Announced Care Inspection Report
12 November 2020

Dunlarg Care Home

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for

2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 50 persons and residential care to one named person.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland Belfast Ltd **Responsible Individual(s):** Amanda Celine Mitchell	**Registered Manager and date registered:** Patricia Graham – 30 May 2012
Person in charge at the time of inspection: Patricia Graham	**Number of registered places:** 50 A maximum of 10 patients in categories NH-PH/NH-PH(E) and a maximum of 8 patients in category NH-LD. There shall be a maximum of 1 named resident receiving residential care in category RC-I.
Categories of care: 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.	**Number of patients accommodated in the nursing home on the day of this inspection:** 42

4.0 Inspection summary

An unannounced inspection took place on 12 November 2020 from 10.00 to 16.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- Staffing
- care delivery
- care records
- Infection prevention and control (IPC) measures
- leadership and governance.

Patients said they were happy living in the home. Examples of their comments are included in the main body of the report.

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.

The term 'patients' is used to describe those living in Dunlarg Care home which provides both nursing care and residential care to one named patient.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	**0**	**1**

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Patricia Graham, 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.

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.

During the inspection we met with 13 patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us" cards for distribution to residents' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

The following records were examined during the inspection:

- Staff duty rota for the week commencing 9 November 2020
- care records for three patients
- supplementary care charts, including food and fluid intake and repositioning
- accident and incident reports
- record of complaints and compliments
- records of audit
- monthly monitoring reports for the period January to August 2020.

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that care plans for distressed reactions include any known triggers and details of interventions which may help to reassure and calm the patient.	**Met**
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

Patients told us the following:

- "The staff are very kind to me."
- "They (staff) all work very hard."
- "If your need them (staff) there not long in coming to you."
- "They (staff) are all very thoughtful."

We spoke with seven members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management.

Arrangements were in place to ensure that newly appointed staff received training, including practical manual handling training, as part of their induction to the home.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; unfortunately none were returned.

6.2.2. Care delivery

We walked around the home mid-morning. The atmosphere in the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing were possible. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

Patients told us:

- "I am very comfortable."
- "I want for nothing."
- "Good, plain, wholesome food – just what we need."

We spoke with the activity leader and discussed the provision of activities and the challenges of delivering a programme in the current pandemic. Throughout the morning patients were involved in variety of activities, for example colouring, knitting and making pom poms. A number of patients told us about the recently formed knitting group; patients and staff were equally enthusiastic about the new group who were knitting hats and scarfs.

One patient told us;

- "I'm learning to knit – it's going alright."
- "I'm part of the knitting group – I really enjoy it."

Newspapers are delivered to the home daily; a number of patients were enjoying these. The activity leader explained that mainly activities are delivered on a one to one basis or in the lounge areas were social distancing can be maintained.

On the day of the inspection planned visits were taking place in the home with the assistance of staff to facilitate social distancing. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Systems such as video calls and regular telephone calls between the home, patient and their relatives were also in place. Relatives and friends could also visit at the windows; no booking was required for these visits.

A number of patients were being nursed in bed. Some patients had pressure relieving mattresses in place which required to be set manually – a number were not set accurately in accordance with the patients weight. Systems to ensure that correct setting is maintained must be implemented. An area for improvement has been made. Pressure relieving care was recorded on repositioning charts. These charts consistently evidence that the patients were assisted by staff to change their position regularly.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

- "Thank you so much for your loving care and dedication and nursing (patient) through COVID 19 and for your continuing loving care and attention."

- "Thank you for all the excellent care you have been and continue to give my ..(relative)."

- The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards.

6.2.3 Care records

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

We reviewed three patients' care records which evidenced that care plans were person centred and reviewed regularly. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight. Records of patients' food and fluid intake were recorded daily.

We reviewed patients' needs in relation to wound prevention and care. Records confirmed that the wound was dressed in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust, for example, tissue viability nurses (TVN).

6.2.4 Infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE;

and were appropriate with their use of hand sanitising gel and hand washing. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. Audits, including hand hygiene and use of PPE, were completed monthly and evidenced good compliance with best practice.

Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails. The manager explained that the amount of domestic hours had been increased to facilitate enhanced cleaning. Staff also confirmed that bedrooms where patients were self isolating were cleaned last.

6.2.5 Leadership and governance

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by the nursing sister. Staff commented positively about the manager and described her as supportive, approachable and available for guidance and support.

We looked at the records of accidents and incidents which occurred in the home; we found that all had been managed and reported appropriately.

We reviewed records which confirmed that there was a system of audits which covered areas such as complaints, IPC, accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas.

We examined the reports of the visits by the registered provider for August and September 2020. All operational areas of the management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery and activities, the provision and usage of PPE and effective team work throughout the home.

Areas for improvement

One area for improvement was identified in relation to the management of pressure relieving mattresses.

	Regulations	Standards
Total number of areas for improvement	**0**	**1**

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients individual needs.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Dunlarg Care Home was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Graham, 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 nursing 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 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.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 23.5 **Stated:** First **To be completed by:** Ongoing from the date of inspection	The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately. Systems to ensure that correct setting is maintained must be implemented. **Ref: 6.2.2**
	Response by registered person detailing the actions taken: The required settings for the pressure relieving mattresses are now clearly recorded on the mattress pump. A record sheet has been developed to record the setting twice daily.

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

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