

Unannounced Care Inspection Report 7 February 2017



Dunanney Care Centre

Type of Service: Nursing Home
Address: 12 Glebe Road, Newtownabbey, BT36 6UW
Tel no: 028 9084 9349
Inspector: James Laverty

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Dunanney Care Centre took place on 7 February 2017 from 09.40 to 17.20 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The acting manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. Staff were knowledgeable in relation to their specific roles and responsibilities. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. A review of the home confirmed that the premises were generally well maintained. The home was noted to be clean, clutter free and appropriately warm. A stair gate which was at the top of one flight of stairs was in a state of disrepair but was removed for replacement during the inspection. A patient hoist and sling was observed to be stored inappropriately and not in adherence with necessary infection prevention and control measures. One recommendation has been made in relation to this issue in order to drive improvement.

Is care effective?

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as G.P.s, dieticians and speech and language therapists (SALT). All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Weaknesses were identified in the delivery of effective care specifically in relation to the use of restrictive practices. Two recommendations have been made in relation to this issue in order to drive improvement.

Is care compassionate?

The interpersonal contact between staff and patients was observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients and members of staff spoken with confirmed that patients were listened to, valued and communicated with in an appropriate manner. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The acting manager confirmed that there are systems in place to ensure that the views and opinions of patients and/or their representatives are sought and taken into account in all matters affecting them. There was evidence of a high standard of compassionate care being delivered.

No requirements or recommendations were made under this domain.

Is the service well led?

There is currently an acting manager in post. Discussion with the acting manager and responsible person confirmed that it is their intention to proceed with registration with RQIA.

Discussion with staff evidenced that there was a clear organisational structure within the home. There were systems in place to monitor and report on the quality of nursing and other services provided.

Discussion with the acting manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff members and trust representatives.

No requirements or recommendations were made under this domain.

The term 'patients' is used to describe those living in Dunanney Care Centre which provides both nursing and residential care.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Julie McGlinchey, acting manager and Mr Christopher Walsh, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 December 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) Ltd Mr Christopher Walsh	Registered manager: See Box Below
Person in charge of the home at the time of inspection: Julie McGlinchey	Date manager registered: Julie McGlinchey Acting – no application received
Categories of care: NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E)	Number of registered places: 40

3.0 Methods/processes

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

Prior to inspection we analysed the following information:

- 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 plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with nine patients, two registered nurses, four care staff, one maintenance staff, one activity therapist and two catering staff.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following information was examined during the inspection:

- five patient care records
- staff duty rotas for the period 30 January to 12 February 2017
- staff training records
- accident and incident reports
- complaints records
- a sample of audits
- minutes of staff meetings
- minutes of patients/relatives meetings
- induction and orientation records for agency registered nurses
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 December 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector and will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 26 April 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (3) Stated: First time	The registered person must ensure that a competency and capability assessment is carried out with any nurse, including an agency registered nurse, who is given the responsibility or being in charge of the home for any period in the absence of the manager.	Met
	Action taken as confirmed during the inspection: A competency and capability assessment had been conducted on registered nurses given the responsibility of being in charge of the home in the absence of the manager. This included an induction file for agency nursing staff.	
Requirement 2 Ref: Regulation 27 (b) (d) Stated: First time	The registered person must ensure that all bathrooms and shower rooms are kept clean and in a good state of repair.	Met
	Action taken as confirmed during the inspection: A review of a sample of bathrooms and shower rooms within the home found them all to be clean and in a good state of repair.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 4 Stated: First time	The registered person should ensure that entries made in records are dated, timed and signed. Time entries should be recorded in a consistent manner.	Met
	Action taken as confirmed during the inspection: A review of five patients' care records evidenced that all entries had been dated, timed and signed in a consistent manner.	
Recommendation 2 Ref: Standard 41 Stated: First time	The registered person should ensure that records of staff meetings are kept and include minutes of the discussions and any actions agreed.	Met
	Action taken as confirmed during the inspection: Records of staff meetings were available and included minutes of topics discussed and actions agreed.	
Recommendation 3 Ref: Standard 16 Stated: First time	The registered person should ensure that complaints are investigated and responded to within 28 days. Records should be kept to include all communications, the result of any investigation, the action taken and the outcome for the complainant.	Met
	Action taken as confirmed during the inspection: Complaints records were reviewed and confirmed that complaints were investigated and responded to within 28 days. Appropriate records were maintained in relation to the details of the complaint.	
Recommendation 4 Ref: Standard 16 Stated: First time	The registered person should ensure that complaints are analysed on a monthly basis to improve the quality of services and any learning is disseminated.	Met
	Action taken as confirmed during the inspection: There was evidence of a monthly analysis of complaints. Discussion with the acting manager confirmed that this helped to improve the quality of services and inform patient care.	

<p>Recommendation 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person should ensure that a system is established to assure compliance with best practice in infection prevention and control within the home.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Examination of available records and discussion with the acting manager confirmed that there was an ongoing monthly audit of housekeeping services which the acting manager used to monitor and action outstanding housekeeping matters.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered person should ensure that falls are consistently reviewed on a monthly basis to identify any patterns or trends and appropriate action taken. This should include a facility to identify patients who fall frequently.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Examination of available records and discussion with the acting manager confirmed that falls within the home are reviewed on a monthly basis to identify trends and take appropriate action.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person should ensure that actions identified during the monthly quality monitoring visits are carried forward for review at subsequent visits to ensure that issues have been appropriately addressed.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Examination of available records confirmed that action plans from each monthly quality monitoring visit were carried forward for review at the subsequent quality monitoring visit to help ensure that all matters were appropriately addressed.</p>		

4.3 Is care safe?

The acting manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met.

