

# Inspection Report

10 June 2021



## Dunlarg Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 224 Keady Road, Armagh, BT60 3EW**  
**Tel No: 028 3753 0858**

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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> <b>Healthcare Ireland Belfast Ltd</b>  <b>Responsible Individual:</b> Ms Amanda Celine Mitchell	<b>Registered Manager:</b> Mrs Patricia Graham  Date registered: 30 May 2012
<b>Person in charge at the time of inspection:</b> Mrs Patricia Graham	<b>Number of registered places:</b> 50
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 50
<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 50 persons. It is a single storey building and provides individual bedroom accommodation, two spacious lounges, two dining rooms and a reception area where patients can spend the day. There is an enclosed courtyard which patients can access independently. There is also a registered Residential Care Home under the same roof	

## 2.0 Inspection summary

An unannounced inspection took place on 10 June 2021, from 10:20am to 5:30pm by care Inspectors.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of the inspection confirmed that the care in Dunlarg was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

As a result of this inspection four areas for improvement were identified. Improvements are required with the completion of repositioning charts and consistency of the completion of neurological observations. The daily menu should be displayed and the audit process needs further developed to include a re-audit of deficits. Compliance with these areas will further improve the services provided in the home.

### **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 information held by RQIA about this home was reviewed. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents 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.

At the end of the inspection the Manager and Regional Manager were provided with details of the findings.

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

We spoke with nine patients, one relative and seven staff. Patients spoke confidently about the staff, their attitude and the promptness with which they attended to them.

Patients were content and provided examples of what they liked about living in Dunlarg. Patients said they enjoyed the food and we saw that the dining experience was unhurried and social. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

A relative spoke of how they were always made to feel welcome when they visited and of the staffs' great commitment to the patients.

Staff told us they were enough staff to meet the needs of the patients that they were satisfied with the standard of care they were able to deliver and that they were happy working 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 12 November 2020		
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 23.5  <b>Stated:</b> First	The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately.	<b>Met</b>
	Systems to ensure that correct setting is maintained must be implemented.	
	<b>Action taken as confirmed during the inspection:</b> Observation confirmed that this area for improvement has been met.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were safely recruited prior to commencing work. All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff working in nursing homes are required to be registered with a professional body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff this is the Northern Ireland Social Care Council (NISCC). Staff in the home were appropriately registered with systems in place to check that their registration remained live.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. There was enough staff to respond to the needs of the patients in a timely way and to support flexible routines to suit patients' individual needs. Staff were satisfied with the number of staff on duty.

Patients were happy with the manner in which staff attended them; they told us that staff were always around and willing to help when needed. One patient spoke of how happy they were in the home and attributed this happiness largely to the manner in which staff treated them.

A relative spoke of how they were always made to feel welcome when they visited, irrespective of the time of day. They commented on staffs' consistent approach to the attention of all of the patients. In particular they had great confidence in staff opinion regarding their loved ones well being.

The evidence reviewed provided assurances that staffing was safe.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy.

All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved. Staff were knowledgeable about reporting concerns about patients' safety and/or poor practice.

Details on how to make a complaint were included in information provided to patients, for example the patient guide. The manager completed a record of any complaints made, the action taken, the outcome and if the complainant was satisfied with the outcome.

A number of patients had bedrails erected or alarm mats in place; whilst these types of equipment had the potential to restrict patients' freedom there was evidence that these practices were the least restrictive possible and used in the patient's best interest.

Processes were in place to safeguard those patients who lacked capacity with making decisions about their care. The manager was in regular contact with the relevant health and social care Trust to ensure that the required safeguards in place were reviewed as required. Staff spoken with were familiar with the term "deprivation of liberty" and the practices which could contribute.

This review of processes and staff knowledge demonstrated that appropriate safeguards were in place to support patients to feel safe and be safe.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

The environment has recently been improved with the painting and replacement flooring in the corridors of the home. This work has improved the overall appearance of the home.

Patients' bedrooms were personalised with items important to them and reflected their likes and interests. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. A fire risk assessment had been completed and a range of fire checks were carried out daily and weekly.

In conclusion the home's environment was safely managed and comfortable.

### **5.2.4 How does this service manage the risk of infection?**

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Arrangements were in place for visiting and care partners; the manager was aware of the current pathway for the re- introduction of visiting and had arrangements in place to ensure compliance. Precautions such as a booking system, temperature checks and completion of a health declaration and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Staff were enthusiastic to have families visiting again.

Patients participated in the regional monthly COVID 19 testing and staff continued to be tested weekly. The Manager was aware of their responsibility to ensure an outbreak of infection was reported to the Public Health Authority (PHA).

