Inspection Report

17 November 2022

Dunlarg Care Home

Type of Service: Nursing Home
Address: Nursing Unit, 224 Keady Road,
Armagh, BT60 3EW
Tel no: 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 Jennifer Willis	**Number of registered places:** 50
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:** 47
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 17 November 2022 from 10.00am to 5.30pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff members are included in the main body of this report.

Staff members promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

Areas for improvement were identified in relation to one to one activity provision and compliance with staffs' mandatory training. An area for improvement in relation to auditing has been stated for a second time.

RQIA were assured that the delivery of care and service provided in Dunlarg Care Home was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager and management team 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 manager and the regional manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with eight patients, two relatives and six staff. Patients spoke positively on the care that they received and on their interactions with staff describing staff as being 'very good' to them. Patients also complimented the food provision in the home. Staff members were confident that they worked well together and enjoyed working in the home and interacting with the patients.

There were no questionnaire responses received 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 31 January 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 4.9 **Stated:** First time	The Registered Person shall ensure that repositioning charts are consistently completed to evidence that patients are assisted in accordance with their care plan.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 4.8 **Stated:** First time	The Registered Person shall ensure that neurological observations are consistently completely in line with best practice.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 **Ref:** Standard 12 **Stated:** First time	The Registered Person shall ensure that the daily menu is displayed in the dining room to inform patients of the meals being served.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 **Ref:** Standard 35.3 **Stated:** First time	The Registered Person must ensure that the audit process includes a re-audit to ensure the necessary improvements are made.	**Partially Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been fully met and this will be discussed further in section 5.2.5. This area for improvement has not been fully met and will be stated for the second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

A system was in place to monitor staffs' compliance with mandatory training. Training was completed on a range of topics such as adult safeguarding, infection prevention and control (IPC), patient moving and handling and fire safety. A review of training records and discussion with the manager evidenced that while compliance within some areas had been accomplished well, other areas had a low compliance of completed training. This was identified as an area for improvement. Records of completed staff supervisions and appraisals had been maintained.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff consulted confirmed they were satisfied that patients' needs were met with the staffing levels and skill mix on duty. Observation of staffs' practices and discussions with patients raised no concerns in relation to the staffing arrangements in the home.

Staff spoke positively on the teamwork in the home. One told us, “This is a lovely place to work,” and another commented, “The carers are so helpful; we all help each other.”

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the nurse in charge of the home when the manager was not on duty. Contact details for the manager on call was included within the duty file. When agency staff were required to work in the home, copies of their inductions to the home were kept along with their agency profiles.

Patients consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other’s company.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients’ needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients’ care throughout the day.

It was observed that staff provided care in a caring and compassionate manner. Patients told us that they were happy living in the home. One said, “It is very nice here. The staff here are very good and I could speak with the nurses if concerned about anything.” Another patient told us, “The staff are very good. I can always talk to them if I needed them. They come in here and sit down and have the craic”. The relatives consulted spoke positively in relation to the care provision in the home and on the staffs’ interactions with their loved one. They told us, “We are very happy with the care in the home. The staff are great. xxx is very happy. We are always kept up to date on their care. There are no issues with visiting”.

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.

All patients had a pressure management risk assessment completed monthly. Where a risk of skin breakdown was identified; a care plan was developed to guide staff in how to manage this risk. Reference to patients’ skin conditions were made on the daily evaluation records. Where patients required repositioning to maintain their skin integrity, records of repositioning were maintained. Where a patient had a wound, the appropriate documentation was in place to reflect the wound treatment plans and the ongoing wound evaluations completed at the time of wound dressing. When a patient had more than one wound, each wound was documented separately as above.

An accident book was completed by staff to record any accidents or incidents which occurred in the home. A review of one patient’s accident records, following a fall in the home, evidenced that the appropriate actions had been taken following the fall, the appropriate persons had been informed and the appropriate documentation had been updated.

