Unannounced Care Inspection Report
13 September 2018

Dunlarg Care Home

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

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. There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 13 September 2018 from 10:00 to 16:30 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.

On 10 September RQIA received an anonymous letter raising concerns regarding the standard of care in Dunlarg Care Home. Following discussion with senior management in RQIA it was agreed that the focus of the inspection scheduled for 13 September 2018 would identify any concerns with the issues raised. The findings of the inspection did not substantiate any of the concerns raised. In August 2018 an anonymous letter, of a similar nature was received by Four Seasons Healthcare senior management; their investigation did not substantiate any of the issues raised.

Evidence of good practice was found in relation to staffing and staff development, adult safeguarding, infection prevention and control, risk management and the home's environment. There were examples of good practice found throughout the inspection in relation the management of nutrition, falls and wound care, care records and the communication of patient needs between staff. Good practice was evident in relation to the culture and ethos of the home, activities and the caring and compassionate manner in which staff delivered care. There was evidenced of good

governance arrangements, management of complaints and incidents and maintaining good working relationships.

An area for improvement was identified with staff recruitment.

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

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	**1**	**0**

Details of the Quality Improvement Plan (QIP) were discussed with Pat Graham, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 25 April 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 April 2018. There were no further actions required to be taken following the most recent 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
- 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 15 patients, 2 patients' relatives and 12 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 registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff rota for week commencing 2 and 9 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- six patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 25 August 2018.

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 12 March 2018

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 48 **Stated:** First time	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.	**Met**

	Action taken as confirmed during the inspection: The registered manager explained smoking is now included in the pre admission assessment and any potential risks to non-adherence to the smoking policy are identified at this point. Patients currently resident are fully compliant with the smoking policy; this is kept under review by the registered manager. This area for improvement has been met.	
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The patient identified during the previous inspection is no longer resident in the home. Care plans were in place for the two patients who currently smoke. This area for improvement has been met.	
Area for improvement 3 **Ref**: Standard 4.1 **Stated:** First time	The registered person shall ensure that assessments are commenced on the day of admission and completed within five days of admission to the home.	**Met**
	Action taken as confirmed during the inspection: A review of two patients care records evidenced 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 and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing for week commencing 2 and 9 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

We spoke with the relatives of two patients during the inspection; both were complimentary regarding staff. One questionnaire was received following the inspection. The respondent was very satisfied with staffing arrangements.

Staff recruitment information was available for inspection and three staff records reviewed identified that recruitment processes were not in keeping with legislative requirements. The following gaps were identified with the records and an area for improvement under regulation was made:

- there was no application form in one file, therefore we were unable to evidence an employment history or reasons for leaving positions
- physical and mental health assessments
- confirmation prior to employment of registration with the NMC

Records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions and via an electronic learning programme. Records evidenced good compliance with mandatory training. The registered manager confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of six patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed a sample of accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control measures were adhered to. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home. Staff were knowledgeable regarding the management of HCAI.

A review of the home's environment was undertaken and included observations all of the bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm and clean throughout. We spoke with two members of domestic staff who explained the daily and weekly cleaning tasks undertaken. They confirmed that cleaning schedules were in place for all areas of the home. Two bedrooms had a stale smell; staff reported that in one room the patient was reluctant, at times, to allow staff to clean the room. The two rooms were identified to the registered manager who confirmed the carpets would be deep cleaned as a matter of priority.

Significant improvements have been made to the environment since the previous care inspection. New flooring has been laid on sections of the corridors; the remainder of the corridor carpets are due to be replaced in the forthcoming weeks. Work has been ongoing to upgrade the vanity units and furniture in the bedrooms; this has now been completed in all of the bedrooms. A number of bedrooms have been redecorated and new curtains and bedlinen have been provided. The foyer and corridors have been repainted. The refurbishment work to date has been completed tastefully and has greatly enhanced the environment of the home. We observed that a number of toilets and bathrooms throughout the home had stained flooring and require redecoration. The registered manager confirmed that a request for refurbishment of these areas has been made; it was agreed that progress with this improvement work would be reviewed at the next care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

Areas for improvement were identified with staff recruitment.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Review of six patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, pressure relief care and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Interventions prescribed were individualised and care records were reviewed regularly.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition and weights for two patients; both were reviewed regularly by the dietician in the local health and social care trust. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained for both patients.

We reviewed the care of three patients who, following an assessment by a speech and language therapist (SALT), required a modified texture diets and thickened fluids. Each patient had a care plan in place which was reflective of the SALT recommendations; observation of practice throughout the day evidenced that food and fluids provided to these patients was in accordance with these recommendations. We spoke with the recently appointed chef who confirmed that as part of their induction they had received training in the modification of food. The chef was knowledgeable regarding the terminology of textures.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. A post falls review, to examine a range of factors, was completed for each patient following a fall. Care plans for falls management were in place.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location, the prescribed dressing regime and the frequency with which dressing were required to be renewed. A review of care records for the period 1 to 13 September 2018 evidenced that dressings were renewed in accordance with the prescribed care. Repositioning charts for two patients were reviewed and consistently evidence that patients were assisted to change their position for pressure relief regularly and in accordance with their care plans.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need and care planning, the management of nutrition, falls and wound care and the communication of patient needs between staff.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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.

We arrived in the home at 10:00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a morning cup of tea or coffee in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. A group of patients were engaged in a painting activity mid-morning; word searches were offered as an alternative to those patients who were not interested in painting. In the afternoon a musician visited to provide entertainment. Staff joined in with the musician and encouraged the patients to sing along. There was a lovely atmosphere and it was evident that the patients enjoyed the entertainment. The registered manager confirmed that a music afternoon took place monthly and was one of the most popular activities.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"To all the staff for their unfailing care and devotion shown to … over the past 8 years."
"…the staff were friendly, helpful and always courteous."
"Thanks for all the love and care you showed mum over the time she was with you."

There were systems in place to obtain the views of patients and their representatives on the running of the home. The systems provided the registered manager with an oversight of views obtained.

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were received:

"We have a new chef and the food is good."
"I am happy with everything here."

We spoke with the relatives of two patients; both commented positively regarding the care their loved ones were receiving. Relative questionnaires were also provided. One was returned prior to the issue of the report. The relative was very satisfied with the care provided across the four domains.

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after this report is issued will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, activities and the caring and compassionate manner in which staff delivered care.

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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns enabled them to have contact with her as required. A deputy manager has been appointed since the previous care inspection; there was a good working relationship observed.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager explained that diversity and equality of patients was supported by staff and training would be provided to staff to support patients, as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, the use of restrictive practice and care records.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents 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 Pat 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 Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref**: Regulation 21(1)(b) **Stated:** First time **To be completed by:** Immediate from the date of inspection	The registered person shall ensure that before making an offer of employment the following information is obtained and reviewed: • a full employment history together with a satisfactory explanation of any gaps in employment • reasons for leaving previous employment with children or vulnerable adults • evidence that the person is physically and mentally fit for the purpose of the job • evidence of registration with an appropriate professional regulatory body where applicable Ref: section 6.4
	Response by registered person detailing the actions taken: Human Resources has completed a full audit on personnel/recruitment files. Any areas highlighted have been addressed.

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

The Regulation and Quality Improvement Authority

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

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

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