The Regulation and Quality Improvement Authority

Unannounced Care Inspection Report
24 September 2019

Dunlarg Care Home

Type of Service: Nursing Home
Address: 224 Keady Road, Armagh, BT60 3EW
Tel No: 028 3753 0858
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.

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.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which provides care for up to 50 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager and date registered:** Edel Treanor, Acting manager
Person in charge at the time of inspection: Edel Treanor	**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.
Categories of care: Nursing Home (NH) DE – Dementia. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. LD – Learning disability.	**Number of patients accommodated in the nursing home on the day of this inspection:** 49

4.0 Inspection summary

An unannounced inspection took place on 24 September 2019 from 09:50 hours to 17:30 hours.

The term 'patient' is used to describe those living in Dunlarg which provides nursing care and residential care for one named patient.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous estates inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to provision of staff and patient safety. The environment was clean, fresh smelling and safely managed.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients required.

We observed that patients were offered choice with their daily routine and that systems were in place to gain patients' and relatives' opinions of the day to day running of the home.

There were stable management arrangements with systems in place to provide management with oversight of the services delivered.

Areas requiring improvement were identified with regard to the recording of the staff rota, the timeframe for newly appointed staff to receive manual handling training and the preparation of the annual quality report.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Edel Treanor, 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 13 September 2018.

The most recent inspection of the home was an unannounced care inspection undertaken on 13 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included findings from the previous estates inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff week commencing 23 September 2019
- 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
- two staff recruitment and induction files
- five patient care records
- one patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- reports of monthly visits undertaken on behalf of the registered provider
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspection on 13 September 2018.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland)		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 21(1)(b) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A review of two recruitment files evidenced that this area for improvement has been met.	

The area for improvement generated from the previous estates inspections undertaken on 1 November 2018 was reviewed during this inspection and assessed as met.

6.2 Inspection findings

6.3 Is care safe?

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

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the week commencing 23 September 2019 confirmed that the staffing numbers identified were provided. Following discussion with the manager it was identified that the duty rota was not always amended to reflect if staff moved to Dunlarg Residential Home in response to short notice absence. This was identified as an area for improvement.

Patients told us;

"Everyone is very good."
"There are all very good, hard working."

It was obvious from the relaxed interactions between staff and patients that there were good relationships between them. We discussed the staffing levels with care staff; all were satisfied that there was enough staff to meet the patients' needs. Staff were observed to respond to patient call bells in a timely way.

We provided questionnaires to gain the views of relatives and staff who were not available during the inspection. One response was received. The relative was neither satisfied or dissatisfied with the staffing arrangements. A comment regarding mobile phones was shared with the manager for their attention.

There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. The activity co-ordinator delivery a range of recreational and diversional activities.

We discussed how staff were recruited and reviewed the recruitment records. The records confirmed that the appropriately checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home. There was a time delay in newly appointed staff receiving practical manual handling training; this was identified as an area for improvement.

The home provides a range of training for staff relevant to their roles and responsibilities. The manager monitors compliance with training for all staff. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered.

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how they could report any concerns.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest.

If a patient had an accident a report was completed. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise, the risk of further falls. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

The environment in Dunlarg was warm and comfortable. The home was clean and fresh smelling throughout. Domestic staff explained how they manage the deep cleaning of bedrooms for patients who spend their day in their rooms and do not want to leave to have their room cleaned. No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to provision and training of staff and patient safety. The environment was clean, fresh smelling and safely managed.

Areas for improvement

Two areas were identified for improvement. These were in relation to the recording of the staff rota and the timeframe for newly appointed staff to receive practical manual handling training.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required. We reviewed the management of nutrition, patients' weight, management of infections 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. Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.

We reviewed how patients' needs in relation to wound prevention and care were met. Records confirmed that wound care was in keeping with the care plan instructions. Records also evidenced that, where necessary, advice on the management of wounds was sought from healthcare professionals in the local health and social care trust, for example podiatrists and tissue viability nurses (TVN).

Patients' nutritional needs were identified through assessment and appropriate care planning to detail the specific support required by each patient. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight. Referrals were made to dietetic services as required and details were recorded in the patients' care records.

Patients had the choice of coming to the dining room or having their meals brought to them on a tray. There was a relaxed atmosphere in the dining rooms during lunch and the tables were nicely set with cutlery and a choice of condiments. Staff were present in the dining rooms to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help with their meal.

Patients told us:

"Good food everything is fine."
"It's very tasty."

Patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patient's routine.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients required.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 09:50 hours. Patients were present in the lounges or in their bedrooms, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

We spoke with seven patients individually. Patients confirmed that they were supported to make daily choices, for example, where to spend their day, have their meals and what time they liked to go to bed. Patients told us:

"They (staff) keep the place nice, they're very good."
"Everyone's very good."
"Everything is great, I enjoy when there is music on."
"I'm happy enough."

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

"Just a note to say a big thank you for all that years of love and kindness you gave…"
"A massive thank you for all the care and attention shown to …. in her declining years. Words cannot do justice to how well … was looked after."

The manager confirmed that systems were in place to provide patients, relatives and visitors to the home with an opportunity to comment on issues, for example, care, the environment, their visiting experience. Comments are logged electronically and an e mail generated to the manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and listening to and valuing patients' and their representatives' views.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There are currently temporary management arrangements in the home. The manager was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by the registered nurses and an administrator who were present throughout the inspection and knowledgeable of the day to day running of the home and patient care. The manager also makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. Staff reported that the manager was very approachable and available to speak to. Support is also provided by the regional manager.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included the environment, medications, care records and accidents and incidents. Four Seasons Healthcare, as the owners of the home, are required to check the quality of the services provided and complete a report. This was done through a monthly unannounced visit. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment.

We looked at the annual quality report for the home produced in July 2019 and found that it was completed for both the nursing home and the adjoining residential home. This was identified as an area for improvement.

A complaints procedure was available in the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined.

Examples of compliments received have been provided in section 6.5 of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

Areas for improvement

An area for improvement was identified with regard to the preparation of the annual quality report.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Edel Treanor, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 41 **Stated:** First time **To be completed by:** Ongoing from the date of inspection.	The registered person shall ensure that the duty rota is amended to reflect if staff moved to Dunlarg Residential Home in response to short notice absence. **Ref: 6.4**
	Response by registered person detailing the actions taken: The Registered Manager will ensure the duty rota is updated to reflect staff allocated to Residential Home when covering short notice absence.
Area for improvement 2 **Ref**: Standard 39 **Stated:** First time **To be completed by:** Ongoing from the date of inspection.	The registered person shall ensure that newly appointed staff receiving practical manual handling training within a meaningful timeframe. **Ref: 6.4**
	Response by registered person detailing the actions taken: All new staff have now completed their moving and handling training. Going forward the Registered Manager will ensure that this is arranged within their induction period.
Area for improvement 3 **Ref**: Standard 35.16 **Stated:** First time **To be completed by:** 30 April 2020	The registered person shall ensure that the annual quality review report is prepared solely in regard to the nursing home. **Ref: 6.6**
	Response by registered person detailing the actions taken: Following the inspection the Registered Manager has completed the annual quality report separate for Nursing Home.

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

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