Falls were reviewed monthly for patterns and trends to identify if any could be prevented. A falls calendar was utilised to record the incidences of falls.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Records of patients' intake and outputs were recorded where this was required. Nutritional care plans reviewed were reflective of dieticians and the speech and language therapist's recommendations. Nutritional risk assessments were carried out regularly to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

Patients dined in their preferred dining area; the dining room, lounge or their own bedrooms. Food served appeared appetising and nutritious. Meals which had to be modified were well presented. Menus were situated on the patients' tables. The menu offered a choice of meal and there was a good variation of foods on the menus. The mealtime was well supervised. Staff wore the appropriate personal protective equipment (PPE) and patients, who required, wore clothing protectors to maintain their dignity. Staff sat alongside patients when providing assistance with their meals. There was a calm atmosphere and patients spoke positively on the mealtime experience. One told us,"The food here is very good and there is always plenty of it".

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of 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

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

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

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. All visitors to the home were required to wear face coverings. Environmental infection prevention and control audits had been conducted monthly.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of personal protective equipment (PPE) had been provided. There were records of recent supervisions which had been conducted with staff on IPC. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Patients confirmed that they were offered choice and assistance on how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients were well presented in their appearance and those, who wished to, were wearing their own jewellery, nail varnish and make up.

An activity therapist oversaw the activity provision in the home. An orientation board in the main lounge identified the planned activities for the day and anyone coming to the home to provide an activity. A monthly activities programme was available for review. Activities included bingo, music and dancing, knitting, chats, card games and arts and crafts. Activities were conducted on a group basis and on a one to one basis. However, following discussions with several patients, an area for improvement was made to review the provision of one to one activities to ensure that all those who wished to be involved were included within one to one engagements. Records were maintained of activities which had been completed. Further ways of enhancing this record keeping was discussed with the manager. Arrangements were made to celebrate patients' birthdays and especially the special ones such as 90th birthday. Arrangements were also in place for Christmas celebrations.

Residents meetings were conducted in the home. The aim was to have quarterly residents meetings. Topics discussed included food provision, staffing arrangements, bedrooms, activities and going out. The activities therapist would go to patients, who were unable to attend the meetings, to seek their views on the topics identified. All patients' views would be included within the minutes of the meetings.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. There were 10 care partner arrangements in place and visiting was conducted in line with Department of Health guidelines.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been a change in the management arrangements. Ms Jennifer Willis has been Acting Manager of the home since 1 July 2022 and will remain until a new manager has been recruited and inducted into post. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they found the manager to be 'approachable' and described her as 'lovely'.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role 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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included patients' care records, wound care, medicines management, restrictive practice, staff training, the dining experience, patients' weights and maintenance of staffs' registrations.

However, when deficits were identified within auditing records, remedial actions were not always reviewed to ensure completion. This was discussed with the manager and an area for improvement previously made in this regard was stated for the second time.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A complaint's book was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. Complaints responses were detailed and were made in a timely manner. Cards and letters of compliments were maintained. In addition there was a good record maintained of verbal compliments received. The manager confirmed that all compliments received would be shared with the staff.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were 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 Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Jennifer Willis, 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)	
Area for improvement 1 **Ref:** Standard 35.3 **Stated:** Second time	The registered person must ensure that the audit process includes a re-audit to ensure the necessary improvements are made. Ref: 5.1 and 5.2.5
To be completed by: 31 December 2022	**Response by registered person detailing the actions taken:** Completion of the audit circle supervision conducted with all staff responsible for auditing . Review to ensure re audit is taking place with be completed by senior team during monitoring visits
Area for improvement 2 **Ref:** Standard 39 **Stated:** First time	The registered person shall make sure that a system is developed to ensure staff complete mandatory training to maintain compliance within these areas. Ref: 5.2.1
To be completed by: 31 January 2023	**Response by registered person detailing the actions taken:** Training stats have significantly improved - non complaince will be managed through performance procedures
Area for improvement 3 **Ref:** Standard 11 Criteria (5) **Stated:** First time	The registered person shall review the provision of activities in the home to ensure that meaningful one to one engagements are facilitated with patients who cannot or do not wish to engage in group activities. Ref: 5.2.4
To be completed by: 31 December 2022	**Response by registered person detailing the actions taken:** A second Pal has successfully recruited a further 22.5hours a week in support of our current activity lead. Documentation has commenced to evidence 1-1 supported activity alongside group activites. EHCO sessions for additional training has been attended too and monthly activity planners in place

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

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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