

Unannounced Care Inspection Report 12 March 2018



Dunlarg Care Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 50 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual: Maureen Claire Royston	Registered Manager: Patricia Graham
Person in charge at the time of inspection: Patricia Graham	Date manager registered: 30 May 2012
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 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.

4.0 Inspection summary

An unannounced inspection took place on 12 March 2018 from 10:40 to 15.00 hours.

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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staffing and the home's environment. There were examples of good practice found throughout the inspection in relation to falls prevention and the management of falls, the culture and ethos of the home, dignity and privacy and responding to patients' requests.

Areas for improvement were identified in relation to the monitoring of non-adherence to the smoking policy, the creation of care plans for potential fire safety risks associated with smoking and to ensure that assessments are commenced on the day of admission and completed within five days of admission to the home.

Patients said they were happy with the standard of care they were receiving. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Graham, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 5 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 February 2018. Enforcement action resulted from the findings of this inspection and a serious concerns meeting was held. During the meeting appropriate assurances were provided to RQIA as to how the concerns would be addressed and a follow up inspection will be planned to validate compliance.

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 10 patients, five staff and two patients' relatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for relatives were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 5 & 12 March 2018
- accident records
- five patient care records
- policy on falls management
- patient register

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 the most recent inspection dated 5 February 2018.

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 26 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14(2)(c) Stated: First time	The registered person shall ensure that cleaning chemicals are stored securely.	Met
	Action taken as confirmed during the inspection: Observations on the day of the inspection confirmed that sluice rooms were locked. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41.4 Stated: First time	The registered person shall ensure that the skill mix of at least 35% registered nurses to 65% care assistants is maintained over a 24 hour period.	Met
	Action taken as confirmed during the inspection: A review of staff duty rosters and discussion with staff confirmed that this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home. A review of the staffing roster for week commencing 12 March 2018 evidenced that planned staffing levels were adhered to. In addition to registered nursing and care staff, they confirmed that administrative, catering, domestic and laundry staff were also on duty daily. No concerns regarding staffing provision within the home were raised during discussions with patients, relatives and staff. We also sought relatives and staff opinion on staffing via questionnaires. Five were returned from relatives prior to the issue of this report; all of the respondents were satisfied that there was sufficient staff to meet the needs of their loved ones.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms and the lounge and dining room. The home was found to be warm, well decorated, fresh smelling and clean throughout. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Fire exits and corridors were observed to be clear of clutter and obstruction. Recent issues had arisen with non-adherence to the smoking policy. The registered manager was advised that where there are specific situations or circumstances regarding smoking this should be brought to the attention of FSHC health and safety advisor and the fire risk assessor for the home and any actions required should be addressed as a matter of urgency. Confirmation was received on 13 March 2018 of the actions taken following discussion with the health and safety advisor and the fire risk assessor to minimise the risk of patients smoking outside the designated smoking area. The registered manager should continue to monitor the situation and take appropriate action, as required, to minimise the risk of fire. This was identified as an area for improvement under the standards.

We reviewed one patient's care record in relation to the management of smoking risks. Following discussion with the registered manager it was agreed that a care plan would be put in place to manage potential fire safety risks associated with smoking. This was identified as an area for improvement under the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and the home's environment.

Areas for improvement

Areas for improvement were identified in relation to the monitoring of non-adherence to the smoking policy and the creation of care plans for potential fire safety risks associated with smoking.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of five patient care records evidenced that a comprehensive assessment and range of validated risk assessments and care plans were completed, however assessments were not consistently commenced on the day of admission and completed within five days of admission to the home. This was identified as an area for improvement under standards.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

We reviewed falls prevention and the management of falls for three patients. A policy for falls management was in place and available in the home. Patients had a falls risk assessment completed. Patients identified as at risk of falling had a care plan for safety in place which was reviewed regularly and made reference to any falls sustained.

A review of the record of accidents for the period January – February 2018 evidenced that a post falls/accident investigation report was generally completed with patients who sustained a fall. Systems were in place to ensure that notifiable events were reported to RQIA or other relevant bodies appropriately.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to falls prevention and the management of falls.

Areas for improvement

An area for improvement was identified to ensure that assessments are commenced on the day of admission and completed within five days of admission to the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients' likes and dislikes and individual preferences.

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

"Staff are very attentive."

"I couldn't ask for better care."

"It's great there are places like this."

"It's very comfortable here."

We spoke with the relatives of two patients. Both were complimentary regarding staff and the care in the home and confirmed that they were made to feel welcome when they visited.

Questionnaires were issued to relatives, five were returned prior to the issue of this report. Relatives were satisfied that care was safe, effective and compassionate and that the service was well led.

Staff were provided with opportunities to respond to questionnaires via an online survey. No responses were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and responding to patients' requests.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. A review of the duty rota evidenced that the registered manager's hours were recorded. A registered nurse was identified to take charge of the home when the registered manager was off duty.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA in January and February 2018 confirmed that these were appropriately managed. The registered manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager confirmed that monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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, Registered 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 Care Standards for Nursing Homes (2015).	
<p>Area for improvement 1</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that the registered manager monitors the potential for non-adherence to the smoking policy and take appropriate action, as required, to minimise the risk of fire.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Registered manager has re issued the smoking policy and reiterated that the procedures are to be followed. The identified patient is assisted to the smoking area of the home.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>The registered person shall ensure that a care plan for the identified patient is put in place to manage potential fire safety risks associated with smoking.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: A care plan for the identified patient was put in place. However patient has now transferred to another care home provider.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: 9 April 2018</p>	<p>The registered person shall ensure that assessments are commenced on the day of admission and completed within five days of admission to the home.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Registered Manager has completed supervision with Registered Nurses and advised them of this standard. Registered manager will monitor compliance through QoI audit process.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews