Unannounced Care Inspection

Name of Establishment:	**Dungannon**
RQIA Number:	**1468**
Date of Inspection:	**5 March 2015**
Inspector's Name:	**Sharon McKnight & Aveen Donnelly**
Inspection ID:	**17219**

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Dungannon
Address:	100 Killyman Road Dungannon BT71 6DQ
Telephone Number:	02887753034
Email Address:	dungannon@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care
Registered Manager:	Yvonne Diamond
Person in Charge of the Home at the Time of Inspection:	Yvonne Diamond
Categories of Care:	NH – LD NH – LD(E)
Number of Registered Places:	36
Number of Patients Accommodated on Day of Inspection:	24 – 6 patients on holidays 5 vacant beds 1 vacant respite bed
Scale of Charges (per week):	£581 - £624
Date and Type of Previous Inspection:	25 September 2014 Primary Unannounced Care Inspection
Date and Time of Inspection:	5 March 2015 10 00 – 14 50
Name of Inspector:	Sharon McKnight

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

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

- Discussion with the registered manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of care plans
- Review of the complaints record
- Observation during a tour of the premises
- Evaluation and feedback

5.0 Inspection Focus

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of Service

Dungannon Care Home is located centrally in the town of Dungannon. The nursing home is owned and operated by Four Seasons Healthcare. The current registered manager is Mrs Yvonne Diamond.

The home comprises of 36 single bedrooms, four large sitting rooms, a number of quiet rooms, three dining rooms, a multi-sensory room, hairdressing room, toilet/washing facilities, a kitchen, a laundry, staff accommodation and offices.

An enclosed garden area is available in the grounds of the home.

The home is registered to provide care for a maximum of 36 persons under the following categories of care:

Nursing care

LD – learning disability
LD(E) – learning disability over 65 years

7.0 Executive Summary

This unannounced inspection of Dungannon Care Home was undertaken by inspectors Sharon McKnight and Aveen Donnelly on 5 March 2015 between 10 00 and 14 40 hours. The inspection was facilitated by Mrs Yvonne Diamond, registered manager, who was available throughout the day. Feedback was provided to Mrs Diamond at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 25 September 2014.

As a result of the previous inspection five requirements and seven recommendations were issued. These were reviewed and the inspectors evidenced that four requirements have been complied with and one is assessed as substantially compliant and has been stated for a second time. The inspectors reviewed six of the seven recommendations; four were assessed as compliant, one was assessed as substantially compliant with one element being stated for a second time and one was assessed as moving towards compliance. There had been no new patients admitted since the previous inspection; therefore the inspectors were unable to validate the recommendation with regard to the completion of nutritional assessments and body maps. This recommendation has been carried forward for review at a future inspection. Details can be viewed in the section immediately following this summary.

Inspection Findings

Review of patients' care records identified that bladder and bowel continence assessments were undertaken. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. The care plans reviewed addressed the patients' assessed needs in regard to continence management.

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Discussion with the registered manager and review of training records confirmed that staff had attended training in continence care.

From a review of the available evidence, discussion with relevant staff and observation of care delivery, the inspector can confirm that the level of compliance with the standard inspected is compliant.

Conclusion

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard. Good relationships were evident between staff and patients. Patients were well groomed, appropriately dressed and appeared comfortable in their surroundings. Those patients who were able to express their opinion informed the inspectors that they were happy living in the home. The inspectors spoke with the relative of one patient who was visiting. The relative commented positively regarding the attitude of staff and the care their loved one received. They confirmed that the staff in the home kept them informed of any changes to their relatives' condition and consulted with relevant healthcare professionals in a timely way.

The inspectors spoke with five members of staff who all commented positively regarding their ability to deliver a good standard of care to the patients.

There were no issues raised by patients, relatives of staff during the inspection.

There were no requirements or recommendations made as a result of this focus of this inspection. However, as previously discussed, one requirement and two recommendations are stated for a second time and one recommendation is carried for review at a future inspection.

