The Regulation and Quality Improvement Authority

Inspection Report

16 November 2023

Dunlarg Care Home

Type of service: Nursing Home
Address: 224 Keady Road, Armagh, BT60 3EW
Telephone number: 028 3753 0858

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Healthcare Ireland No 2 Ltd **Responsible Individual:** Ms Amanda Mitchell	**Registered Manager:** Ms Jennifer Willis - not registered
Person in charge at the time of inspection: Ms Geraldine Magee – Nurse in Charge and Mrs Karen Agnew – Regional Manager	**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
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:** 45
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 50 patients. The home is divided into two units known locally as The Keady Unit and The Armagh Unit. Bedrooms and communal rooms are located over one floor. Patients have access to dining and lounge areas within each unit. A residential care home is attached to the nursing home and the manager of the nursing home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 16 November 2023 from 10.00am to 4.30pm by a care inspector.

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

Areas requiring improvement were identified and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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 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 the regional manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with patients and staff. Patients spoke positively on the care that they received and on their interactions with staff. One told us, "Everything's grand here; no bother. The staff are great". Another commented, "I am happy here. The food is good and the staff are very good". Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients.

There were no questionnaire responses received from patients or relatives and we received no feedback from the staff online survey.

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 29 June 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time	The registered person shall ensure that doors in the home are not propped open preventing closure in the event of a fire alarm sounding.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** First time	The registered person shall ensure that chemicals and thickening agents are not accessible to patients, in any part of the home, when not in use.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and this will be discussed further in Section 5.2.3. This area for improvement has not been fully met and has been stated for a second time.	
Area for Improvement 3 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that training on infection prevention and control is embedded into practice. This is in relation to staff remaining bare below the elbow in areas where care is delivered.	**Not met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in Section 5.2.3.	

	This area for improvement has not been met and has been stated for a second time.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 12 **Stated:** First time	The registered person shall review the process in place, where food is delivered to patients' bedrooms from the dining area, to ensure that the temperature of the food is maintained.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were observed to work well and communicate well with one another during the inspection. All staff felt that the teamwork in the home was good. They shared comments, such as, "We all work well together", "We communicate well and plan our work", and, "We all help each other out". Staff commented that there had been a lot of newly employed staff in the home. Newly employed staff completed a comprehensive induction programme to prepare them for working with the patients and as part of their induction they completed the home's list of mandatory training. Agency staff were used to backfill gaps on the duty rota and these staff also completed an induction prior to commencing their first shift in the home.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. However, staff raised concerns regarding the staffing levels and gave examples of where they felt that this impacted care. Staffs' concerns were shared with the manager and an area for improvement was made to review the staffing arrangements in the home taking into consideration the deployment of staff and working practices.

There were systems in place to monitor staffs' compliance with mandatory training. Training was completed online and face to face. Staff were trained on a range of topics including infection prevention and control (IPC), moving and handling patients and adult safeguarding. However, several staff consulted confirmed that they had not received training on first aid and some did not know the appropriate actions to take if a patient choked. This was discussed with the manager and identified as an area for improvement. Training records did show that 88 percent of staff had completed this training.

Staff also identified patients in the home whose behaviours could present as challenging. All staff consulted confirmed that they had not received any training on challenging behaviours. A review of two patients' care records evidenced that there were no assessments or care plans in place to direct staff on how to manage challenging behaviour. This was discussed with the manager and identified as an area for improvement.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they received a detailed handover of each patient prior to commencing their shift. Handover sheets were shared with staff including the pertinent patient information, such as, medical history, nutritional status and mobility.

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. Care plans were regularly reviewed to make sure that they were up to date.

Supplementary care records were completed to record care delivery such as personal care, repositioning, food and fluid intake and continence. These records were well maintained, however, significant gaps were identified in relation to the recording of bowel management. This was discussed with the manager and identified as an area for improvement.

Where patients required assistance with moving and handling, a moving and handling risk assessment was completed and informed a moving and handling care plan. These care plans were in sufficient detail to promote the safe handling of the patient.

An accident/incident form was completed to record any accidents in the home such as a fall. These forms included details of the accident and the actions taken by staff following the event. Accidents in the home were reviewed monthly for any patterns and trends in an attempt to prevent any further incidents from occurring.

The majority of patients dined in the dining room. Patients had the choice of where to take their meals. Food was transferred to the preferred dining areas in heated trolleys to ensure that the temperature of the food was maintained. The tables in the dining area were appropriately set for the meal and menus on the tables were reflective of the food served.

Patients' individual likes and preferences were reflected throughout the records. An evaluation of patients' care was recorded after each shift and included how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

A random selection of patients' bedrooms, communal rooms and spaces and storage spaces were examined during the inspection. Patients' bedrooms were personalised with items important to them. The home was warm, clean and comfortable. The reception area had been recently redecorated with new wallpaper. New furniture had been ordered to replace old cabinets where drawers were missing. Additional refurbishment works both externally and internally was required. The manager confirmed that an audit had been completed and that an action plan had been sent to the provider estates team identifying works required. This will be reviewed at a subsequent inspection.

Fire safety measures remained in place to ensure the safety of patients, visitors and staff. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Thickening agents had been stored securely when not in use. Although, unsupervised chemicals were identified accessible to patients in several areas within the home. This was discussed with the manager and an area for improvement previously made in this regard was stated for a second time.