A review of the staffing rota for weeks commencing 30 January 2017 and 6 February 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with patients confirmed that they had no concerns regarding staffing levels. The majority of staff raised no concerns in relation to staffing levels. However, one staff member stated that there was “not enough staff at night” although stated that this did not impact negatively upon patient care.

The acting manager provided evidence of an induction pro forma for registered agency nursing staff which could be used when necessary although no agency nursing staff were observed on the duty rotas for the period reviewed. Records also confirmed that there were out of hours and on-call arrangements in place should there be any queries or concerns.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were being met. Additional training was provided as required to meet the assessed needs of the patients. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual’s monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The acting manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

An inspection of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients’ bedrooms, lounges and dining rooms were found to be well decorated, warm and comfortable. Fire exits and corridors were observed to be clear of clutter and any obstruction. The majority of patients’ bedrooms were personalised with photographs, pictures and personal items.

However, during a review of a bathroom on the ground floor, it was observed that a patient hoist and sling were inappropriately stored. This was discussed with the acting manager and a recommendation was made to ensure that all moving and handling equipment was maintained and stored in adherence with best practice guidance on infection prevention and control.

Areas for improvement

Areas for improvement were identified in relation to the storage of moving and handling equipment in adherence with best practice guidance on infection prevention and control.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as G.P.s, dieticians and SALT.

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Discussion with the acting manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. A review of records also evidenced that patient and/or relatives meetings were held regularly and that minutes were available. However, it was observed that the minutes from the most recent resident's meeting held on 27 January 2017, failed to record who chaired the meeting or which staff member acted as minute taker. This matter was discussed with the acting manager who agreed that these points should be clearly referenced in the minutes of all future meetings within the home. Patients confirmed that they were aware of the dates of the meetings in advance.

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

Weaknesses were identified with regards to the use of restrictive practices. One patient's care records which indicated that a pressure mat was in use in order to alert staff when the patient was mobilising without supervision was reviewed. The care records did not include a relevant care plan, risk assessment or record of either patient consent being obtained or collaboration with the patient's representatives. The care records of two other patients, for whom a pressure mat was also used, did contain relevant care plans which referenced the restrictive intervention. However, there was no clear evidence of any consideration being given to the patients' capacity to consent to the intervention. There was also no record showing that the intervention had been appropriately risk assessed so as to ensure that the restrictive practice was necessary and proportionate. The care records of a fourth patient, for whom a pressure mat was also used for the same purpose, did refer to the use of a pressure mat but contained no evidence of any collaboration with either the patient, their representatives or the multidisciplinary team.

Areas for improvement

The registered provider should ensure that where restraint or restrictive practices are being employed, relevant care plans should reflect this and demonstrate how the intervention(s) being implemented is necessary and proportionate.

The registered person should ensure that where restraint or restrictive practices are being employed by staff, relevant risk assessments which evidence that the intervention is necessary and proportionate, should be in use and regularly reviewed. Patient consent and/or evidence of best interest procedures should also be recorded in patient's care records.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their

comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

“I like it here.”

“Everybody’s very kind.”

“The staff treat you beautifully.”

“Staff are always here if you need them.”

Staff generally demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence of good staff morale and a clear sense of teamwork with several staff stating that they felt extremely well supported by the acting manager.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and 5 for patients. At the time of writing this report one relative had returned their questionnaire. The questionnaire evidenced a high level of satisfaction with the quality of care provided within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the acting manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Discussion with the acting manager and responsible person confirmed that it was their intention to proceed with an application to become registered manager.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the acting manager confirmed that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. However, following a review of the minutes taken during a residents' meeting conducted on 27 January 2017, it was observed that one complaint had been raised by a patient and although discussion with the acting manager confirmed that the issue had been satisfactorily resolved, it had not been appropriately recorded in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005. It was agreed that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the acting manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the acting manager and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, infection prevention and control, environment, complaints, incidents/accidents.

Discussion with the acting manager and review of records evidenced that monthly monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement.

Areas for improvement

No areas for improvement were identified during the inspection although it was highlighted to the acting manager that all complaints should be recorded in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie McGlinchey, acting manager and Mr Christopher Walsh, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The acting 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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements – No requirements stated.

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 7 March 2017</p>	<p>The registered person should ensure that all moving and handling equipment is stored within the home in adherence with best practice guidance on infection prevention and control.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: The moving and handling equipment will be stored appropriately within the home to ensure best practice guidance on infection control</p>
<p>Recommendation 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 7 March 2017</p>	<p>The registered person should ensure that where restraint or restrictive practices are being employed, relevant care plans should reflect this and demonstrate how the intervention(s) being implemented is necessary and proportionate.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: All nurses informed that when restrictive practices are being employed the relevant careplans have to reflect and demonstrate that the intervention implemented is necessary.</p>
<p>Recommendation 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 7 March 2017</p>	<p>The registered person should ensure that where restraint or restrictive practices are being employed by staff, relevant risk assessments which evidence that the intervention is necessary and proportionate, should be in use and regularly reviewed. Patient consent and / or evidence of best interest procedures should also be recorded in patient's care records.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: All nurses informed to ensure risk assessments for restrictive practices are in use and reviewed on a monthly basis or earlier as required. The relevant consent and discussion with care managers will be recorded in the patients care records.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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