The inspectors would like to thank the patients, relative, registered manager and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	16(1)	A care plan must be developed to clearly guide staff in the management of patients' behaviour if they become physically aggressive towards staff. It is further required that any interventions prescribed are discussed and agreed with the relevant healthcare professionals and family. Prescribed interventions must be reflective of best practice guidance.	Review of care records evidenced that care plans for the management of patients' behaviour included a description of the behaviour, any known triggers and staff intervention and disengagement techniques. This requirement is assessed as compliant.	Compliant.
2	13(8)(a)	It is required that there are suitable arrangements in place to ensure that the privacy and dignity of patients is respected. The needs of the identified patient must be reviewed with the relevant health and social care trust and a time scale identified for the	Discussion with the registered and deputy manager and observation made during the inspection evidenced that this requirement has been complied with. The identified patient had a varied and tastefully range of outfits available in their bedroom and the deputy manager confirmed that there were arrangements in place to ensure clothing can be purchased in a timely manner.	Compliant.

		purchase of new clothes. Arrangements to ensure the ongoing provision of appropriate clothing, to maintain the patient's dignity, must be agreed. RQIA to be informed of the outcome of the discussion with the relevant health and social care trust.	Confirmation was received by RQIA of the outcome of the discussion with the relevant health and social care trust at the time of the previous inspection. This requirement is assessed as compliant.	
3	19(1)(a) Schedule 3, 3(k)	It is required that contemporaneous notes of all nursing provided are maintained. Repositioning charts must evidence regular repositioning and include an assessment of the patients' skin condition at each position change.	Review of completed repositioning charts evidenced that records were maintained of when patients were repositioned in bed. However repositioning charts were not being completed when patients' positions were changed whilst sitting in their chairs. This requirement is assessed as substantially compliant and is stated for a second time. There were no concerns identified with the delivery of pressure care during this inspection.	Substantially compliant.
4	12(4)(b)	The registered person must ensure that meals are properly prepared. Meals must be kept warm until they are served to the patients.	Meals were delivered to each suite in a heated trolley where they remained until the patients were ready to be served. This requirement is assessed as compliant.	Compliant.

5	27(2)(b)	The following environmental issues must be addressed: • Assisted Toilet 2 – stained flooring • Assisted Toilet 5 – stained flooring, toilet seat was missing • Assisted Bathroom 3 – stained floor under the toilet • Assisted Shower 1 – grouting in the shower required cleaning. The toilet seat had been removed and was sitting on the floor. The replacement of stained flooring must be given priority in the flooring refurbishment plan.	The inspectors undertook a tour of the home and observed that the identified environmental issues have been addressed. This requirement is assessed as compliant.	Compliant.

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	5.1	It is recommended that all patients have a baseline pain assessment completed and an on-going pain assessment where indicated.	Review of care records evidenced that this recommendation has been complied with.	Compliant.
2	5.2	It is recommended that a nutrition risk assessment and a body map should completed for all patients on admission.	There had been no new patients admitted since the previous inspection and therefore the inspectors were unable to validate this recommendation. The recommendation has been carried forward for review at a future inspection.	Carried forward for review at a future inspection.
3	12.12	It is recommended that patients' daily fluid target is recorded on the seven day fluid intake booklet.	Review of care records evidenced that this recommendation has been complied with.	Compliant.
4	1.1	It is recommended that the decision making process with regard to restricting patients access to their belongings is clearly recorded in their individual care records.	Review of care records evidenced that this recommendation has been complied with.	Compliant.

		Records should include who was involved in the decision making process.		
5	10.4	Staff should use their knowledge of patients' behaviour proactively to minimise the risk of distress reactions.	Observations made throughout the inspection evidenced that staff responded quickly to patients when they became upset or distressed and used their knowledge of the individual patient to calm and reassure them. This recommendation is assessed as compliant.	Compliant.
6	25.2	It is recommendation that the dining experience is reviewed throughout the home to ensure that it is positive for all patients. The review should include the following areas: • The time patients are assisted to the table prior to the serving of lunch • Staff interaction with patients during the serving of the meal • The serving of	The inspectors observed the serving of lunch in the Killybracken and Cedar Ridge suites. Patients were assisted to the table in a timely manner, staff were observed informing patients what was for lunch and encouraging and prompting patients to eat their meal. This element of the recommendation is assessed as compliant. The inspectors observed that a number of patients in the Killybracken suite continued to have their meals served to them in the lounge. This was discussed with the registered manager who informed the inspectors that a review of care delivery in the entire home was being undertaken. This review will include the dining experience in the Killybracken suite. This element of the recommendation is assessed as moving towards compliance. This recommendation in its entirety is assessed as moving towards compliance with the third element stated for a second time.	Substantially compliant.