Training on IPC measures and the use of personal protective equipment (PPE) had been provided. There were good stocks and supplies of PPE and hand hygiene products. Infection control audits had been conducted monthly. Hand hygiene practices were also reviewed. However, during the inspection several staff were observed wearing either nail varnish or jewellery which was not in keeping with best IPC practice. This was discussed with the manager and an area for improvement in this regard was stated for a second time.

Several hoists in use in the home were observed not to have been cleaned effectively. This was discussed with the manager and identified as an area for improvement.

5.2.4 Quality of Life for Patients

Patients spoke positively when describing their experiences of living in the home. One told us, "I love it here; this will be my home. I have company when I want and the food is very good". Another commented, "This is a good place. The staff are first class and the food couldn't be better". We observed many caring and compassionate engagements between staff and patients. Staff provided care in a dignified manner. Personal care was delivered discreetly behind closed doors.

A board in the dayroom orientated patients to the date, weather, staff working and the planned activities for the day. Records of activity provision were maintained. Patients were observed doing a variety of activities during the day. There were multiple resources available for activity provision. Artwork was displayed in the dayroom.

Patients could enjoy visits from loved ones in the privacy of their bedrooms and were free to leave the home with friends or relatives if they wished.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change in the management arrangements. Miss Jennifer Willis has been managing the home in an acting capacity since 1 July 2022. Staff confirmed that they found the manager to be 'very approachable'.

The person in charge of the home in the absence of the manager was nominated on the duty rota. At the entry of the home there was also a notice identifying the nurse in charge.

Staff told us that they were aware of their own roles in the home and how to raise any concerns or worries about patients' safety, care practices or the environment. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required. The Healthcare Ireland Whistleblowing Policy was on display in the staffroom for easy access if required.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. A matrix was maintained of patients' care record audits which had been completed. Where deficits were identified within the audit, an action plan was developed and reviewed to ensure that the actions were completed.

Complaints were audited monthly. There was a low number of complaints relating to the home. Details of the complaint and the response to the complaint were maintained on file, however, complaints' records did not include any details of the investigations into the complaint. This was discussed with the manager and identified as an area for improvement.

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. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	4*	4

*The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** Second time **To be completed by:** 17 November 2023	The registered person shall ensure that chemicals and thickening agents are not accessible to patients, in any part of the home, when not in use. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: This area for improvement has been addressed with staff during meeting and reinforced at daily safety huddles . Monitoring complaince is completed by manager daily and by Senior team during monitoring visits
Area for Improvement 2 **Ref:** Regulation 13 (7) **Stated:** Second time **To be completed by:** 17 November 2023	The registered person shall ensure that training on infection prevention and control is embedded into practice. This is in relation to staff remaining bare below the elbow in areas where care is delivered. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Issue addressed with the three staff concerned and being monitored daily. Policy reinforced with team during meetings and clinical supervision.
Area for improvement 3 **Ref:** Regulation 13 (1) (a)(b) **Stated:** First time **To be completed by:** 31 December 2023	The registered person shall review the management of challenging behaviours in the home to include the training of staff and the appropriate record keeping. Ref: 5.2.1
	Response by registered person detailing the actions taken: Care plans implemented and behavioural charts commenced where required . Training has commenced in following areas and progressing well Complex Behaviour Restraint Stress and Distress

Area for improvement 4 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 17 November 2023	The registered person shall ensure that all hoists in the home are appropriately decontaminated between patient use and at regular intervals. Ref: 5.2.3
	Response by registered person detailing the actions taken: Cleaning schedule in place and effective in maintaining infection control standards,
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 31 December 2023	The registered person shall review the staffing arrangements in the home, taking into consideration the deployment of staff and working practices, to ensure that patients' needs are met at all times. Ref: 5.2.1
	Response by registered person detailing the actions taken: Dependency levels were recalcualted and shared with team . Analysis of staffing indiacted sufficent staff were rostered to meet needs of residents. Patterns of work discussed at staff meeting and a review of staff attendanxce and annual leave planning has taken place .
Area for improvement 2 **Ref:** Standard 47 Criteria (3) **Stated:** First time **To be completed by:** 31 December 2023	The registered person shall ensure that all staff are trained in first aid and that all staff are aware of the actions to take should a patient choke. Ref: 5.2.2
	Response by registered person detailing the actions taken: While all staff present during the inspection had completed first aid training refresher training in the management of choking was identified. The manager is currently completing group sessions with staff team while they review videos on how to manage a choking episode and is available for face to face support - records will be available for review

Area for improvement 3 **Ref:** Standard 21 Criteria (1) **Stated:** First time **To be completed by:** 31 December 2023	The registered person shall ensure that bowel management is recorded contemporaneously and that actions from any deficits identified are clearly recorded in the patient's daily evaluation records. Ref: 5.2.2
	Response by registered person detailing the actions taken: Discussed at meeting and in supervision with staff- the submission of a 24 hour fluid total tally and bowel movements are now submitted to manager for her review and oversight.
Area for improvement 4 **Ref:** Standard 16 Criteria (11) **Stated:** First time **To be completed by:** 17 November 2023	The registered person shall ensure that complaint's records give detail of any investigations conducted in response and contain any supporting documentation. Ref: 5.2.5
	Response by registered person detailing the actions taken: The mising document was printed off the home managers email account on her return from leave and added to the complaints folder

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

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