

Unannounced Care Inspection Report 26 September 2017



Dunlarg Care Home

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

www.rgia.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 and residential care for up to 58 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. Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: 58 50 Nursing and 8 Residential. 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 26 September 2017 from 10:15 to 17:00 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 term 'patients' is used to describe those living in Dunlarg which provides both nursing and residential care.

Evidence of good practice was found in relation to staff recruitment and development, induction, training, adult safeguarding, infection prevention and control and the home's environment.

Care records were well maintained and we observed good communication between patients, staff and visitors. There were examples of good practice in relation to the culture and ethos of the home, mealtimes and the caring and compassionate manner in which staff delivered care.

Areas requiring improvement were identified with the skill mix of staff and the secure storage of cleaning chemicals.

Patients said:

- “Everything is excellent.”
- “The kitchen staff do a great job, the apple tarts are lovely.”
- “Staff are very good and helpful, everyone is treated well.”

Those 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	1

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.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 14 February 2017

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 previous care inspection report

During the inspection we met with nine patients individually, eight staff, three visiting professionals and two patients’ visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients’ representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 25 September 2017
- 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 file
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 14 February 2017

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

6.2 Review of areas for improvement from the last care inspection dated 14 February 2017

There were no areas for improvement identified as a result of the last care inspection.

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 25 September 2017 evidenced that the planned staffing levels were adhered to. However, due to redeployment of nurses and unplanned absence, the skill mix of at least 35% registered nurses to 65% care assistants was not always being achieved. This was discussed with the registered nurses on duty who were concerned that on days when there were two registered nurses rostered to work they had less time to oversee the delivery of care. The skill mix of staff should be reviewed to ensure that a mix of at least 35% registered nurses to 65% care assistants is maintained over a 24 hour period. This was identified as an area for improvement under the standards.

Rotas also confirmed that catering and housekeeping staff were on duty daily. Two Personal Activity Leaders (PAL) was employed to deliver activities. Observation of the delivery of care on the day of the inspection and discussion with patients evidenced that their needs were met in a timely manner by the levels of staff on duty.

Care staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; four were returned following the inspection. Two of the respondents answered 'yes' to the question "Are there sufficient staff to meet the needs of the patients?". The other two respondents were of the opinion there were not enough staff to meet the needs of the patients. These opinions were shared with the FSHC regional manager for the service.

Patients and relatives spoken with during the inspection commented positively regarding the staff and care delivery. Patients were satisfied that when they required assistance staff attended to them in a timely manner. We sought relatives' opinion on staffing via questionnaires; three were returned in time for inclusion in this report. Two relatives indicated that they were either very satisfied or satisfied with staffing. The other relative raised a number of concerns, including some related to staff. All of the comments provided by this relative were raised with regional manager.

A nurse was identified on the staffing rota to take charge of the home when the registered manager was off duty. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments had been signed by the registered manager to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home. These assessments were reviewed annually.

A review of two staff recruitment records evidenced that they were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records confirmed that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the manager. A review of the records of NMC registration evidenced that all of the nurses on the duty rota for the week of the inspection were included in the NMC check. The registered manager explained that the system for checking had recently been reviewed to ensure that it was effective in confirming registration at the time of renewal. The record of the checks of care staff registration included the expiry date of their registration with NISCC.

The manager confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe.

We discussed the provision of mandatory training with staff and reviewed the training records for 2017. E learning training records evidenced good compliance; for example from January 2017 92% of staff had completed fire safety training, 94% adult safeguarding and 93% had completed the infection prevention and control. The registered manager confirmed that they had systems in place to facilitate compliance monitoring with face to face training.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified and the policy was currently being updated to reflect the new terminology and roles.

Review of three 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 a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA in June, July and August 2017 confirmed that these were appropriately managed. 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.

Infection prevention and control measures were adhered to. We spoke with two members of housekeeping staff; both were knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. We observed one sluice room, where cleaning chemicals were available, that was not locked; cleaning chemicals must be stored securely. This was identified as an area for improvement under regulation.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, fresh smelling and clean throughout. Comments with regard to the environment were provided by a relative in a returned questionnaire. These were raised with FSHC regional manager who agreed to review the comments and provide RQIA with a response.

Areas of good practice

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

Areas for improvement

Areas for improvement were identified in relation to the skill mix of staff and the secure storage of cleaning chemicals.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

A review of three patients care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Assessments and care records were reviewed as required and at minimum monthly. Care plan evaluations included an overview of the patients' condition.

We reviewed the management of catheter care for two patients. Care plans were in place which detailed the frequency with which the catheters were due to be changed and systems were in place to alert staff to when the next change was due. Care records evidenced that the catheter was changed in accordance with the prescribed frequency. Records evidenced that the patient's intake and urinary output were recorded daily and totalled at the end of every 24 hour period.