		meals in the lounge to the patients in the Killybracken unit.		
7	17.10	It is recommended that complaints record is further developed to evidence how a complaint is assessed as resolved.	Review of the records of complaints evidenced that the nature of the complaint, investigation findings and outcomes were recorded. However the information recorded did not evidence how a complaint was assessed as resolved. This recommendation is assessed as moving towards compliance and is stated for a second time.	Moving towards compliance.

9.1 Follow-up on any Issues/Concerns Raised with RQIA since the Previous Inspection such as Complaints or Safeguarding Investigations.

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

Since the previous inspection on 25 September 2014, RQIA have been notified by the registered manager of referrals in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues.

Following discussion with the registered manager RQIA were satisfied that SOVA issues were dealt with in the appropriate manner and in accordance with regional guidelines and legislative requirements.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	**COMPLIANCE LEVEL**
Inspection Findings:	
Review of four patients' care records identified that bladder and bowel continence assessments were undertaken. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. There was evidence in the patients' care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. The care plans also addressed patients' normal bowel patterns, possible side-effects of prescribed laxatives and patients' preferences for male or female staff assistance. This level of detail is good practice and was commended by the inspectors. Urinalysis was undertaken and patients were referred to their GPs as appropriate. The care plans reviewed addressed the patients' assessed needs in regard to continence management. Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	**COMPLIANCE LEVEL**
Inspection Findings:	
The inspectors can confirm that the following policies and procedures were in place: • Continence management/incontinence management The following guideline were in place and readily accessible to staff: • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence • NICE guidelines on lower urinary tract infections Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	**COMPLIANCE LEVEL**
Inspection Findings:	
Not applicable.	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discussion with the registered manager and review of training records confirmed that staff had attended training in continence care. There were no patients resident in the home at the time of inspection who had a urinary catheter or stoma appliance. The registered manager confirmed that there was good support, and training opportunities from within Four Seasons Healthcare and from the local health and social care trust, if staff required training in catheterisation and/or the management of stomas.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	**Compliant**

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Yvonne Diamond as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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

The Regulation and Quality Improvement Authority

Quality Improvement Plan

Unannounced Care Inspection

Dungannon

5 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Yvonne Diamond either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19(1)(a) Schedule 3, 3(k)	It is required that contemporaneous notes of all nursing provided are maintained. Repositioning charts must evidence regular repositioning and include an assessment of the patients' skin condition at each position change. Changes to patients' positions whilst sitting in their chairs must be included in the repositioning records. **Ref section 8.**	Two	All staff have been informed to record skin condition at each position change and to record when positions are changed whilst in their chair. This is also discussed at weekly head of department meetings and cascaded to staff. The Home Manager carries out checks to ensure compliance.	From the date of inspection

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.2	**Carried forward for review at a future inspection.** A nutrition risk assessment and a body map should completed for all patients on admission. **Ref section 8.**	One	All Nursing Staff are aware of the need to complete all assessments on admission including nutrition risk assessment and body map.	From the day of inspection.
2	25.2	The dining experience should be reviewed throughout the home to ensure that it is positive for all patients. The review should include the serving of meals in the lounge to the patients in the Killybracken unit. **Ref section 8.**	Two	The home is currently reviewing the layout of the building to be more conducive of the residents individual needs as discussed during the inspection, which will incorporate adequate dining areas for all residents.	End of May 2015.
3	17.10	It is recommended that complaints record is further developed to evidence how a complaint is assessed as resolved. **Ref section 8.**	Two	Home Manager will endeavour to include a follow up on all complaints in the future.	End of April 2015.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person/identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Yvonne Diamond
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall MANAGING DIRECTOR 30/3/15.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Sharon McKnight	8-04-15
Further information requested from provider			