

Unannounced Care Inspection Report 2 July 2020



Dungannon

Type of Service: Nursing Home (NH)
Address: 100 Killyman Road, Dungannon BT71 6DQ
Tel No: 02887753034
Inspector: Bronagh Duggan

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 36 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Niamh McCann - acting
Person in charge at the time of inspection: Niamh McCann	Number of registered places: 36
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 33

4.0 Inspection summary

An unannounced inspection took place on 2 July 2020 from 10.00 to 16.00. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA received information in relation to an alleged breach of lockdown rules which raised concerns in relation to Dungannon and the management of Covid 19. In response to this information RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Care delivery
- Care records
- Environment
- Governance and management

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.

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Niamh McCann, Manager, as part of the inspection process and can be found in the main body of the report.

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

The following records were examined during the inspection:

- staff duty rota from 22 June to 5 July 2020
- two care records
- sample of monthly monitoring reports
- complaints records
- accident and incident records from October 2019 to June 2020
- safeguarding information
- sample of audits
- staff training information

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

The findings of the inspection were provided to the manager at the conclusion of the inspection. Patricia Greatbanks, Regional Manager, was also present during feedback.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 15 October 2019.

No further actions were required to be taken following the most recent inspection on 15 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 3 Ref: Standard 4.9 Stated: First time To be completed by: With immediate effect	The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should evidence review of supplementary care records.	Met
	Action taken as confirmed during the inspection: Review of a sample of records relating to food and fluid intake, repositioning and bowel monitoring were reviewed. These were found to be maintained on an up to date basis.	

6.2 Inspection findings

Staffing

We arrived at the home at 10:00 and were met by the nurse in charge. Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 22 June 2020 to 5 July 2020 were reviewed. The rota reflected the nurse in charge arrangements and staff on duty during the inspection. The manager confirmed agency staff were used on occasions in the home, and had been utilised during the recent Covid 19 outbreak. The manager advised when agency staff are required every effort is made to ensure block booking of the same staff.

We met with staff during the inspection and discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observations of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance. Some staff were allocated to patients on a one to one basis, this was outlined at the start of each shift. Staff spoken with confirmed there was good team working and showed they were aware of the individual needs of patients.

Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that staffing levels were maintained throughout the peak of the Covid – 19 situation through use of agency staff.

Comments received from staff include:

- “Management are very good, we have been very well supported. We were nervous at first, you get used to it. Good supplies of PPE, I have no issues.”
- “Things are good. I feel safe... Management have been very good, give us everything, we have all we need.”
- “Staffing levels are very good. We got extra help and the one to ones [covered]. We are well supported by management, very approachable, take care of us and residents.”
- “We have been well supported by manager, very good. I like it here. Was stressful during the outbreak... Good supplies of PPE, we are aware of what to do.”

Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Upon arrival at the home the inspector’s temperature was taken and they were asked if they had been displaying any symptoms associated with Covid 19. This information was recorded accordingly. The manager confirmed all patients and staff had temperatures taken twice daily. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with the current guidance. Supplies were observed being restocked during the inspection. The manager advised she would complete regular observations of staff donning and doffing PPE and ensure regular handwashing by staff. Donning and doffing stations were positioned strategically around the home with identified green areas.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infections in the home. Staff confirmed there were enhanced cleaning schedules in place which included the regular cleaning of touch points throughout the home to minimise risk of infection spread.

Care delivery

We observed staff practice in the home, interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients’ individual needs. A number of patients were supported with one to one staffing support. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences. Staff were also aware of patients differing levels of communication and ability. Staff shared that some patients would display complex behaviours and that it was important to know why they may display such behaviours. Staff confirmed they were familiar with patients individualised care plans and input from other agencies such as the Behaviour Support Service to help support patients with behavioural issues.

There was a relaxed atmosphere in the home. Some patients were observed relaxing in their bedrooms while others were in the communal sitting rooms. Patients appeared comfortable; staff were available throughout the day to meet their needs.

Comments received from patients included:

- “I’m getting on great, food is lovely, I like whatever I get.”
- “I like it here, the food is nice. I’m doing well, just wish lockdown would be over getting a bit fed up with it.”
- “I am ok, staff are kind. I don’t like noise, I like it quiet.”

Care records

Two care records were reviewed; these had been completed upon admission to the home. Records included assessment of needs, care plans, risk assessments as necessary and evaluation records. Patients’ preferences and choices with regards to food and activities were also recorded. Records were reviewed and updated on a regular basis or as changes occurred. Both care records reviewed included individual “Hospital Passports” which contained all relevant information regarding the patients’ needs in a user friendly and easily accessible booklet. We viewed a sample of food and fluid records and bedrail checks; these were maintained on an up to date basis. We discussed with the manager the benefit of noting on the records if patients are out for example at hospital appointments to explain any absences.

Care records showed regular input from the multi-disciplinary team, and care reviews. Specific guidance from the Speech and Language Therapist (SALT) was included within care plans as well as dietary advice as needed.

Environment

During a walk around the home it was found to be warm, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed. These were found to be generally well maintained, though some markings were noted on the paintwork in corridors. We observed a toilet seat was missing from an assisted toilet area, the manager confirmed a replacement was on order. The manager advised some environmental improvements had been made prior to the Covid 19 situation, however due to the pandemic redecoration was put on hold. The manager advised an action plan was in place to recommence this work as soon as practical. In addition the manager advised changes had been made regarding the way communal space was used in the home to allow for social distancing.

A sample of bedrooms were viewed these were found to be personalised on an individual basis. We viewed the snozelen room which is used to support patients with multi-sensory experiences. The manager explained how this room was currently not in use due to the Covid 19 situation however patients had access to an enclosed garden which included seating areas, swing and raised flower beds for the patient’s enjoyment.

Management and governance arrangements

Discussion with the manager outlined the line management and temporary management arrangements for the home. The manager confirmed she felt well supported in the recent months of the Covid 19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns. Staff spoken with were aware of the whistleblowing policy and procedure for the home. There was a system in place regarding complaints management; a complaints analysis was completed on a monthly basis to help identify any patterns or trends. Information was available regarding any recent

safeguarding incidents, the manager outlined the reporting arrangements to the local safeguarding team.

In relation to the information RQIA received regarding an alleged breach of lockdown rules this issue was discussed with the manager who advised a Serious Adverse Incident (SAI) investigation was being carried out by the Southern Health and Social Care Trust. The outcome of the investigation will be shared with RQIA. The manager confirmed there had been learning with regards to the experience and IPC risks during Covid 19.

There was a system in place regarding the reporting of notifiable events. Review of records showed RQIA had been notified appropriately regarding accidents and incidents in the home. We discussed with the manager the reporting threshold regarding resident to resident behavioural issues. We viewed a sample of audits that were completed on a regular basis these included tissue viability, restraint, care reviews, care plans, medication, safeguarding incidents and patient dependency tool. We reviewed a sample of monthly monitoring reports from March until June 2020 which provided an overview of the nursing home. Some of the monthly visits were conducted remotely during the peak of Covid 19. Action plans were included within the reports with evidence that identified actions had been addressed.

There was a staff training matrix in place which showed completed staff training levels, the manager advised staff training was ongoing.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

The inspection to Dungannon took place following receipt of information regarding the management of Covid 19. As part of the inspection we spoke with staff, patients and management about their experiences. We observed evidence of enhanced IPC procedures being implemented across the home and staff were aware of their own practice. The home was found to be warm, clean, and tidy. Records viewed were maintained and updated on a regular basis. There was evidence of clear governance systems in place. No areas for improvement were identified as a result of this inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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