



# Unannounced Follow Up Care Inspection Report 17 September 2018



## Dungannon

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

[www.rqia.org.uk](http://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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 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

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Leena Mary Francis Correa
<b>Person in charge at the time of inspection:</b> Jolly Saji, registered nurse from 05.55 hours to 08.00 hours, Niamh McCann, registered nurse, from 08.00 hours to 09.00 hours then Leena Mary Francis Correa from 09.00 hours.	<b>Date manager registered:</b> 21 May 2018
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 36

### 4.0 Inspection summary

An unannounced inspection took place on 17 September 2018 from 05.55 hours to 12.55 hours.

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 Care Standards for Nursing Homes 2015.

The inspection was undertaken following information received by RQIA from an anonymous source, raising concerns in relation to staff deployment, recruitment practices and training.

It is not the remit of RQIA to investigate whistleblowing 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 – including deployment and recruitment
- environment
- care delivery

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.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*2	*2

\*The total number of areas for improvement includes three which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Leena Mary Francis Correa, registered manager, 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.

## 4.2 Action/enforcement taken following the most recent inspection dated 7 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 7 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

## 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
- pre-inspection audit.

During the inspection the inspector met with four patients individually (and with others in smaller groups) and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 3 September 2018 and 10 September 2018
- three staff recruitment and induction files
- a selection of supplementary care records including activity records, repositioning, lap belt monitoring charts and bowel charts.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 7 June 2018

Areas for improvement from the last care inspection		
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 13 (7) <b>Stated:</b> First time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment and observation of staff practices evidenced improvements since the last care inspection. For example, new equipment has been purchased such as bins, personal protective equipment (PPE) units, commodes and shower chairs. Cleaning schedules were also in place which included the environment and patient equipment. New toilet seats have also been purchased and fitted. PPE was readily available in the home.	

	<p>However, deficits were observed in relation to effective use of personal protective equipment, hand hygiene and robust environmental cleaning. For instance: gaps were observed in some of the equipment cleaning records; one staff member was observed placing clean towels and PPE on top of a dirty laundry bag while another member of staff failed to effectively decontaminate their hands and change PPE in-between patient contact; one storage cupboard was cluttered with equipment observed on the floor. In addition, discussion with one staff member evidenced a deficit in their knowledge base in relation to infection prevention and control (IPC) practices and the appropriate use of PPE. These shortfalls were discussed with the registered manager who agreed to address them appropriately.</p> <p><b>This area for improvement has been partially met and is stated for a second time.</b></p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible, eliminated.</p> <p>This area for improvement is made in reference to locking domestic stores, maintenance room and supervision of domestic trolleys.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that the majority of the home to which the patients have access was free from hazards to their safety. However, one sluice was observed to be open and had the keys in the door. Substances hazardous to health were observed to be stored there. This was discussed with the registered manager who addressed this immediately.</p> <p><b>This area for improvement has been partially met and is stated for a second time.</b></p>	<p><b>Partially met</b></p>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time	<p>The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of three staff recruitment files evidenced improvements in relation to the Northern Ireland Social Care Council (NISCC) registration and obtaining references. However, there was no evidence obtained during the recruitment process that employees were physically and mentally fit for work prior to commencing employment. In addition, gaps in employment had only been explored for one of the applicants. These weaknesses were highlighted to the registered manager and the need to ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements at all times was stressed.</p> <p><b>This area for improvement has been partially met and is stated for a second time.</b></p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39.7  <b>Stated:</b> First time	<p>The registered person shall ensure the effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>This area for improvement is made in reference to infection prevention and control practice and COSHH.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of the environment, records and discussion with staff evidenced additional training in relation to infection prevention and control standards and The Control of Substances Hazardous to Health (COSHH) regulations had been delivered to staff. Staff were knowledgeable in relation to their roles and responsibilities.</p> <p>This area for improvement has been met.</p>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that supplementary care records reflect the delivery of prescribed care accurately.</p> <p>This area for improvement is made in reference to repositioning and activity records.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records evidenced that contemporaneous records were maintained for repositioning of patients and patient activities.</p> <p>This area for improvement has been met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12.15</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure all meals are served in a way that is attractive and appealing in terms of flavour, texture and appearance.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations of the lunchtime meal evidenced meals were served in a way that was attractive. Patients spoken to during the inspection commented positively on the meal time experience.</p> <p>This area for improvement has been met.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the daily menus evidenced that a menu board was available in each of the dining areas.</p> <p>This area for improvement has been met.</p>		



### 6.3 Inspection findings

The inspection sought to validate the areas for improvement identified at the last inspection on 7 June 2018 and seek assurances in relation to staff deployment, recruitment practices and training.