We reviewed the management of wound care for one patient. Care plans contained the grade and size of the wound, the prescribed dressing regime and the frequency dressing were recommended for renewal. An assessment of the wound was recorded after each dressing change. A review of wound care records evidenced that prescribed dressing regimes were adhered to.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

We spoke with three healthcare professionals who were reviewing patients during the inspection; a tissue viability nurse, a physiotherapist and an occupational therapist. All of the individual professionals confirmed that patients were referred in an appropriate and timely manner and that following assessment any recommendations made were adhered to and implemented as prescribed. They were also confident that staff were knowledgeable regarding the needs of the patients.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that communication was good within the home and that they were provided with the relevant information in response to patients' daily needs and changing needs. Staff stated that there was effective team work and commented that they enjoyed working in the home. They reported that if they had any concerns, they could raise these with the registered manager who was in the home daily. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager confirmed that staff meetings were held regularly and records were maintained of the staff who attended, the issues discussed and actions agreed. The most recent staff meetings were held on 13 September 2017.

A record of patients including their name, religion, address, date of birth, marital status, religion, date of admission, date they left the home (where applicable) and details of where they were transferred to, details of death (where applicable) and the name of the public body responsible for arranging each patients admission was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, care delivery and the communication of patients' needs.

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 10:15 hours. Patients were in the lounges or in their bedroom as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home as staff continued to assist patients to wash and dress for the day ahead.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with nine patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following are examples of comments provided by patients:

- "Everything is excellent".
- "The kitchen staff do a great job, the apple tarts are lovely".
- "Staff are very good and helpful, everyone is treated well".

We spoke with the relatives of three patients, all of whom commented positively with regard to the standard of care and communication in the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home. The home continues to use the “Quality of Life” system which patients, relatives/visitors and staff can access through the portable iPad available in the reception of the home. We reviewed the summary report for the period 26 June – 26 September 2017; there was a total of 104 questionnaires completed by relatives and visitors with an overall satisfaction rate of 99%; 43 questionnaires were completed by staff during this period with an overall satisfaction rate of 92.4%.g The registered manager confirmed that when a questionnaire is submitted they receive an alert by e mail and are required to review the completed questionnaire and respond to any areas for improvement

The serving of lunch was observed in two of the three dining rooms. Patients were seated around tables which had been appropriately laid for the meal. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. The mealtime was well supervised. Staff were organised to assist patients in the patients’ preferred dining area. Food was covered when transferred from the dining room. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. The meals were nicely presented and smelt appetising. All of the patients spoken with stated that they enjoyed their lunch.

We issued questionnaires for ten relatives; three were returned within the timescale for inclusion in this report. Two relatives were either very satisfied or satisfied that care was safe, effective and compassionate and that the service was well led. The other relative was unsatisfied with care across the four domains. As previously discussed in section 6.4 all of the comments provided by this relative were raised with FSHC regional manager for review and action as appropriate.

We issued ten questionnaires to nursing, care and ancillary staff; four were returned within the timescale for inclusion in this report. Whilst all of the staff who responded were satisfied with the care provided across the four domains additional comments of areas for improvement were included. Again these opinions were shared with the regional manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

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 and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

The registered manager's hours were clearly recorded in the home. Discussion with patients and staff evidenced that the registered manager's working patterns provided good opportunity to allow them contact as required. Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described management support in positive terms and felt confident that they would respond positively to any concerns/suggestions raised.

Discussion with the registered manager and 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.

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments received on thank you cards:

- "We are always so impressed with the atmosphere in the home and the real community spirit." "We would like to thank all of the staff most sincerely for caring for ... in such a loving and professional manner".
- "Thank you for all your patience, care and help during my stay in Dunlarg".

The registered manager confirmed that monthly audits were completed which included infection control, care records and medication administration. The records of audit evidenced that any identified areas for improvement had been reviewed to check compliance and drive improvement.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Review of records evidenced that unannounced quality monitoring visits were completed on a monthly basis. An action plan was included within the report to address any areas for improvement. The action plan was reviewed at the next visit. A copy of the quality monitoring reports were available in the home.

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

<p>Area for improvement 1</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of inspection.</p>	<p>The registered person shall ensure that cleaning chemicals are stored securely.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Registered manager has discussed with all staff the importance of adhering to COSHH guidelines and ensuring cleaning chemicals are stored securely within the locked sluice room.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 41.4</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2017</p>	<p>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.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Registered Manager has conducted a full review of Resident dependency using CHES, this will be reviewed at least monthly to ensure the indicative staffing is adequate to deliver safe and effective care.</p>

Please ensure this document is completed in full and returned via web portal



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