

# Inspection Report

7 December 2021



## Dungannon

Type of service: Nursing (NH)  
Address: 100 Killyman Road, Dungannon, BT71 6DQ  
Telephone number: 028 8775 3034

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Ann's Home Care  <b>Registered Person:</b> Mrs Charmaine Hamilton	<b>Registered Manager:</b> Mrs Leena Mary Francis  <b>Date registered:</b> 21 May 2018
<b>Person in charge at the time of inspection:</b> Mrs Leena Mary Francis	<b>Number of registered places:</b> 36
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 34
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 36 people with learning disabilities. The home is divided in two units Killybracken and Lambfield. The home is all on ground floor level. Patients have access to communal lounges, dining rooms, a multi-sensory room and an enclosed court yard garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 December 2021 from 10:00am to 19:30pm by a care inspector.

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

Patients looked well cared for in that they were comfortable in their surroundings and were observed to move freely around each unit and had obvious time spent on their personal care. Patients in keeping with their level of understanding confirmed they were happy in the home and in their relations with staff. For those patients who were unable to share their views verbally they looked relaxed and through non-verbal cues indicated that they were comfortable.

Staff were seen to be prompt and professional in meeting patients' needs and interacted in a warm and friendly manner. Staff were observed to check patients regularly especially those who had difficulty communicating. Staff were observed communicating well with each other and were efficient in prioritising tasks and addressing patient's needs.

While one area for improvement was identified in relation to care records, we found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Leena Mary Frances Correa at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection three patients were spoken with individually who shared their experiences of living in the home. We also spoke with eight staff. A significant number of patients in the home could not verbally communicate due to their condition, however they were observed as being well presented with obvious time given to their personal care and were observed to be comfortable in the environment.

Staff told us that they enjoyed working in Dungannon and said that there was good teamwork within the home. Staff confirmed that they felt well supported in their role and would be happy to approach the manager if they had any issues or concerns about how care was being delivered.

The manager advised that staffing challenges existed and these were largely affected by the Covid 19 pandemic situation. The manager explained that all reasonable action was being taken to recruit additional staff to the home. The manager explained that in the interim agency staff were being used to ensure planned staffing levels were maintained. The manager confirmed that block bookings were maintained with the same agency staff used to ensure continuity of care for patients in the home.

There were five completed questionnaires returned from patients in the identified timescale. Positive responses were received in relation to living in the home.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 18/02/2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 27.(2) (b)  <b>Stated:</b> First time	The registered person shall ensure that a thorough environmental audit is undertaken and actioned as necessary to ensure the environment remains in a good state of repair throughout.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of information in the home showed that a full environmental audit had been completed and areas for improvement had been identified and had been and were being actioned accordingly.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	The registered person shall ensure that patients' mobility aids and equipment are adequately cleaned and this is reflected in regular cleaning audits.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of equipment and mobility aids showed these were adequately cleaned. Audits were also in place that reflected the regular cleaning of same.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	The registered person shall ensure the level of activities provision is reviewed and improved upon.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of information in the home showed plans had been implemented to recruit additional activities staff for the home. In addition information in the home showed there were a number of recent activities / events and further events both planned and ongoing.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Information in the home showed staff were provided with additional training above mandatory training including for example training in person centred care and epilepsy awareness.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Review of records in the home showed that any staff left in charge of the home in the managers absence had been assessed as being competent and capable to do so. Staff told us that there was enough staff on duty to meet the needs of the patients.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Some patients were assessed as requiring one to one supervision and support. The information with regards to staff allocation was reflected in daily allocation records in the home. Review of the staff duty rota showed it accurately reflected staff on duty on the day of inspection. The manager was advised to ensure the full name of agency staff were recorded as opposed to first name only. The manager confirmed this would be addressed moving forward.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. The manager advised when agency staff were required every effort would be made to secure block bookings to ensure continuity of care for patients. The manager advised recruitment was ongoing to secure additional permanent staff for the home.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said they liked living in the home and staff were kind.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were observed as being respectful and understanding giving patients the time required to express their views and needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care. Their use was reviewed on a regular basis.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example ensuring extra supervision and assessment, and review by physio and occupational therapy when required. Where appropriate assessments had been completed patients were provided with specialist equipment to support their mobility.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The lunch time experience was observed as being a calm and unhurried experience. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff were observed supporting patients as required ensuring they had adequate time to have their meal and were provided assistance as required. Information available in the home showed patients menu choices were recorded daily. Catering staff told us how they were made aware of patients' nutritional needs and confirmed that patient's records were important to ensure patients received the right diet and these were reviewed and updated regularly.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs. The manager explained arrangements were in place to implement a new care records system which would involve transferring and updating all the patients care records. Progress with the transfer to the new system shall be followed up at the next care inspection.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. However, it was noted from review of one patients care records Speech and Language Therapy (SALT) guidance was not fully accurate for one patient. In that although the most current information was reflected in the patients eating and drinking care plan, review of information relating to the patients risk of choking showed different information that had not been updated to reflect the most recent guidance from SALT. This issue was discussed with the manager. An area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

The manager outlined the arrangements in place to ensure each patient had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that it was warm, clean, and tidy. Environmental improvements had been progressed since the previous inspection. The manager outlined further environmental improvement plans that were being progressed in the home.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable for patients. For patients in keeping with their level of understanding could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. Where patients were less able to express their preferences staff were observed communicating and explaining what was about to happen and ensuring adequate time for patients to respond. Staff said they were aware of the need to closely observe non-verbal cues from patients at all times.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Observation of staff practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DoH and IPC guidance.

#### **5.2.4 Quality of Life for Patients**

Discussion with those patients that could easily express their views and staff confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up to watch TV. Staff confirmed that arrangements were in place to ensure patients could participate in activities and events that were important to them.

The manager explained how patients' needs were met through a range of individual and group activities, such as multi-sensory activities, pottery and ceramic classes, and reflexology. Art work that patients had created was observed in the home. The manager also advised that plans were in place to increase overall activities provision for the home and that recruitment was ongoing for additional activities staff. We discussed with the manager the need to ensure the activity records template for an identified patient was reviewed as it was not being completed correctly by staff. The manager advised she would address the issue with staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients reported.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. The manager has been in this home since 2018.

There was evidence that a regular system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager identified the appointed safeguarding champion for the home. It was established that clear systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.



A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately. It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff commented positively about the manager and described her as being supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. We discussed with the manager the benefit of ensuring actions were signed off on this records when completed. The manager confirmed this would be done moving forward.

## 6.0 Conclusion

Based on the inspection findings and discussions held we were satisfied that the service is providing safe and effective care that its compassionate and that the service is well led by the manager.

One area for improvement was identified, this related to ensuring all SALT information was accurately reflected in an identified patients care records.

Patients were observed to be comfortable, content and at ease in their environment and interactions with staff were warm and friendly. Patients were well presented with obvious time spent on their personal care.

Staff gave positive feedback in relation to their experiences of working in the home. Staff were seen to be attentive and care was delivered in a kind and person centred manner.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Leena Mary Frances Correa, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16.1  <b>Stated:</b> First time  <b>To be completed by:</b> 9 December 2021	<p>The registered person shall ensure the identified patients care record is reviewed and updated to ensure all current SALT guidance is clearly and accurately reflected in all sections as required.</p> <p>Ref: 5.2.2</p>
	<b>Response by registered person detailing the actions taken:</b>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

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