The nurse in charge 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 rota from weeks beginning 3 September 2018 and 10 September 2018 evidenced that the planned staffing levels were not adhered to on at least three occasions. This was discussed with the registered manager who confirmed they were actively recruiting staff for the home. The registered manager will continue to notify RQIA when there are staff shortages in the home. This will be reviewed at a future care inspection.

Staff duty rotas also confirmed that catering and housekeeping staff were on duty daily to support the nursing and care staff in the delivery of care to patients. On the morning of the inspection one of the catering staff were unavailable due to sickness, however arrangements were made for a staff member from another home to provide appropriate cover. This led to breakfast and lunch being served later than normal that day, although patient's spoken with did not express any concerns.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a caring manner. However, one staff member was observed maintaining a patient's dignity in an inconsistent manner. This was discussed with the registered manager who agreed to address this with the identified staff member. An area for improvement under the care standards was made.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the safe moving and handling of patients. Two staff raised concerns in relation to accessing electronic (e-learning) resources. They stated that they are expected to complete training during working hours while they are caring for patients. This was discussed with the registered manager who confirmed that the home are reviewing e-learning arrangements and that no staff would have to conduct training during working hours if it impacted on care delivery. Review of training records evidenced that 91 percent of staff had undergone mandatory e-learning.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and fresh smelling throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment. During review of the environment a hoist and four wheelchairs were observed blocking access to a toilet and bathroom. This was discussed with the registered manager who agreed to address this practice with staff. This will be reviewed at a future care inspection.

Consultation with four patients individually, and with others in smaller groups, confirmed that living in Dungannon was viewed as a positive experience. No relatives were consulted during the inspection. Some of the comments received from patients were as follows:

“You get everything handed to you. They take great care of me.”  
 “It’s great.”  
 “I have a great time.”  
 “It’s good.”

Six staff members consulted with during the inspection commented positively on improvements in Dungannon since the last care inspection. Three staff spoken with discussed their involvement in decontamination of patient equipment including beds. They confirmed that they had received training in relation to this and that it did not impact on care delivery.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, the home environment and training.

**Areas for improvement**

One area for improvement under the care standards was identified in relation to maintaining patient dignity.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leena Mary Francis Correa, registered manager, 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 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 DHSSPS 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4 of the previous care inspection report.</p> <p><b>Ref:</b> 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager is monitoring staff compliance with PPE. Documentation is monitored during the daily walk around by Registered Manager and/or Deputy. Where a non compliance is noted in any of the above this is discussed under recorded supervision and flash meetings. A staff meeting on 10<sup>th</sup> October 2018 also used to discuss findings. The identified store was decluttered. Compliance will be monitored during the Reg 29 visit.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c )</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible, eliminated.</p> <p>This area for improvement is made in reference to locking domestic stores, maintenance room and supervision of domestic trolleys.</p> <p><b>Ref:</b> 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has completed supervision with the identified staff member and reminded them of the importance of ensuring doors are locked when not in use. The Registered Manager continues to undertake spot checks on daily walk around of the Home, ensuring doors are locked when not in use. This also has been reiterated to all staff during flash point meetings. Compliance will be monitored during the Reg 29 visit.</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> A HR audit was completed on all employees personnel files. During the recruitment process gaps in employment will be scoped out and reasons will be recorded. Health questionnaire will also be completed as part of the recruitment process. Compliance will be monitored through the auditing process.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that patients are respected and their rights to privacy and dignity are upheld at all times.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Door closures have been fitted in all the toilets and bathrooms to allow for door to close correctly to ensure privacy of all residents. The Registered Manager has discussed the promotion of resident privacy and dignity with staff in flash point meetings. Compliance will be monitored by the Registered Manager and during the Reg 29 audit.</p>

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



The Regulation and  
Quality Improvement  
Authority

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

**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)

Assurance, Challenge and Improvement in Health and Social Care