



Unannounced Care Inspection Report 10 February 2020



Dunanney Care Centre

Type of Service: Nursing Home

Address: 12 Glebe Road, Newtownabbey, BT36 6UW

Tel No: 028 9084 9349

Inspectors: James Lavery and Mandy Ellis

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual(s): Mr Christopher Walsh	Registered Manager and date registered: Emma O'Hagan – Registration pending
Person in charge at the time of inspection: Emma O'Hagan	Number of registered places: 40 There shall be a maximum of 3 named residents receiving residential care in category RC-I and 1 named residents receiving residential care in category RC-MP (E).
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 29

4.0 Inspection summary

An unannounced inspection took place on 10 February 2020 from 10.10 hours to 17.30 hours.

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

The inspection assessed progress with all areas for improvement identified in the home 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.

Evidence of good practice was found in relation to staffing arrangements, the personalisation of patients' bedrooms, staff interaction with patients, the dining experience of patients, complaints management and monthly monitoring reports.

Areas requiring improvement were identified in regard to infection, prevention and control (IPC) practices and staff supervision and appraisal. Areas for improvement were stated for a second time in relation to the management of patients requiring a fluid restriction and the use of medicines audits.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	2

*The total number of areas for improvement includes one under regulation and one under the standards which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Emma O'Hagan, Manager, and Chris Walsh, Operations Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 20 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 20 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined and/or discussed during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff supervision / appraisal records
- incident and accident records
- 4 patients' care records
- 8 patients' care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits/records
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered manager shall ensure that medicine refrigerator temperatures are maintained between 2°C - 8°C to ensure that medicines are stored at the manufacturers' recommended temperature.	Met
	Action taken as confirmed during the inspection: A review of medicine refrigerator records confirmed that refrigerator temperatures had been maintained between 2°C - 8°C. We confirmed that there is now a system in place to monitor the temperature of the medicine refrigerators on a daily basis.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff monitor, record and meaningfully review the fluid intake of patients in a timely manner. This specifically relates to any patients who require a restriction of their daily fluid intake.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of one patient's records evidenced that their daily fluid intake had been inadequately and inconsistently monitored, recorded and reviewed; this is discussed further in section 6.4.</p> <p>This area for improvement has not been met and is stated for the second time.</p>	<p>Not met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the reason for and outcome of administration of "when required" medicines for the management of distressed reactions is recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of one patient's records evidenced that this area for improvement has been met; this is further discussed in section 6.4.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the following in regards to the management of patients who require assistance with repositioning and pressure area care:</p> <ul style="list-style-type: none"> all supplementary repositioning records shall be completed in an accurate, legible, comprehensive and contemporaneous manner at all times daily nursing entries will evidence regular and meaningful evaluation of patients' pressure area care. Any identified problems relating to patients' skin will be appropriately actioned and care planned, as necessary <hr/> <p>Action taken as confirmed during the inspection: Patients' care records examined evidenced this area for improvement has been met and is further discussed in section 6.4.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered manager shall implement a robust audit tool to evidence that medicines are being administered as prescribed.</p> <hr/> <p>Action taken as confirmed during the inspection: The manager advised that a medicines audit is completed on a monthly basis. However, review of a sample of these audits highlighted that they were not completed robustly.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an accurate and transparent itemised list of all agreed services and facilities over and above the general services and facilities is included in each patient's individual agreement.</p> <p>The registered person shall provide this information to all patients or their representatives within one month of the date of the inspection and ensure that a copy of this information (as provided to the patient or their representative) is attached to each patient's individual agreement held on file.</p> <hr/> <p>Action taken as confirmed during the inspection: We reviewed a sample of patients' financial records and found that further improvement was required. The responsible individual confirmed with RQIA following the inspection that all patients' financial records had been suitably updated and that appropriate communication had been made with patients/relatives, as needed.</p>	<p>Met</p>

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

On arrival to the home we were greeted by the manager. Staffing levels for the day was discussed with the manager and no concerns were raised by patients, relatives or staff in regard to staffing levels.

Feedback from staff evidenced that they could speak to the manager or their line manager if they had a concern. Staff spoke positively about working within the home; staff comments included:

“The manager is very friendly and helpful.”

“The manager is really approachable.”

We discussed with the manager how staff are supported by means of regular supervision and appraisal. Review of governance records and feedback from the manager highlighted that further improvement was required in regard to this aspect of staff management. An area for improvement was made.

An inspection of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout. Patients’ bedrooms had been individualised with pictures, family photographs and ornaments. Fire exits and corridors were observed to be clear and free of clutter and obstruction. It was agreed with the manager that thickening agents should be maintained in a secure area at all times.

We reviewed infection, prevention and control practices within the home and noted the following deficits: the paint on several radiator covers was chipped and worn; a number of soap and towel dispensers on both the ground and upper floor were ineffectively cleaned; a crash mat on the upper floor was stained; and the carpet within the ground floor nurses’ station needed to be replaced. All these issues were discussed with the manager and the operations manager who agreed to address them. An area for improvement was made. It was noted that Personal Protective Equipment (PPE) was worn appropriately by staff and PPE was readily available for the staff.

We observed that one patient required the use of oxygen therapy within their bedroom; however, there was no appropriate signage in place to advise other patients/visitors that oxygen was in use. This was brought to the manager’s attention and a sign was clearly displayed on the bedroom door by the end of the inspection.

Areas of good practice

Areas of good practice were found in regard to staffing levels and the personalisation of patients’ bedrooms.

