

Unannounced Care Inspection Report 5 November 2020



Dunanney Care Centre

Type of Service: Nursing Home

Address: 12 Glebe Road, Newtownabbey, BT36 6UW

Tel No: 028 9084 9349

Inspector: 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 nursing home registered to provide nursing care for up to 40 persons.

3.0 Service details

<p>Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd</p> <p>Responsible Individual: Mr Christopher Walsh</p>	<p>Registered Manager and date registered: Veronica Sousa – Acting Manager</p>
<p>Person in charge at the time of inspection: S/N Ancy Matthews 08.00 – 14.00 S/N Mary Braithwaite 14.00 – 20.00</p>	<p>Number of registered places: 40</p> <p>There shall be a maximum of 3 named residents receiving residential care in category RC-I and 1 named residents receiving residential care in category RC-MP (E).</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 27</p>

4.0 Inspection summary

An unannounced inspection took place on 5 November 2020 from 09.20 to 17.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements

The findings of this report will provide Dunanney Care Centre 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	4*	2*

*The total number of areas for improvement includes one area under the regulations which has been partially met and is stated for the second time and two areas under the standards which have been carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Veronica Sousa, Manager, Chris Walsh, Operations Manager, Ciaran Burke, Operational support manager and Nuala Green, Managing Director, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with three patients, and ten staff. Ten questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Two completed questionnaire from a patients' relatives were received; the responses were complimentary about the care in Dunnanney Care Centre, the details of the responses were shared with the manager. No responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 26 October 2020 to 2 November 2020
- the home's registration certificate
- four patients' care records
- eight patients' supplementary care charts
- two staff recruitment files
- complaints records
- incident and accident records
- a sample of monthly monitoring reports

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or carried forward for review at a future inspection.

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection undertaken on 10 February 2020.

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 (1) (a)(b) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of records confirmed an appropriate care plan was in place if a fluid restriction is recommended. Consistent daily recording of fluid intake was maintained.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	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.	Partially Met
	Action taken as confirmed during the inspection: The infection prevention and control issues from the previous care inspection had been partially addressed. Soap and towel dispensers were clean. The replacement carpet for the nurses' station has been ordered but remained unfitted due to Covid-19 restrictions. Several crash mats were observed to be stained and required more effective cleaning. This area for improvement was assessed as partially met and will be stated for the second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 40 Stated: Second time	The registered manager shall implement a robust audit tool to evidence that medicines are being administered as prescribed.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 40 Stated: First time	The registered person shall ensure staff are supervised and their performance appraised to promote the delivery of quality care and services. This should take place at least bi-annually with a yearly supervision schedule planned.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Staffing arrangements

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. Staff did not express any concerns regarding staffing levels.

A review of the staff duty rota from 26 October 2020 to 2 November 2020 evidenced that the planned staffing levels were adhered to. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with commented positively about working in the home; comments included:

- "I love it here."
- "I like my job."
- "Things are great."

6.2.2 Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up in the lobby enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors, including the inspector, had a temperature check on arrival at the home.

The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home.

Vinyl gloves were observed in PPE stations and in use for patient care; this was discussed with the operations manager for action as vinyl gloves are not recommended and are less effective in the clinical setting than other latex type gloves. This will be included in the area for improvement in regard to infection prevention and control.

6.2.3 Infection Prevention and Control (IPC) and the Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

Measures had been put in place to maintain social distancing for patients where possible. Seating in the lounge and dining rooms had been arranged in such a way as to allow adequate social distancing.

Some deficits were noted in regard to the cleanliness of the environment. The underside of hand sanitiser units were noted to be congealed with sanitising gel and required cleaning. This was brought to the attention of staff and immediate action was taken to resolve the issue. It was discussed with the manager how the cleaning of these items should be added to the cleaning schedule to prevent recurrence. This will be reviewed at a future inspection.

We observed wheelchairs throughout the home and two domestic trollies in use that required a more effective clean. Several crash mats and bed rail protectors were also identified as needing a more thorough clean. Crash mats had been identified as an area requiring improvement from the last care inspection; therefore a new infection prevention and control area for improvement will be stated to include the cleaning of crash mats and the other deficits identified from this inspection.

Patients had a twice daily temperature check; a record of this was maintained. Staff had a temperature check prior to commencing their shift. It was encouraging to note that the inspector was also required to undergo a temperature check upon arrival to the home.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff.

Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- “The staff are very good.”
- “I have no issues.”

Thank you cards were tastefully displayed to ensure all staff were aware of thanks and compliments received; written comments included:

- “A big thank you to everyone for all your help and kindness during my stay in Dunanney.”
- “Thank you for your care, kindness and nursing shown to mummy in her final year.”

We observed the serving of the lunch time meal. We saw that staff attended to the patients’ needs in a prompt, caring manner and that staff wore the appropriate PPE. The tables were set and condiments were available. Patients were offered a selection of drinks and the menu was on display. The food served looked and smelt appetising.

Review of four patients’ care records evidenced that care plans and risk assessments were in place to direct the care required and reflected the assessed needs of the patients. However, some of the care plans and risk assessments reviewed did not evidence consistent timely recording or review. Specific examples were discussed with the manager and an area for improvement was identified in respect to care documentation.

Eight supplementary care records were also reviewed in relation to food and fluid intake and repositioning. The repositioning charts were accurately recorded. The fluid intake records were consistently recorded; however, staff documented and keep a running total of the fluid intake but omitted to transfer the 24 hour total to the identified area on the chart. It was discussed with the manager to address with staff to ensure the 24 hour total is added to the appropriate section of this documentation. This will be reviewed at a future inspection.

6.2.5 Governance and management arrangements

A sample of governance audits reviewed evidenced that the management maintained a good level of oversight in the home. Audits generated action plans with timeframes that highlighted areas for improvement and there was evidence that the deficits identified were addressed, as required.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

A review of the accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies. However, the review of these records identified a number of accidents and incidents where RQIA had not been appropriately notified. The specific examples were discussed with the manager and an area for improvement was identified.

Areas of good practice

Areas of good practice were identified in relation to care delivery and staff interaction with patients.

Areas for improvement

Three new areas for improvement were identified in relation to the effective cleaning of specific items, care documentation and Regulation 30 notifications.

	Regulations	Standards
Total number of areas for improvement	3	0

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. Staff promptly responded to patients' individual needs.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Veronica Sousa, Manager, Chris Walsh, Operations Manager, Ciaran Burke, Operational Support Manager and Nuala Green, Managing Director, 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	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: <ul style="list-style-type: none"> • the cleanliness of crash mats Ref: 6.3 & 6.2.3
	Response by registered person detailing the actions taken: Crash mats to be checked daily, cleaned as needed and cleaning schedule put in place
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 7 November 2020	The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: <ul style="list-style-type: none"> • the use of vinyl gloves for direct patient care • the cleanliness of bed rail protectors • the cleanliness of wheelchairs • the cleanliness of domestic trollies Ref: 6.2.3
	Response by registered person detailing the actions taken: Vinyl gloves no longer in use for direct patient care and replaced with nitrile gloves Cleaning schedules of bed rail protectors have been introduced for daily completion. Wheelchair cleaning schedule has been commenced with every wheelchair scheduled to be cleaned at least once a week. Cleaning of domestic trollies including in domestic cleaning schedule for weekly action
Area for improvement 3 Ref: Regulation 15 (2) (a)(b) Stated: First time To be completed by: 7 November 2020	The registered person shall ensure care plans and risk assessments are kept up to date and are reviewed regularly. Ref: 6.2.4
	Response by registered person detailing the actions taken: Care file audits carried out monthly and disciplinary action being taken with staff members who fail to comply with time frame given for its completion.

<p>Area for improvement 4</p> <p>Ref: Regulation 30(1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that, where appropriate, accident, incidents or other events are reported to RQIA.</p> <p>Ref: 6.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Manager has reviewed reporting of accidents and incidents and notifications will be sent as required going forward</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: 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> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



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