff are aware of the needs of the residents and act appropriately throughout the mealtimes. The Home operates a 'Protected mealtimes' policy which ensures that the residents are free to enjoy their meals at an uninterrupted, lesiurely pace.</p> <p>When a resident has a wound, for whatever reason, staff take the appropriate action by assessing the wound, grading it according to the N.I.Wound Care Formulary and if necessary seeking advice from the GP and Tissue Viability nurse. The wound will then be dressed with the correct type of dressing and the care plan will be updated accordingly. We have one Wound care link nurse in the Home who has undertaken further training in wound management and who is available for advice and training.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	<p>Substantially compliant</p>



Quality Improvement Plan

Secondary Unannounced Care Inspection

Dunanney Care Centre

2 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the Registered Manager Mrs Maria Gillespie either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20(1)(a)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(a) Ensure that at all times suitably qualified, competent and experience persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Reference to this is made in that there must be a comprehensive review of staffing levels so that;</p> <ul style="list-style-type: none"> • Levels meet the assessed dependencies of patients / residents over the evening period. • That the overall skill mixed of trained staff on night duty is adequate to meet the numbers and dependencies of patients / residents. 	One	<p>As per previous response the Home endeavoured to appoint sufficient Care Team Leaders to provide the care required by residential clients in the home over the 24hour span of duty. Recruitment challenges and resignations have frustrated these efforts. The home is seeking to appoint 154 hours of Care Team Leaders to facilitate 1 on duty every shift. This is currently in process with internal and external advertisements are in place. These staff will be trained and supported to carry out all aspects of care for the residential clients. In lieu of this and until this recruitment is concluded the home will be extending the cover provided by registered nurses to include a twilight shift on each day. This will be facilitated by inhouse provision.</p>	2 January 2015

2.	27(2)(b)	<p>The registered person shall, having regard to the number and needs of the patients, ensure that –</p> <p>(b) The premises to be used as the nursing home are of sound construction and kept in a good state of repair externally and internally.</p> <p>Reference to this is made in that;</p> <ul style="list-style-type: none"> • A lock must be put in place for the toilet door opposite the nurses' station • The stair well ceiling must be made good. 	One	Painting on landing ceiling completed and the lock for the stated toilet door has been replaced.	2 December 2014
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Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	19.3	There is information on promotion of continence available in an accessible format for patients / residents and their representatives.	One	Information is made available for residents and their representatives.	2 January 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Maria Gillespie
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	15 January 2015
Further information requested from provider			