Appropriate precautions and protective measure were in place to manage the risk of infection.

### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were confident that the handover reports were effective in keeping them up to date with changes in patient condition.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded however the repositioning charts were not consistently completed; this was identified as an area for improvement. Patients who had wounds had these clearly recorded in their care records; records also reflected the care delivered to encourage the healing of wounds.

If a patient had an accident or a fall a report was completed. Clinical observations are required to be monitored following a suspected or actual head injury; the period the observations were recorded over varied. This was identified as an area for improvement. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink; the precise nature of the meal was recorded to evidence that patients were receiving a varied diet. The majority of patients came to the dining room for their lunch: there was a relaxed atmosphere with patients socialising with one and other. The daily menu was not displayed and patients were not aware of what the meals for that day were; this was identified as an area for improvement. Staff were present to assist patients with their meals as required. The meals served were home cooked and smelt and looked appetising. All of the patients were complimentary regarding the quality and selection of meals provided.

In conclusion systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients. Compliance with the areas for improvement will enhance the service being delivered.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

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 on a computerised system.

Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs.

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.

Each patient had an review of their care, arranged by their care manager or Trust representative, Trusts were working towards re-instating these annually. A record of the meeting, including any actions required, was provided to the home.

This review of care records confirmed that care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

Staff supported patients to make choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff engaged with patients on an individual and group basis throughout the day, patients were afforded choice and had the opportunity to take part in social activities if they wished. There were staff employed to plan and deliver activities. These staff informed us that the programme of activities was planned around the interests of the patients and provided them with positive outcomes. The planner was arranged on a monthly basis and included seasonal activities. A number of patients took part in gardening during the morning; vegetables and sunflowers have been grown from seed. Staff explained that the programme of activities was flexible to accommodate the daily preferences and choices of the patients. A number of patients choose to spend their day in their rooms; these patients were aware of what activities were planned and could therefore join in if they wished.

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

### 5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

There has been no change in the management of the home since the last inspection. Mrs Graham has been the manager in this home since May 2012. The manager is supported by the nursing sister who was available throughout the inspection and was very knowledgeable of the day to day running of the home.

Patients were familiar with the manager and many referred to her by name. It was obvious from the manager's interaction with the patients that she was familiar with them.

A relative spoke highly of the manager and was confident that if they had any issues these would be addressed without delay. The relative also commented on the knowledge the manager of direct care.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance. In particular staff spoke about the pastoral support the Manager had provided throughout the COVID-19 pandemic.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the team completed regular audits of the environment, infection prevention and control (IPC) practices and care records. Where deficits are identified the audit process should include a re-audit to ensure the necessary improvements have been made; this was identified as an area for improvement.

There was a system in place to manage complaints and to record any compliments received about the home.

The regional manager undertook an unannounced visit each month, on behalf 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

## 6.0 Conclusion

Discussion with patients, a relative and staff, observations and a review of patient and management records evidenced that care in Dunlarg was delivered in a safe, effective and compassionate manner with good leadership provide by the manager.

Staff responded to the needs of the patients in a timely way. Observation of practice confirmed that staff engaged with patients on an individual and group basis. Patients told us that the staff were always around and willing to help when needed.

As a result of this inspection four areas for improvement were identified. Improvements are required with the completion of repositioning charts and neurological observations. The daily



menu should be displayed and the audit process needs further developed to include a re-audit of deficits. Compliance with these areas will further improve the services provided in the home.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Pat Graham, Manager and Karen Agnew, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of the inspection.	The Registered Person shall ensure that repositioning charts are consistently completed to evidence that patients are assisted in accordance with their care plan.  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b> Staff have been advised following the inspection of the importance of completing all charts at the appropriate time and to follow the instructions of each individual residents care plan. Audits are being completed by nurses and management to monitor compliance. This will also be monitored within REG29 visits.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.8  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of the inspection.	The Registered Person shall ensure that neurological observations are consistently completely in line with best practice.  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b> Post fall 24 hour clinical & neurological observation records are being completed in line with best practice.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 July 2021</p>	<p>The Registered Person shall ensure that the daily menu is displayed in the dining room to inform patients of the meals being served.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Menus are displayed on each table detailing what the choices are for each day These include modified meals also. This will be monitored by the Registered Manager as part of the daily walkround and by senior management when completing the REG29 visits</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 July 2021</p>	<p>The Registered Person must ensure that the audit process includes a re-audit to ensure the necessary improvements are made.</p> <p><b>Ref 5.2.8</b></p> <p><b>Response by registered person detailing the actions taken:</b> All staff delegated auditing duties are completing Focus Learning regarding Auditing. Compliance will be monitored within REG29 visits</p>

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