



The **Regulation** and  
**Quality Improvement**  
Authority

**Dunanney Care Centre**  
**RQIA ID: 1439**  
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**BT36 6UW**

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**Unannounced Care Inspection  
of  
Dunanney Care Centre**

**4 June 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
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## 1. Summary of Inspection

An unannounced care inspection took place on 4 June 2015 from 09.30 to 15.30 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern. A Quality Improvement Plan (QIP) is not included in this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Dunanney Care Centre which provides both nursing and residential care.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 2 November 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Ms Maria Gillespie, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Larchwood Care Homes (NI) Ltd	<b>Registered Manager:</b> Ms Maria Gillespie
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Maria Gillespie	<b>Date Manager Registered:</b> 10 November 2014

<b>Categories of Care:</b> NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E)	<b>Number of Registered Places:</b> 40
<b>Number of Patients Accommodated on Day of Inspection:</b> 36	<b>Weekly Tariff at Time of Inspection:</b> £470 residential; £593 nursing; £35 top up fee

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

#### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### 4. Methods/Process

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

- discussion with the manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with seven patients individually and the majority of others in groups, two registered nurses, three care staff and two patient's visitors/representatives.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rotas
- staff training records
- staff competency and capability records
- staff induction records
- three care records
- a selection of policies and procedures
- incident and accident records
- care record audits

- regulation 29 monthly monitoring reports
- guidance for staff in relation to palliative and end of life care
- minutes of staff meetings.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection on 2 November 2014. The completed QIP was returned and approved by the inspector.

### 5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time	<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"> <li>• Levels meet the assessed dependencies of patients / residents over the evening period.</li> <li>• That the overall skill mixed of trained staff on night duty is adequate to meet the numbers and dependencies of patients / residents.</li> </ul>	Partially Met
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager stated in discussion that a registered nurse had been rostered on to a twilight shift up until recently. The nurse who did this shift has recently resigned and they are currently recruiting to enable this shift to continue. The manager and staff confirmed that this had been having a positive impact on the care of patients to facilitate more efficient medicine rounding and to complete care documentation.</p> <p>In discussion staff confirmed that given the needs of patients, three care assistants are required on the first floor and a review on the off duty confirmed that this was usually the case.</p>	

	Given that the twilight shift is not being filled at present this requirement has been stated for a second time.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27 (2) (b)  <b>Stated:</b> First time	<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"> <li>• A lock must be put in place for the toilet door opposite the nurses' station</li> <li>• The stair well ceiling must be made good.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> An inspection of the premises confirmed that these issues had been addressed.</p> <p>This requirement has been met.</p>	<b>Met</b>
<b>Last Care Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19.3  <b>Stated:</b> First time	<p>There is information on promotion of continence available in an accessible format for patients / residents and their representatives.</p> <p><b>Action taken as confirmed during the inspection:</b> Information regarding continence promotion is available to patients and their representatives.</p>	<b>Met</b>

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. The majority of staff had signed to state that they had read this policy.

A sample of training records evidenced that staff had not completed training in relation to communicating effectively with patients and their families/representatives. However, nursing staff were able to demonstrate their ability to communicate with patients and their representatives.

#### Is Care Effective? (Quality of Management)

Care records reflected patient individual needs and wishes regarding the end of life care. Recording within records included reference to the patient's specific communication needs, including sensory and cognitive impairments.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by providing time and privacy to discuss concerns and documenting discussions.

#### Is Care Compassionate? (Quality of Care)

Discussion with staff and the manager confirmed that staff delivered bad news sensitively and effectively. They emphasised the importance of building trusting, professional relationships with patients and their representatives and ensuring that patients were well supported by their family as appropriate.

Consultation with patients and two patient representatives confirmed that they had good relationships with the staff and were kept well informed regarding their loved ones' condition.

Staff were observed to be responding to patients promptly and in a dignified manner. Relationships between staff and patients were observed to be very relaxed and friendly.

#### Areas for Improvement

There were no requirements or recommendations made under this standard.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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#### **5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

##### **Is Care Safe? (Quality of Life)**

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes (2013).

Training records could not evidence that staff were trained in the management of death, dying and bereavement. However, staff consulted were very knowledgeable and confident regarding the important aspects of palliative and end of life care.

Discussion with staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services, although they were no referrals required at present.

Discussion with the manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or medications was in place and discussion with staff confirmed their knowledge of the protocol.

Nursing staff confirmed that they had undertaken training in the McKinley syringe drivers. If required the syringe driver devices were loaned by the Trust and staff were supported by the district nurses.

A palliative care link nurse has been identified.

##### **Is Care Effective? (Quality of Management)**

A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. These discussions tended to be recorded in advanced care plans or in the communication records. There were, however, no specific care plans in place for end of life care once these arrangements had been discussed with the patients and their family.

A key worker/named nurse was identified for each patient approaching end of life.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year confirmed that these had been appropriately reported.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Relatives were offered a comfortable chair and bedding if staying overnight. They were also given regular drinks and snacks as required. Staff confirmed that they were made very welcome and as comfortable as possible.

From discussion with the manager and staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death by attending memorial services if they so wished.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included the support of the team and the manager as required.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included Macmillan cancer care leaflets and advice regarding terminal illness and bereavement.

### **Areas for Improvement**

A recommendation has been made that end of life care and death arrangements should be discussed with patients and their representatives and documented in their care plan, where appropriate.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.5 Additional Areas Examined

### 5.5.1. Comments of Patients, patients' representatives and staff

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued. All comments were generally positive. Some comments received are detailed below.

#### Patients

Patients were unable to complete the questionnaires but comments made in discussion included:

"I would maybe fall and have to call staff. They always come quickly"

"The staff are very nice."

"I have no complaints. I couldn't say anything about them."

"I have been in a lot of homes and this is the best home I have ever been in."

#### Patients' Representatives

No representatives completed questionnaires but two relatives consulted stated that their loved one was very happy in the home and they commented that they had never seen them as content and settled. They confirmed that staff were friendly and any complaints were handled promptly.

#### Staff

No staff completed questionnaires but those consulted were generally happy working in the home and commented on the good teamwork and the support of the manager. When asked about staffing in the home all confirmed that having a registered nurse on the twilight shift was a great help but they were having difficulty covering this at present. A previous requirement made in this regard has been stated for the second time. All staff confirmed that three care assistants were required on the first floor during the day as patients required supervision at all times. A review of the duty rota confirmed that this was usually the case. A number of staff commented on the benefit of now having a permanent manager in post.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Maria Gillespie, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

## **6.1 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 (Northern Ireland) 2005.

## **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> Second time  <b>To be Completed by:</b> 2 September 2015	The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –  (c) 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.  Reference to this is made in that there must be a comprehensive review of staffing levels so that; <ul style="list-style-type: none"> <li>• Levels meet the assessed dependencies of patients / residents over the evening period.</li> <li>• That the overall skill mixed of trained staff on night duty is adequate to meet the numbers and dependencies of patients / residents.</li> </ul>
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Vacant staff nurse post remains widely advertised along with ongoing activity to support the recruitment of Nurse / bank nurses for twilight covers.

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time  <b>To be Completed by:</b> 1 September 2015	The registered persons should ensure that end of life care and death arrangements are discussed with patients and their representatives and documented in their care plan, where appropriate.
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Primary nurses will ensure discussions on end of life care and death arrangements with patients and representatives are documented into patients care plans.

<b>Registered Manager Completing QIP</b>	Maria Gillespie	<b>Date Completed</b>	1 <sup>st</sup> July 2015
<b>Registered Person Approving QIP</b>	Ciaran Sheehan	<b>Date Approved</b>	7 <sup>th</sup> July 2015
<b>RQIA Inspector Assessing Response</b>	Karen Scarlett	<b>Date Approved</b>	8/7/15

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**

Please provide any additional comments or observations you may wish to make below: