



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Dungannon**

10 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 10 March 2016 from 10 20 to 15 40 hours.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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 9 October 2015.

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

*The total number of recommendations include one recommendation stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Acting Manager Ms Patricia Graham as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Healthcare	Registered Manager: Registered manager post vacant. Acting Manager Patricia Graham
Person in Charge of the Home at the Time of Inspection: Patricia Graham	Date Manager Registered: Acting management arrangement in place from 24 November 2015.
Categories of Care: NH-LD, NH-LD(E)	Number of Registered Places: 36
Number of Patients Accommodated on Day of Inspection: 29	Weekly Tariff at Time of Inspection: £593.00 - £637.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

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

- discussion with the acting manager
- discussion with staff
- discussion with patients
- review of records
- observations during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

We met with six patients individually, and with the majority of others in groups, two registered nurses, one senior care staff, six care staff, the personal activity leader (PAL) and the administrator.

The following records were examined during the inspection:

- seven patient care records including care charts
- three patients' medicines administration sheets
- staff training records
- staff duty rosters
- incident and accident records.

4. The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Dungannon was an announced finance inspection dated 27 October 2015. The completed QIP was returned and approved by the finance inspector.

4.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 39.4 Stated: First time	It is recommended that training for registered nurses in relation to communicating effectively to identify end of life care needs is provided.	Met
	Action taken as confirmed during the inspection: A review of training records evidenced that training on end of life care, including communicating effectively, was delivered on 2 and 10 December 2015. This recommendation has been met.	
Recommendation 2 Ref: Standard 36.2 Stated: First time	It was recommended that when the updated Palliative and End of Life Care manual is issued by Four Seasons Health Care that staff receive an induction/training on the content to ensure that staff knowledge and care delivery is reflective of best practice in palliative and end of life care.	Met
	Action taken as confirmed during the inspection: The acting manager confirmed that an introduction to the updated Palliative and End of Life Care manual was included in the training delivered on 2 and 10 December 2015. This recommendation has been met.	
Recommendation 3 Ref: Standard 33.2 Stated: First time	It is recommended that do not attempt resuscitation directives (DNAR) recorded in hospital should be reviewed with the patient (where appropriate) relatives and relevant healthcare professional on readmission to the home.	Met
	Action taken as confirmed during the inspection: The two registered nurses spoken with were knowledgeable regarding the management of DNAR orders and the need to review these with the patient (where appropriate) relatives and relevant healthcare professional on readmission from hospital. This recommendation has been met.	

<p>Recommendation 4</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p>	<p>It is recommended that further opportunities, to discuss end of life care, should be created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients'.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Three patients care records reviewed contained evidence that end of life care had been discussed. Care plans were in place. This recommendation has been met.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 6.11</p> <p>Stated: First time</p>	<p>It is recommended that the current system for ordering patients' toiletries is reviewed to ensure that patients have toiletries available to meet their needs.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We observed that patients had a variety of toiletries available in their bedrooms. Staff spoken with confirmed that the availability of toiletries had improvement following the previous inspection. This recommendation has been met.</p>		

<p>Recommendation 6</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p>	<p>It is recommended that the administration of laxative medication prescribed on an “as required” basis is reviewed to ensure that laxatives are administered in response to patient need. The records of bowel movements should be checked prior to each administration.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Care s tuff spoken with expressed concern that patients continued to regularly experience type 6 and type 7 bowel motions. It was the opinion of staff that this was due to poor management of laxatives. We reviewed three patients care records and medicine administration sheets. Two patients’ laxative medications were being managed appropriately. The third patient’s laxatives prescribed on an “as required” basis were not being administered in response to patient need. This recommendation is assessed as partially met and is stated for a second time.</p> <p>We discussed with the acting manager staff opinion that the management of laxatives was poor. The acting manager agreed to discuss this issue further with staff.</p>		

4.3 Is Care Safe? (Quality of Life)

The acting manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing roster for week commencing 11 and 22 February 2016 and 7 March 2016 evidenced that the planned staffing levels were adhered to. Staffing rosters evidenced that administrative, maintenance, catering, domestic and laundry staff were on duty daily to meet the needs of the patients.

During a tour of the building we observed a number of patients who required the assistance of two staff. Given the planned staffing we were concerned if there was sufficient staff to supervision patients at times when two staff would be assisting a patient in their bedroom or bathroom. Following discussion with the acting manager it was recommended that the provision and deployment of staff was reviewed to ensure that there was sufficient staff to adequately supervised patients and ensure that their health, welfare and safety needs were met.

Training opportunities were available via an e learning system, internal face to face training arranged by Four Seasons Health Care and training provided by the local health and social care trust. The acting manager had systems in place to monitor staff attendance and compliance with training.

A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The acting manager completed a monthly analysis to identify any trends or patterns.

A general inspection of the home was undertaken to examine a number of patients' bedrooms, lounges, bathrooms and toilets at random. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was generally fresh smelling, clean and appropriately heated.

Is Care Effective? (Quality of Management)

Discussion took place with six patients individually and with the majority of others in smaller groups. Comments from patients regarding the quality of care, the daily routine, meals and life in the home were positive. Patients did not raise any issues or concerns about life in the home.

A review of one patient's care records evidenced that assessments and initial plans of care were in place within 24 hours of patients being admitted to the home; care plans and assessments were subject to regular review and evidenced that referrals were made to relevant healthcare professionals as required. Staff spoken with were knowledgeable regarding the assessed needs of patients.

The needs of one identified patient were discussed at length with staff. Care records evidenced that there were regular reviews by healthcare professionals. It was good to note that the acting manager had previously identified the issues raised and had requested a review by the local health and social care trust.

During previous inspections the provision of a dining room for patients had been identified. Two dining rooms have now been provided and patients no longer had their lunch served in the lounge where they spent their day. The patients were assisted to the dining room in a timely manner prior to lunch. Staff spoken with felt that the new dining room and the change in the environment at mealtimes was positive for the patients. The acting manager confirmed that there were plans to upgrade the decoration in one dining room.

Is Care Compassionate? (Quality of Care)

A tour of the home was undertaken mid-morning. There was a calm atmosphere in the home. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Patients were present in the lounges, corridor and reception areas throughout the home or in their bedroom, as was their personal preference. Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed and were comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately and in a timely manner.

Staff commented positively with regard to the delivery of care. The relationships between staff and patients were friendly and relaxed. It was evident from the interactions observed, and discussion with staff, that staff were knowledgeable of patients' individual needs and preferences. Staff spoken with confirmed that they worked well as a team. Staff also confirmed if they had any concerns that would raise these with the acting manager.

Number of Requirements:	0	Number of Recommendations:	1
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4.4 Additional Areas Examined

4.4.1. Variation to Registration

As discussed in section 4.3 two new dining rooms had been created. These rooms had previously been in use as a lounge and an activity room. The activity room had been relocated to a room previously used as a dining room. Any proposed change of use to a room must be notified to RQIA and an application for variation to registration submitted. RQIA were not notified of the proposed changes prior to them taking effect. An application for variation to registration should now be submitted to RQIA. A recommendation was made.

4.4.2. Management Arrangements

The position of registered manager was vacant. The acting manager confirmed that an active recruitment campaign was in progress.

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	1
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5. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Patricia Graham, Acting 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.

5.1 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.

5.2 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.

5.3 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 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 28.1 Stated: Second time To be Completed by: 7 April 2016	It is recommended that the administration of laxative medication prescribed on an "as required" basis is reviewed to ensure that laxatives are administered in response to patient need. The records of bowel movements should be checked prior to each administration.		
	Response by Registered Person(s) Detailing the Actions Taken: the administration of laxative medications has been reviewed in line with patient need. Manager has discussed with nursing staff their need to review residents bowel movements before administration of laxatives.		
Recommendation 2 Ref: Standard 41.2 Stated: First time To be Completed by: 7 April 2016	It is recommended that the provision and deployment of staff is reviewed to ensure that there are sufficient staff to adequately supervised patients and ensure that their health, welfare and safety needs are met.		
	Response by Registered Person(s) Detailing the Actions Taken: Manager has completed a dependency assessment per unit which indicates that staffing levels are adequate. One nurse and three care staff allocated for fifteen residents. A twilight shift 6-11 pm also in place		
Recommendation 3 Ref: Standard 44.3 Stated: First time To be Completed by: 7 April 2016	It is recommended that an application for variation to registration in regard to the change of use of the identified rooms is submitted to RQIA.		
	Response by Registered Person(s) Detailing the Actions Taken: Variation to registration was not requested as the changes made were returning to the original floor plan.		
Registered Manager Completing QIP	Pat Graham	Date Completed	04/05/16
Registered Person Approving QIP	Dr Claire Royston	Date Approved	09.05.16
RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	6-12-16

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