Areas for improvement

Areas for improvement were highlighted in regard to infection, prevention and control, and staff supervision/appraisal.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Observation of the care delivery and daily routine in the home evidenced that the patient care needs were met in a timely manner. Staff confirmed they had a comprehensive handover at the commencement of their shift, and stated that teamwork is good within the home.

Further comments from staff included:

“I like working here very much!”

“We all work together”

“I like this home”

Patients spoken to felt there were enough staff on duty and that the staff were kind and polite to them.

Patients’ relatives were spoken to and comments received included:

“We are happy with the care and hygiene of the home.”

“There are always plenty of staff around.”

We reviewed the records for one patient who required a daily fluid restriction. It was noted that there was conflicting information within existing care plans as to the daily fluid restriction amount. Inconsistencies were also found in the daily totalling for the fluid intake, and in the registered nurses’ oversight and review of the patient’s daily fluid intake. An area for improvement was stated for the second time.

We also looked at one patient’s care records who required medication for distressed reactions; these records clearly indicated when the medication was required and also evidenced the patient outcomes following administration of the medication.

Observation of one staff member highlighted that they effectively and compassionately managed the behaviour of one patient which may be challenging.

Records reviewed in respect of wound care/ pressure area care for one patient evidenced that preventative measures were in place. Repositioning charts were completed clearly and consistently and evidenced the care which had been delivered. Review of the patient’s daily progress notes provided assurance that nursing staff had effective oversight of these aspects of the patient’s care delivery.

Areas of good practice

Areas of good practice were found in regard to staff communication and staff interaction with patients.

Areas for improvement

One area for improvement was stated for a second time in relation to the management of patients on a fluid restriction.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate and caring. The patients were treated with dignity and respect. The patients commented positively on the staffs' ability to deliver their care and respond to their needs.

A new activity co-ordinator has been employed since the last inspection. This staff member told us about their plans for activities in the next few months and the development of their role. They commented that they felt "fully supported by the home management and staff." The activity organiser spoke passionately about wanting to develop their role further and recognised the value of spending time with patients both in an individual and group setting. It was agreed with the manager that they will regularly review the provision of activities with this staff member in order to develop this role and quality assure service delivery to patients.

While patients appeared comfortable in their surroundings, the first floor lounge area was found to be lacking in stimulation during the morning of the inspection; we observed that during this part of the day the activities co-ordinator was assisting with the storage of incontinence products on the first floor. This was discussed with the activity organiser and manager who agreed that the activity organiser's working pattern must be optimised at all times for the benefit of patients.

In the afternoon, a singer provided the entertainment in the first floor lounge and it was encouraging to see patients brought from downstairs to join in. Noticeboards in the home displayed activities for the week, hairdressing information and thankyou cards from families.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in the entrance to the home. There is currently an acting manager who is awaiting registration with RQIA. It was agreed that this application will be progressed as soon as possible. Discussion with staff and observations within the home confirmed the home was operating within the categories of care for which it is registered.

Discussion with staff evidenced there was a clear organisational structure within the home and staff spoke positively about the new manager. Further discussions with staff assured us that they knew how to respond to safeguarding concerns and were fully aware of the home's safeguarding procedure.

We observed that there was a system in place for managing complaints and this was clearly displayed in each patient's bedroom.

A review of records evidenced that there were systems in place to monitor and report on the quality of nursing and other services for example, weight loss audit, bed rail audit, pressure ulcer audit. It was noted that two of these audits were carried out using an out of date pro forma; this was discussed with the manager and the operations manager who agreed to ensure that the correct pro forma was used going forward.

Review of governance records also evidenced that accidents and incidents were audited on a monthly basis to help the manager identify and address any relevant trends/patterns. The need to ensure that these audits are accurate at all times was stressed.

Monthly monitoring reports were completed and action planned in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

It was noted that there were effective arrangements in place for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council and the care staff with the Northern Ireland Social Care Council.

Areas of good practice

Areas of good practice were found in regard to complaints management and monthly monitoring reports.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Emma O'Hagan, Manager and Chris Walsh, Operations Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff monitor, record and meaningfully review the fluid intake of patients in a timely manner. This specifically relates to any patients who require a restriction of their daily fluid intake.</p> <p>Ref: 6.1 & 6.4</p> <p>Response by registered person detailing the actions taken: From completing supervisions with Manager staff nurses are now aware of the need to add in fluid intake into daily communications twice daily. All staff nurses are now aware of this prescription of care to a specific resident. Home Manager will be monitoring this daily.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Home manager has completed a new audit for crash mats and alarm mat in relation to the cleaning of these. In regards to the soap dispensers the housekeeper is keeping daily records and monitoring these on a daily basis. New carpets have been requested for nurses stations and will be renewed in the near future, awaiting contractor dates.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: Second time</p> <p>To be completed by: 20 June 2019</p>	<p>The registered manager shall implement a robust audit tool to evidence that medicines are being administered as prescribed.</p> <p>Ref: 6.1 & 6.6</p> <p>Response by registered person detailing the actions taken: Home manager has put new audits in place. By liasing with pharmacy a better auditing system is in place to ensure that actions from audits are being completed</p>
--	--

<p>Area for improvement 2</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2020</p>	<p>The registered person shall ensure staff are supervised and their performance appraised to promote the delivery of quality care and services. This should take place at least bi- annually with a yearly supervision schedule planned.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The home manager has put both supervisions and appraisal planners in place and commenced late february 2020. Supervisions are based on promoting the best practise and promoting high quality care.</p>
--	--

Please ensure this document is completed in full and returned via Web Portal



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care