

# Unannounced Care Inspection Report 14 February 2017



## Dunlarg Care Home

**Type of Service:** Nursing Home  
**Address:** 224 Keady Road, Armagh, BT60 3EW  
**Tel No:** 02837530858

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Dunlarg Care Home took place on 14 February 2017 from 11.20 hours to 14.40 hours.

The inspection sought to assess progress with any issues raised during and 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.

### **Is care safe?**

A review of the staffing provision and a general inspection of the home indicated that the delivery of care was safe.

There were no areas of improvement identified in the delivery of safe care.

### **Is care effective?**

A review of records and discussion with the registered manager and staff evidenced that a significant amount of work had been undertaken to improve the standard of care records in the home. Care records evidenced that at the time of admission a comprehensive assessment of need and a range of validated risk assessments was completed. Care records reflected that, where appropriate, referrals were made to healthcare professionals.

Staff were of the opinion that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with patients, relatives and their colleagues.

There were no areas of improvement identified in the delivery of effective care.

### **Is care compassionate?**

We arrived in the home at 11:20 hours. There was a calm atmosphere and staff were busy attending to the needs of the patients. Patients were sitting in the lounges or their bedrooms as was their personal preferences.

Patients and relatives spoken with commented positively in regard to the care they received.

There were no areas of improvement identified in the delivery of compassionate care.

### **Is the service well led?**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

A review of care records and observations confirmed that the home was operating within the categories of care registered.

There were no areas of improvement identified in the domain of well led.

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

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.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>0</b>

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Patricia Graham, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

### 1.2 Actions/enforcement taken following the most recent.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 January 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons (Bamford) Ltd / Maureen Claire Royston	<b>Registered manager:</b> Patricia Graham
<b>Person in charge of the home at the time of inspection:</b> Patricia Graham	<b>Date manager registered:</b> 30 May 2012.
<b>Categories of care:</b> RC-I, RC-MP(E), NH-LD, NH-PH, NH-PH(E), NH-DE, NH-I	<b>Number of registered places:</b> 58

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we met with nine patients individually, three registered nurses, five care staff, a domestic assistant, kitchen assistant and one patient's relative.

The following information was examined during the inspection:

- three patient care records
- medicine administration records
- staff duty roster for the week commencing 13 February 2017
- staff induction records
- complaints record.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 23 January 2017.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 28 June 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 15(2)(b) <b>Stated:</b> First time	The registered provider must ensure that the assessment of patient need is kept under review and revised no less than annually.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three patients care records evidenced that the assessments of patient need were kept under review and had been revised within the past year. This requirement has been met.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time	It is recommended that a rolling programme is implemented to replace the vanity units which are in a poor state of repair.  The identified damaged basin should be replaced as a priority.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We observed that a significant number of vanity units, including the identified damaged basin, had been replaced. The vanity units were in keeping with the furniture in the bedrooms and greatly enhanced the overall appearance of the rooms.  The registered manager explained that a further phase to replace another 20 units was currently being costed. This recommendation has been met.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the care records of patients admitted for respite care are reviewed at the time of each admission to the home to ensure that accurately reflect the needs of the patients.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of one patient's care records evidenced that the assessments and care plans had been reviewed on admission for respite. This recommendation has been met. The registered manager explained that the provision of respite care had recently been reviewed and the number of places reduced.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a comprehensive, holistic assessment should be commenced on the day of admission and completed within five days admission to the home.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the care records of two patients in the home for respite evidenced that assessments and care plans were commenced at the time of admission to the home and completed within five days. This recommendation has been met.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that staff meetings take place regularly and at a minimum quarterly in accordance with DHSSPS Care Standards for Nursing Homes (April 2015).</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of minutes evidenced that meetings had been held on 11 August 2016 and the 21 and 22 December 2016. The registered manager confirmed that further staff meetings were planned. This recommendation has been met.</p>		

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 7.2</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that issues raised during patient meeting should be addressed, the outcome discussed at the next meeting and included in the record of the meeting.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager explained that now at the beginning of each meeting the issues raised at the previous meeting were discussed; this was reflected in the minutes reviewed. This recommendation has been met.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 35.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the registered manager should increase the frequency with which care records are audited and ensure that the audit process includes a re-audit of the areas for improvement to check compliance has been achieved.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of audit records evidenced that from August 2016 to January 2017 audits of care records were undertaken regularly. This recommendation has been met.</p>		

#### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home. A review of the staffing roster for week commencing 13 February 2017 evidenced that planned staffing levels were adhered to. In addition to nursing and care staff, the registered manager confirmed that administrative, catering, domestic and laundry staff were also on duty daily.

Patients and a relative spoken with during the inspection commented positively regarding the staff and care delivery. No concerns regarding staffing provision within the home were raised during discussions with patients. We sought relatives' opinion on staffing via questionnaires; two completed questionnaires were returned. Both of the respondents indicated that staff had enough time to care for their relative.

No concerns were raised by care staff with regard to staffing. We also issued questionnaires to staff; one was returned following the inspection. The staff member was of the opinion that there were not enough staff to meet the needs of the patients citing patient dependencies as a factor. These comments were shared with the registered manager.

A general inspection of the home was undertaken to examine a number of patients' bedrooms, lounges, bathrooms and toilets. A number of bedrooms had been refurbished since the previous inspection and enhanced the environment in the home. The registered manager

confirmed that further refurbishment of a number of bedrooms was planned. The home was fresh smelling, clean and appropriately heated. There were no issues identified with infection prevention and control practice.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

A review of three care records evidenced that at the time of admission a comprehensive assessment of need was completed. A range of validated risk assessments were also completed as part of the admission process. Initial plans of care were based on the pre admission assessment and referral information.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. Care records were regularly reviewed and updated, as required, in response to patient need.

Staff were of the opinion that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with patients, relatives and their colleagues.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

We arrived in the home at 11:20 hours. There was a calm atmosphere and staff were busy attending to the needs of the patients. Patients were sitting in the lounges or their bedrooms as was their personal preferences. Staff confirmed that whilst socialisation between patients was promoted, each had a choice as to how they spent their day and where they preference to sit throughout the day.

Patients spoken with commented positively in regard to the care they received. The following comments were provided:

“The activities are great.”

“Nothing is a problem to staff.”

“It’s down to the staff that I am so well.”

We spoke with the relative of one patient who commented positively with regard to the standard of care and communication in the home.



Ten questionnaires were issued to relatives, two were returned prior to the issue of this report. The respondents indicated that they were very satisfied that care was safe, effective, compassionate and well led. No additional comments were provided.

Ten questionnaires were issued to staff; one was returned within the timescale for inclusion in this report. The staff member was satisfied that care was compassionate and well led; they were unsatisfied that care was safe or effective. They commented on patient dependency, insufficient staff to meet the needs of the patients and the effectiveness of the handover reports. Their opinion was shared with the register manager who agreed to discuss and review the comments.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

A review of care records and observations confirmed that the home was operating within the categories of care registered.

The arrangements for the monthly monitoring visits required in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were reviewed. Reports of the visits undertaken were available in the home.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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